If you are currently experiencing a crisis, turn to the Emergency Communication Guide at the back of the tool kit and follow the directions.
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# Crisis & Emergency Risk Communication Tool Kit

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Introduction
February 14, 2005

Dear Local Health Department:

Following the guidance of the Centers for Disease Control and Prevention (CDC), the California Department of Health Services (CDHS) is broadening its efforts to address public health emergencies, including the use of chemical, radiological and biological weapons. With this in mind, CDHS is working to provide our local health departments with the tools and training needed to be prepared for a crisis. While it may be impossible to prevent a crisis, effectively responding to one can save lives, and millions of dollars. Also, a well-managed crisis will often enhance the reputation of an organization, while a poorly-managed one can damage an organization’s credibility and potentially expose the organization to costly litigation.

Effectively communicating information to the right audience is a vital aspect of crisis communication. Barbara Reynolds, the CDC’s crisis and emergency risk communication specialist, defines crisis communication as “the attempt by science or public health professionals to provide information that allows an individual, stakeholders, or an entire community to make the best possible decisions during a crisis.” The “Crisis and Emergency Risk Communication Tool Kit” is designed to assist you in properly communicating with your community prior to, during and after a crisis.

The kit is a complementary resource tool to be used in conjunction with your organization’s own crisis preparedness plan. In addition to the tool kit, we encourage you to use all resources available to you, including CDCynergy and the CDC’s Crisis and Emergency Risk Communication course to help you prepare for a potential public health emergency, available online at www.cdc.gov/communication/emergency/cerc.htm. As Director of CDHS, I support the use of this tool kit throughout the state. I encourage you to read and familiarize yourself with it as well as complete the worksheets.

The CDHS Bioterrorism Education Workgroup was instrumental in compiling this tool kit. Their contributions helped to make it appropriate for you and your organization. Should you have any questions regarding the tool kit, please contact Workgroup Co-leads Ken August in the Office of Public Affairs at 916-440-7660 or Terri Stratton at the Emergency Preparedness Office at 916-650-6457. We welcome your feedback on this tool kit and, as always, thank you for continuing to be a part of our efforts to keep Californians protected and prepared.

Sincerely,

Sandra Shewry
Director
Introduction

This “Crisis and Emergency Risk Communication Tool Kit” provides detailed resource materials to assist in effectively managing and communicating during an emergency or crisis. The tool kit is specifically designed to support writing and implementing a crisis communication plan. A crisis communication plan clearly defines your goals, objectives and actions. It provides specific guidelines and instructions for communicating during emergencies.

Crisis communication is a team effort. It is essential to identify a communication team prior to an emergency. The team should be comprised of individuals from various departments to ensure your crisis plan considers the entire organization. Team members should be assigned specific duties and familiarize themselves with the tool kit.

The tool kit offers information and techniques to assist in:

- Updating and revising your organization’s crisis manual
- Customizing resources for your organization
- Informing and protecting the public during an emergency
- Communicating clearly with law enforcement officials, medical providers and other officials in an emergency
- Engaging partners/stakeholders to best support communication responses
- Effectively coordinating with the California Department of Health Services, the California Office of Emergency Preparedness and other state and federal agencies using the Standardized Emergency Management System (SEMS) model
- Working with California’s diverse populations

We encourage you to take the time to read through the tool kit in its entirety and complete the worksheets provided in each section. Please note that worksheets needed in an emergency situation have been identified with a red border. To ensure you have a complete and ready-to-use manual should an emergency occur, we suggest you not remove pages from the binder. Instead, we suggest you complete the worksheet templates that can be found on the CD ROM in the “Emergency Communication Guide” and place each one in the “Completed Worksheets” section at the back of the tool kit.

When implemented, this tool kit will assist in executing a well-planned crisis and emergency risk communication plan. Preparation can give your organization the critical boost necessary to ensure the public it serves is well informed and protected.
The following overview by Barbara Reynolds of the Centers for Disease Control and Prevention provides a framework that can help guide you through the stages of a crisis and assist you in developing a communication plan that can be effectively implemented in the event of a crisis.

Overview—Crisis Communication Phases and the Crisis Communication Plan

By Barbara Reynolds, CDC

Understanding the pattern of a crisis can help communicators anticipate problems and respond effectively. For communicators, it’s vital to know that every emergency, disaster or crisis evolves in phases and that the communication must evolve along with it. By dividing the crisis into the following phases, the communicator can anticipate the information needs of the media, stakeholders and the general public. Each phase has its own unique informational requirements.

For communication purposes, the phases of an emergency, disaster, or crisis include:

- Pre-crisis
- Initial
- Maintenance
- Resolution
- Evaluation

The movement through each of the phases will vary according to the triggering event. Not all crises are created equally. The degree or intensity and longevity of a crisis will impact required resources and manpower.

Pre-crisis phase
Communication objectives during the pre-crisis phase:

- Be prepared.
- Foster alliances.
- Develop consensus recommendations.
- Test messages.

This is where all of the planning and most of the work should be done. You can usually predict the types of disasters that your organization is likely to encounter. Reasonable questions can be anticipated and preliminary answers sought. Initial communication can be drafted with blanks to be filled in. Spokespersons and resources, and resource mechanisms, can be identified. Training and refinements of plans and messages can be made. Alliances and partnerships can be fostered to ensure that experts are speaking with one voice.

Conduct an emergency public health communication needs assessment. For more information on needs assessments, see page 103 of the CDC Crisis and Emergency Risk Communication Manual.
**Initial phase**
The initial phase of a crisis is characterized by confusion and intense media interest. Information is usually incomplete and the facts scattered. It’s important to recognize that information from the media, other organizations and from within your organization might not be accurate. Your role is to learn the facts about what happened, to determine what your organization’s response is to the problem and to verify the true magnitude of the event as quickly as possible.

There is no second chance to get it right in the initial phase of a crisis. Your organization’s entire reputation is on the line, based on what you say and what you don’t say; based on when you say it or that you never say it.

Communication objectives during the initial phase:
- Acknowledge the event with empathy.
- Explain and inform the public, in simplest forms, about the risk.
- Establish organization/spokesperson credibility.
- Provide emergency courses of action (including how/where to get more information).
- Commit to continued communication with stakeholders and the public.

Simplicity, credibility, verifiability, consistency and speed count when communicating in the initial phases of an emergency.

One of the best ways to limit public anxiety in a crisis is to provide useful information about the nature of the problem, and what the public can do about it. Hence, during the initial phase of an event, seek to establish your organization as a credible source of information. Even when there is little information to offer, you can still communicate how the organization is investigating the event and when more information will be available. At the very least, messages should demonstrate that your organization is addressing the issues head on - that its approach is reasonable, caring and timely.

Of course, the pressure to release information prematurely can be intense. Remember, the appropriate managers must approve all information before release to the media.

In the initial phase of a crisis or emergency, the public wants to know what they want to know now. They want timely and accurate facts about what happened and where and what is being done. They will question the magnitude of the crisis, the immediacy of the threat to them, the duration of the threat to them and who is going to fix the problem. Communicators should be prepared to answer these questions as quickly, accurately and fully as possible.

**Crisis maintenance**
Communication objectives during the crisis maintenance phase:
- Help the public accurately understand its own risks.
- Provide background and encompassing information to those who need it. (How could this happen? Has this happened before? How can we keep this from happening again? Will I be all right in the long term—will I recover?)
• Gain understanding and support for response and recovery plans.
• Listen to stakeholder and audience feedback and correct misinformation.
• Explain emergency recommendations.
• Empower risk/benefit decision-making.

As the crisis evolves, anticipate sustained media interest and scrutiny. Unexpected developments, rumors or misinformation may place further media demands on organization communicators. Experts, professionals and others not associated with your organization will comment publicly on the issue, and sometimes contradict or misinterpret your messages. Expect to be criticized about your handling of the situation.

Staying on top of the information flow and maintaining tight coordination is essential. Processes for tracking communication activities become increasingly important as the workload increases.

The crisis maintenance phase includes an ongoing assessment of the event and allocation of resources.

Resolution
Communication objectives for the resolution phase:
• Improve appropriate public response in future similar emergencies through education.
• Honestly examine problems and mishaps and then reinforce what worked in the recovery and response efforts.
• Persuade the public to support public policy and resource allocation to the problem.
• Promote the activities and capabilities of the organization (both internally and externally).

As the crisis resolves, there is a return to stasis with increased understanding about the crisis. Complete recovery systems are in place. This phase is characterized by a reduction in public/media interest. Once the crisis is resolved, you may need to respond to intense media scrutiny about how the event was handled. You may have an opportunity to reinforce public health messages while the issue is still current. A public education campaign or changes to a Web site may be necessary. Research has shown that a community is most responsive to risk avoidance and mitigation education usually directly after a disaster has occurred because they have been sensitized.

Evaluation
When the crisis is over, evaluate crisis and emergency risk communication plan performance, document lessons learned, and determine specific actions to improve crisis systems or the crisis and emergency risk communications plan.

Finding public information and risk communication a “seat at the table”
A critical element in your crisis and emergency risk communication plan is its integration into the overall emergency response plans for your organization. After all, a “perfect” media and public information plan that cannot be executed because of resistance or lack of understanding by the response leadership is a failed plan.
The following are some thoughts about “getting a permanent seat at the table.”

1. In Fiscal Year 2002, Department of Health and Human Services leadership insisted that a new and distinct “focus area” of the bioterrorism and emergency public health response cooperative agreements between the Department and the 62 project areas include separate plans and funding for public information and risk communication. This new “Focus Area F” garnered about $46 million in initial funding for states, cities and territories to plan crisis communication responses.

   Reality Check: The fact is that communicators are great at their jobs but less than enthusiastic about written documentation. The linear thinkers who lead emergency response are looking for something on paper that describes what communicators “do” during an emergency. Writing the plan goes a long way toward increasing your credibility.

2. Be ambassadors of communication. Every element of your organization involved in emergency planning and response should know you by first name AND face. Meet the planners informally and ask them how they think better communication to the public, partners, and stakeholders would help them accomplish their mission.

3. Engage the leadership with straightforward objectives for communication in a crisis. (Note: most emergency operations planners think “two-way radio” when they hear the word “communication.” It might be a good idea to stick with terms such as “public information,” to distinguish what you do.)

4. Tell leadership how the overall response and recovery operation benefits through an investment in public information activities. Following are a few key concepts to stimulate proactive thinking:

**Role of crisis and emergency risk communication:**

- **Customer focus**
  - Acquire necessary facts.
  - Empower decision-making.
  - Be an involved participant, not a spectator.
  - Provide feedback to responders.
  - Watchguard resource allocation.
  - Recover or preserve well-being and normalcy.

- **Organizational focus**
  - Execute response and recovery efforts.
  - Gain support for crisis management plans.
  - Avoid misallocation of limited resources.
  - Ensure that decision-makers are well informed.
  - Reduce rumors.
  - Decrease illness, injury and deaths.
  - Avoid wasting of abundant resources.

You will go a long way toward getting a seat at the table if your leadership understands the following:
• Contributors to a poor public response to recovery plans
  – Mixed messages from multiple experts
  – Tardy release of information
  – Paternalistic attitudes
  – No reality check on recommendations
  – Not immediately countering rumors and myths
  – Public power struggles and confusion

• Formula to meet customer and organization goals
  – Execute a solid communication plan.
  – Be the first source of information.
  – Express empathy early.
  – Show competence and expertise.
  – Remain honest and open.
  – Remain dedicated to customer.
  – Apply emergency risk communication principles.

Any worries about “not being heard” at the table during a crisis event must be addressed in the pre-crisis planning. Don’t be a wallflower – get in and get talking now with Emergency Operations Center (EOC) planners and leaders. Recent national events give you plenty of examples (both good and bad) to help decision-makers in your organization “get it.” Your participation, education and credible execution during the planning phases will help ensure your seat at the table when a crisis hits.

(This article is from Crisis and Emergency Risk Communication, by Barbara Reynolds, CDC, October, 2002. The entire book is available on-line at http://www.orau.gov/cdcynergy/erc/CERC%20Course%20Materials/CERC_Book.pdf)
Crisis Communication Plan
Developing Your Crisis and Emergency Risk Communication Plan

In this section, you will find background materials, worksheets, checklists and graphs that you can use to develop a crisis communication plan and organize your local emergency communication response capability from start to finish.

A true public health emergency will involve a number of agencies and departments, and a good plan will reflect that coordination. It should address all of the roles, lines of responsibility and resources you are sure to encounter as you provide information to the public, media and partners during a public health emergency. More than anything, your crisis communication plan is a resource of information – the “go to” place for must-have information.

The single most important thing to remember about your plan is that all elements must be updated regularly. It is recommended that you schedule an annual review, rather than wait until there are so many changes that the plan is useless when you take it off the shelf.
Your Crisis Communication Team and its Roles

Your crisis communication team, the key responders during a crisis, can be broken down into six roles. Optimally, there will be at least one person assigned to each role. In a large scale crisis, you might want to go outside your own office, to bring in support from a nearby university or college, volunteers, or outside contractors. In a smaller, localized emergency, you might be able to fulfill all of these roles with just one or two staff members.

1. The Public Information Officer (Command and Control)
   - Activates the plan under the direction of the local Health Officer
   - Directs the work related to the release of information
   - Coordinates with state and local communication partners to ensure that messages are consistent and within the scope of the organization’s responsibility
   - Provides updated information to the Health Officer, Emergency Operation Center (EOC) command and state responders in accordance with Standardized Emergency Management System (SEMS) protocols
   - Advises the Health Officer and chain of command regarding information to be released, based on the organization’s role in the response
   - Identifies and works as liaison with spokespeople
   - Reviews materials for release to media, public and partners
   - Obtains required clearance of materials for release
   - Determines the operational hours/days for the EOC
   - Ensures that human, technical and mechanical supply resources are available to provide information to the public
   - Ensures crisis communication protocol is followed

2. Content and Messages Coordinator
   - Develops and establishes mechanisms to rapidly receive information from the EOC regarding the public health emergency
   - Translates EOC situation reports and meeting notes into information appropriate for public and partner needs
   - Works with subject matter experts to create situation-specific fact sheets, Q&As and updates
   - Tests messages and materials for cultural and language requirements of special populations
   - Adapts messages based on input from other communication team members and analysis from media, public, and partner monitoring systems
   - Identifies additional content requirements and material development

3. Media Coordinator
   - Assesses media needs and organizes mechanisms to fulfill those needs
   - Triages the response to media requests and inquiries
   - Ensures that media inquiries are addressed as appropriate
• Supports spokespersons
• Develops and maintains media contact lists and call logs
• Produces and distributes media advisories and press releases
• Produces and distributes materials such as fact sheets or B-roll (background video that sometimes includes interviews and sound bites)
• Oversees media monitoring systems and reports, including media Web sites for information on what is being reported and whether that information is accurate (e.g., analyzes trends, concerns and misinformation)
• Serves as a liaison from your organization to the Joint Information Center (JIC)
• Acts as a member of the field site team for media relations

4. Direct Public Outreach Coordinator
• Activates or participates in the telephone information line
• Activates or participates in the public E-mail response system
• Activates or participates in developing public service announcements (PSAs), flyers, notices and other information distributed to the public
• Organizes and manages emergency response Web site and Web pages
• Establishes and maintains links to other emergency response Web sites
• Oversees public information monitoring systems and reports including the Internet to see what information is available to the public and whether that information is accurate (e.g., analyzes trends, concerns and misinformation)
• Activates or participates in public and elected official briefings and community meetings
• Identifies special population needs related to communication

5. Partner/Stakeholder Coordinator*
• Establishes communication protocols based on prearranged agreements with identified partners and stakeholders
• Arranges regular partner briefings and updates
• Solicits feedback and responds to partner information requests and inquiries
• Oversees partner/stakeholder monitoring systems and reports including partner/stakeholder Web sites to ensure the information presented is accurate (e.g., analyzes trends, concerns and misinformation)
• Helps organize and facilitate official meetings to provide information and receive input from partners or stakeholders
• Responds to legislators, special interest group requests and inquiries

6. Rumor Control Coordinator
• Monitors internal communications
• Monitors external communications
• Provides feedback on qualities of communications

*See the Stakeholder/Partner Communications section of the tool kit for further definitions.
Resources for a Crisis

Most public information officers are accustomed to working with little or no budget. During a crisis, you must be able to get supplies, people, equipment and space as needed. Based on your needs assessment, summarize your needs and the procurement mechanisms. Try to connect with a part of your organization that has logistical savvy. Take the time to learn where to get resources. Put that information in your plan. Don’t wait for an emergency to start telling emergency response commanders what you need. Integrate that information into the planning. Make sure that the Emergency Operations Center (EOC) plans indicate your needs for space, people, telephone lines, etc. It is essential to have more resources than you think you’ll need than not enough.

Space (The first three rooms may be combined if space allows)
- A space where your communication team operates (separate from the EOC)
- A quiet space to quickly train spokespeople
- A space for team meetings
- A place to bring media on-site (separate from the EOC)
- A space for exclusive use of equipment (You cannot stand in line for the copier when crisis communication deadlines loom.)

People
- Designate and train people to either operate a 24/7 public and media information center or people needed to support a JIC as part of a local EOC.
- Identity qualified people to take phone inquiries. Consider staff from throughout the health department, as well as from partner organizations.
- Consider recruiting volunteers from the medical community to help with phones, especially infectious disease specialists.
- You can never have too many support staff. They can help you accomplish more than you can do alone.

Equipment and Other Resources
- Telephone system
- Computer/IT technician
- Translation services
- Portable Copier
- Fax Machine
- Television and VCR
- Tables
- Calendars, flow charts, easels and bulletin board
- Standard supplies (copy paper, pens, pencils, notebooks, organizers, staplers, folders, etc)
- Reference material
Joint Information Center (JIC)

Background
A JIC is a temporary organization established to pool crisis communication among emergency responders. In a crisis, rapid communication with the media and with the general public becomes a top priority, and the JIC will be a source of information on the crisis. In addition, running communication through a JIC ensures that available information is released as quickly as possible, with consistent and accurate messages that take into account the often disparate viewpoints of each of the response organizations.

JIC Leadership
JICs are common among government agencies, especially within the law enforcement, military, and emergency response communities. Identify who in your county normally takes the lead in forming the JIC. In the event of a health emergency, such as an infectious disease outbreak or even a bioterrorist incident, health departments may assume a leading role in the creation and management of a JIC. In a crisis where law enforcement or fire departments have a lead role, the health department may have more limited responsibility, focusing on media interest as it pertains to understanding content and background on bioterrorist agents, as well as information on injuries and hospitalizations.

JIC Formation
JICs are formed on a deliberate basis; however, either by protocol or by custom, there might be one individual or office that will most likely call for the formation of a JIC. This might be the County Administrative Officer, the Coordinator of the Office of Emergency Services, fire or law enforcement authorities or someone in a similar position.

JIC Membership
The actual make up of the JIC will be dependent on the nature of the crisis. As part of your crisis communication plan, you should take steps in advance to pre-negotiate agreements with potential JIC partners and JIC leaders. It is also a good idea to have all JIC partners participate in a training session to solidify the communication plan. The following are potential partners in your JIC:

- County administration
- Law enforcement
- Fire department
- Emergency Medical Services
- California Department of Health Services (CDHS)
- Hospital administrators
- Federal Bureau of Investigation (if terrorism related)
- Local elected officials
- Centers for Disease Control and Prevention (CDC)
- Office of Emergency Management
- American Red Cross
- National Guard (if deemed necessary by the Governor)
- Physicians
- Subject Matter Experts (SMEs)
Crisis Communication Protocol

Knowing when to communicate during a crisis or emergency is just as important as knowing what to communicate. A crisis communication protocol is an outline for who does and says what and when during an emergency. It is the timeline for the implementation of your crisis and emergency risk communication plan.

When developing your organization’s crisis communication protocol, be sure to match up specific tasks (e.g., drafting the initial press statement, distributing the statement, activating the crisis Web site, recording hotline messages, etc.) with members of your crisis team. Also, be sure to consider your organization’s approval processes as part of your overall timeline. Finally, keep your crisis communication protocol together with your crisis and emergency risk communication plan since you’ll need both in the event you need to activate your emergency response system.

A draft version of the state’s crisis communication protocol follows. This document is meant to be used as a sample for you as you prepare your organization’s crisis communication protocol.
The California Department of Health Services (CDHS) is formalizing its communications protocols to be used in the event of a public health emergency. The purpose of this document is to identify the specific actions that would occur related to crisis and emergency risk communication, as well as designated communication roles and responsibilities that would be activated to ensure coordinated and consistent communication with the public and partners on issues related to health and safety during an emergency. This protocol emphasizes the importance of immediately establishing a communication link with anticipated partners including the Emergency Preparedness Office (EPO), the Office of Public Affairs (OPA), the Office of Emergency Services/Public Affairs (OES), and CDHS content specific programs such as Immunization Branch, Environmental and Occupational Disease Control, Drinking Water, Food and Drug, Radiological Health and other potentially Affected Programs.

It should be recognized that in the event of a terrorist act in California, the demands for information to secure the public’s health and safety would be great and involve the response and involvement by all affected partners to address. Once approved by CDHS, this document will be reviewed and updated quarterly to ensure its accuracy and also to provide an opportunity for ongoing refinement.

Essential attachments to this protocol document are the Call Down List of affected programs and responsible individuals, currently under development by the EPO, and a communications worksheet for use during a public health emergency.

DEFINITION OF ROLES

The following offices within CDHS are those with responsibilities during a public health emergency. The following includes a brief description of each office’s principal responsibilities and those positions/individuals within each unit who serve as primary and secondary contacts.

Director’s office: Functions as lead public health policy decision-maker and spokesperson; acts as primary liaison to the Governor’s office
- Primary contact: Director
- Secondary contact: State Public Health Officer

OPA: Coordinates external communications; acts as primary liaison to the media
- Primary contact: Deputy Director, OPA; Risk Communications Co-Lead, Focus Area F Education and Outreach Team
- Secondary contact: Public Information Officer (PIO)
**EPO:** Provides lead operational coordination for CDHS during public health emergencies via Joint Emergency Operations Center (JEOC) and Emergency Communications Center (ECC) structure; acts as primary liaison with relevant departmental leads and state agencies; includes adjunct EOC in Richmond, CA
- Primary contact: Risk Communications Co-Lead, Focus Area F Education and Outreach Team
- Secondary contact: Partnership Coordinator – Risk Communication

**Affected Programs:** Provides expertise and counsel; interfaces with EPO and JEOC
- Primary contact: Deputy Director, Affected Program [see call down list]
- Secondary contact: Assistant Deputy Director, Affected Program [see call down list]

**Bioterrorism Leads:** Takes lead responsibility for actions designated in the CDC Bioterrorism Cooperative Agreement; includes Focus Areas A through G
- Focus Area A: Dave Mazzera
- Focus Area B: Marcus Doane, Duc Vugia
- Focus Area C: Paul Duffey, Mike Janda
- Focus Area D: Kusum Perera, Peter Flessel
- Focus Area E: Richard Sun
- Focus Area F: Ken August, Terri Stratton
- Focus Area G: Richard Sun

**Duty Officer:** Conveys information to EPO and affected programs
- Assigned Duty Officer as indicated on CDHS Duty Roster

**ACTION STEPS**
The following action steps summarize key communication activities that would occur during a public health emergency and the office/individual with principal responsibility.

1. Receive information on issue/potential emergency and notify CDHS personnel per Duty Officer Protocol and Responsibility List. [Duty Officer]

2. Confirm information regarding potential emergency. Establish communication protocol and schedule for contact/updates. [EPO, Affected Program].

3. Contact the following key personnel to provide a briefing on the issue. [EPO, OPA]
   - State Public Health Officer
   - Chief EPO Division
   - Deputy Director of Affected Program
   - Lead for Focus Area A Preparedness and Response

4. Utilize existing or develop new key messages regarding the potential emergency. [OPA and EPO in conjunction with Affected Program]
5. Provide E-mail update on non-secure information to EPO/Focus Area F Bioterrorism Education Workgroup outlining the following:
   - Scope of potential emergency
   - Internal messaging (communication to employees)
   - Provide phone number or Web site for more information

6. Update state information sources for the public (CDHS Web site and OES 800 Hotline.) [EPO, OPA]

7. Use California Health Alert Network (CAHAN) to inform users and to post relevant resources and press releases. [EPO]

8. Establish link with Richmond EOC to inform them of established risk communication actions (including providing information relevant to the emergency and addressing rumors.) [EPO]

9. Continue to track issue until determined to be non-issue, resolved, or activated to confirmed emergency; brief team as indicated. [EPO]

10. Evaluate communication efforts during and after the emergency; document evaluation efforts and results. [OPA, EPO, Affected Program]

**If situation is upgraded to crisis level:**

1. Activate JEOC. [DIR]

2. Coordinate communication with OES PIO and Joint Information Center (JIC), and Richmond EOC, if either or both are activated. [EPO and OPA Risk Communications Co-Leads]

3. Activate Focus Area F Bioterrorism Education Workgroup, as deemed necessary, and utilize as a communication resource. [EPO and OPA Risk Communications Co-Leads]

4. Participate in conference calls with appropriate parties, such as CDC, Department of Homeland Security, CDHS/Emergency Medical Services Authority (EMSA) Response Team, Local Health Departments, etc. [DIR, EPO, OPA, Affected Program, EMSA]
   - Provide situation briefing for media purposes. [EPO, OPA]
   - Assess communication needs and target audience based on threat level/category. [OPA, EPO]

5. Activate Risk Communication Plan with protocols, assessment tools, templates, call down lists, sample news releases, crisis Web site, etc.
   - Establish links with communication partners such as CDC Office of Communications [OPA] and affected local health department risk communication lead/PIO. [EPO]
   - Monitor media coverage and Internet throughout crisis. [JIC/JEOC, if activated; OPA]
• Establish regular briefing schedule and protocols with participating agencies and Richmond EOC. [EPO]
• Establish regular briefing schedule and protocols for working with the media. [OPA]
• Identify appropriate spokesperson(s). [DIR, OPA, Designated Spokespersons]
• Activate expedited review and approval process for press releases and newly developed materials (two to three person review committee.) [DIR, OPA, Deputy Director of Affected Program]
• Develop key messages for the media regarding the crisis. [OPA, EPO and Focus Area F Education and Outreach Team]
• Activate emergency CDHS Web site. [EPO, OPA]
• Modify CDHS Web site homepage, as appropriate. [OPA]
• Post resources to CAHAN, including sensitive information for local health department use. [EPO]
• Activate low-level CAHAN alert informing users that press releases are posted to CDHS Web site. [EPO]
• Support crisis communication operation of JEOC or JIC, as assigned. [OPA, EPO]
• Communicate with potential partners (professional organizations, community-based organizations, etc.) [EPO/OPA]
• Update messaging as needed and facilitate communication to the media. [OPA]
• Develop internal messaging and facilitate communication with affected LHDs and affected programs. [EPO]
• Provide crisis communication support to LHD(s) via consultation and possible on-site deployment to affected area, as requested and indicated. [EPO, OPA]

6. Declare end to the threat and return to normal procedures as soon as is practical. [DIR]

7. Continue to support recovery of affected areas with messages and recovery focused information. [EPO and OPA with Affected Program]

8. Review communication response and determine ways to improve operations in future crisis. [OPA, EPO, Affected Program]
Sample Crisis Communication Plan  
[Insert County], California

The following is a sample crisis communication plan. A crisis communication plan clearly defines your goals, objectives and actions. Once written, the plan offers specific guidelines and instructions for planning and communicating during emergencies. Each section offers an explanation as to what to include and a sample of what your plan could resemble once complete. Keep in mind that this information is based on an annual plan as all crisis communication plans should be updated yearly.

GOAL
The purpose of a communication goal is to set down in paper the overarching idea(s) of what you need to accomplish and to keep that in mind throughout the planning and implementation process. You may have one or multiple goals.

Sample Communication Goal:
Provide important public health guidance and protective measures to the public and partnering agencies in response to an emergency or crisis event in [insert county], California including any public health event that puts the public at risk for disease or negative health outcome.

SITUATION ANALYSIS
The situation analysis is a brief description of the issue at hand. Someone new to the department or someone who has not been exposed to the situation should be able to read the one or two paragraph analysis and understand the issue right away. As you will be completing this plan before a bioterrorist event takes place, your situation analysis should be somewhat general in scope to include any event that could cause a public health threat. Details on a specific event can be filled in at a later date.

Sample Situation Analysis:
[Insert county], California is facing a public health emergency. The [insert county] Department of Health has activated its emergency response plan and is taking action to address the event and protect public health and safety. Approximately [insert county population] people in [insert county, city, community] are at a potential public health risk, including [insert any special populations that may need messages different from the general public.] The public is being advised to [insert protective actions].

TARGET AUDIENCE AND STAKEHOLDERS/PARTNERS
The purpose of identifying your target audience and stakeholders/partners is to determine who will be impacted by the event, who has a “stake” or investment in the situation and who has a role in aiding in the response. It is critical to determine these in advance of an event as you will want to alert them of the situation, secure information from them and build them into your organization’s communication plan. Take note that some of these groups may fall into one or more categories.
Stakeholders are people with a special connection to you and your involvement in the emergency. They will be most interested in how the event will affect them and the populations they represent. Your stakeholders may vary somewhat according to the emergency, but keep in
Stakeholders are people with a special connection to you and your involvement in the emergency. They will be most interested in how the event will affect them and the populations they represent. Your stakeholders may vary somewhat according to the emergency, but keep in mind that your core stakeholders will be interested in most of the public health emergencies with which your organization becomes involved and will expect a response. Also, keep in mind that some of your stakeholders may not be supporters of your organization but are equally important. For more information on stakeholders and a list of potential stakeholders, see the Stakeholder Communications section in the tool kit.

A partner may be defined as anyone with a role in aiding in the response. Each potential partner will play a specific role during the crisis, and this role should be determined and agreed upon before a crisis situation occurs. It is helpful to assess what each partner brings to the table, including strengths, weaknesses and unique abilities. For more information on partners, see the Partner Communications section in the tool kit.

Sample Target Audience:
- County, city and regional residents
- City and county officials
- Adjacent health departments
- Internal health department staff
- Health care community (hospitals, doctors, nurses, etc.)
- Business and community leaders

Sample Stakeholders:
- City and county residents
- Adjacent local health departments
- City and county elected leadership
- City and county administration
- City and county fire departments
- City and county law enforcement
- Health care community (hospitals, doctors, nurses, etc.)
- Centers for Disease Control and Prevention (CDC)
- Civic organizations and unions
- Business and community leaders
- Community based organizations
- Homeless shelters
- Assisted living facilities
- School districts
- Local Parent Teacher Associations
- Ethnic organizations
- Statewide, regional and local general and ethnic media

Sample Partners:
- County bioterrorism coordinator
- Adjacent local health departments
- City and county elected leadership
- City and county administration
- Local and regional emergency services
- City and county fire departments
- City and county law enforcement
- Local Red Cross
- County Mental health
- Health care community (hospitals, doctors, nurses, etc.)
OBJECTIVES
Developing objectives help you to focus your actions toward meeting a concrete target of what you need to accomplish in order to be successful in reaching your goal(s). Objectives should be measurable and quantifiable and directed toward achieving the overall goal.

Sample Objectives:
- Effectively communicate public health information to residents of [insert county] during a crisis event or potential threat via media, hotline and Web site.
- Position the [insert county] Public Health Department as a trusted source and subject matter experts on public health.
- Maintain a safe and orderly process during and after the crisis.

STRATEGIES
The strategy is an overarching statement that describes the approach you will take to achieve your goals and objectives. You may have several strategies, but each of them should clearly state a key outcome you expect to achieve.

Sample Strategies:
- Develop the infrastructure, capacity and tools needed for an effective emergency response in [insert county].
- Pre-establish internal resources and processes for responding in a crisis to ensure the most efficient and effective communication system possible.
- Coordinate with federal, state and local agencies to protect public health.
- Gain public confidence in [insert county] by providing information that is timely, accurate, empathetic and credible.
- Access and develop communication strategies for reaching special populations.

TACTICS/ACTIVITIES
Tactics are the action items that will successfully allow you to meet your goals and objectives. Consider this the “to do” section of the crisis communication plan. The bulk of your work before, during and after a crisis event will come from here. You may consider adding subsections under each tactic to make the document as detailed as possible. For more information on how to develop tactics to include in your crisis communication plan, see the Message and Spokesperson, Media Outreach and Direct Public Outreach sections in the tool kit.

Sample Tactics:
Pre-Event Phase
- Identify and communicate with your crisis communication team, including:
  - Public Information Officer/Risk Communication Lead – overall communication lead
  - Content and Message Coordinator – chief writer for all public information
  - Media Coordinator – media liaison and contact person for team
– Direct Public Outreach Coordinator – manager for all direct communication other than media to include website and hotlines
– Partner/Stakeholder Coordinator – chief liaison with partners and stakeholders
– Rumor Control Coordinator – monitor and evaluator for all external and internal communication

• Determine your resources.
  – Identify space, people and equipment needed in the event of a crisis.

• Create a crisis protocol and timeline.
  – Match specific tasks with members of crisis team and outline timeframe.

• Set up a crisis hotline.
  – Ensure information includes things residents can do in an emergency.
  – Provide information in both English and Spanish.
  – Link toll-free to the California State Governor’s Office of Emergency Services Safety Information and Referral Line (800-550-5234) and the CDC’s Public Hotline (888-246-2674/English, 888-246-2875/Spanish).
  – Designate a staff member to maintain and monitor the hotline.

• Set up a crisis Web site.
  – Ensure information includes things residents can do in an emergency.
  – Provide information minimally in both English and Spanish.
  – Provide links to additional resources, including CDHS, EPO and the CDC.
  – Designate a Web master to maintain and monitor the Web site.
  – Consider low literacy materials.

• Identify and train spokespersons.
  – Training includes key message coaching, interview techniques and probable Questions and Answers (Q&A). A refresher course should be provided every six months.

• Adapt template media materials and develop media contact lists, including:
  – Press statement and news release
  – Facts sheets on all potentially relevant topics
  – Biography for spokespersons
  – Contact information for local television stations, radio stations and newspapers
  – Media call log to track inquiries during a crisis

• Determine stakeholder/partners and foster alliances.
  – Coordinate and communicate with stakeholders and partners.
  – Establish crisis action plan for partners to ensure quick communication.

Event Phase
• Verify the situation.
– Get the facts from your health organization.
– Obtain information from additional sources such as law enforcement, fire departments, hospitals or CDHS to put the incident in perspective.
– Ascertain information origination and determine credibility.
– Review and critically judge all information.
– Determine whether the information is consistent with other sources in other markets.
– Determine whether the characterization of the event is plausible.
– Clarify information through subject matter experts (SMEs).
– Attempt to verify the magnitude of the event and human impact.

• Conduct notification.
  – Follow established communication protocol.
    o Make sure your Health Officer and Health Executive are aware of the situation. Get his or her authorization to proceed.
    o Contact key personnel and provide briefing on issue.
    o Contact your CDHS Risk Communications Co-leads.

• Conduct assessment/Activate crisis communication plan
  – Continue to gather and check the facts.
  – Determine the local health department's role in the ongoing response. Determine who is being affected by the crisis. What are their perceptions? What do they want and need to know?
  – Determine what the public should be doing.
  – Activate plan to join Joint Information Center (JIC) or begin emergency communication operation.
  – Activate your communication team with a call down list.
  – Activate crisis web site, hotlines and approved materials and fact sheets.
  – Activate spokesperson(s).
  – Activate media monitoring.
  – Activate Internet monitoring.
  – Monitor what is being said about the event. Is the information accurate?

• Organize assignments.
  – Determine the current priorities.
  – Identify subject matter experts.
  – Decide whether communication should operate 10, 12, 20 or 24 hours a day.
  – Decide whether communication should operate 5, 6 or 7 days a week.

• Prepare information and obtain approvals for release.
  – Determine special populations.
  – Prepare initial media statement.
  – Develop incident Q&A.
  – Draft and obtain approval on initial news release.
  – Confirm media contact list.
• Release initial information to media, public and partners through arranged channels.
  – Distribute news release to media contacts via E-mail or blast fax.
  – Staff hotline (if applicable).
  – Upload media materials produced to date to your Web site.
  – Ensure spokesperson(s) are standing by for potential media inquiries.
  – Distribute media materials to partner/stakeholder organizations. Establish regular briefing schedule and protocols with them.
  – Establish regular briefing schedule and protocols for working with the media.

• Update media with new information.
  – Send follow-up release with additional incident information and details of any scheduled news conferences/media briefings.
  – Create additional materials including fact sheet and media advisory for news conferences/media briefings, as necessary.

• Conduct news conference.
  – Secure place and determine time.
  – Notify media of scheduled news conference.
  – Gather information addressing unanswered journalist questions.

• Disseminate additional information.
  – Send additional information to media, as available.
  – Continue to monitor media coverage.

Post-Event Phase
• Obtain feedback and conduct crisis evaluation.
  – As soon as feasible following a crisis, conduct an evaluation of the organization’s response.
  – Compile and analyze media coverage.
  – Conduct a “hot wash” (an immediate review of what went right and what went wrong) to capture lessons learned.
  – Share results within your agency.
  – Determine need for changes to the crisis and emergency risk communication plan.
  – Determine need to improve policies and processes.
  – Institutionalize changes with appropriate training.
  – Revise crisis plan policies and procedures based on lessons learned.

• Conduct public education.
  – Once the crisis has subsided, your department may need to carry out additional public education activities, especially with partners such as mental health. Ask the following questions.
    ▪ What are the public’s perceptions and information needs related to the crisis?
    ▪ Do you need to focus on "worried well" (psychosomatic) individuals and other mental health messaging?
Do you need to update your community on the crisis status through town hall meetings, flyers or other outreach activities?

**TIMELINE**

A timeline helps you plan out what needs to be done, when and by whom. One way to complete this section is to start in reverse. In other words, if one of your goals is to have a complete crisis communication plan by May, you can start there and work backwards to incorporate all of the tactics that need to be accomplished. Depending on the timeframe you are working with, you may want to be more or less specific with dates. Remember to include as much information here as possible.

The following sample timeline assumes that the county is at the beginning phase of writing a communication plan. For those counties that already have crisis communication plans in place, the timeline should reflect the work that has been done to date. Samples and templates of all referenced documents can be found in the tool kit.

Sample Timeline:

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
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| November     | **Strategy and Planning**<br>• Review the “Crisis and Emergency Risk Communication Tool Kit” and complete resource sheets and worksheets.  
• Meet with your Supervisor, Health Officer and Health Executive.  
• Identify and communicate with your crisis communication team.  
• Develop a crisis communication plan and revise based on feedback. |
| December     | **Logistical Tools**<br>• Create a crisis protocol and timeline.  
**Resources**<br>• Set up capabilities for crisis hotline.  
• Set up capabilities for crisis Web site.  
**Spokesperson**<br>• Identify spokespersons. |
| January      | **Key Messages**<br>• Become familiar with key messages and potential Q&A and begin adapting to local needs.  
**Media Lists**<br>• Compile local media contact information.  
• Create media call log. |
| February     | **Resources**<br>• Create content for Web site and/or identify appropriate links.             |
### Media Materials
- Create content for hotline.
- Compile information for emergency/crisis fact sheets.
- Become familiar with template media statement, media alert and news release and begin adapting to local needs.
- Begin drafting fact sheets.
- Begin drafting biographies for spokespersons.

### Partners/Stakeholders
- Enlist support of partners and stakeholders.

### March Resources
- Upload information to Web site (only if not live).
- Record information to hotline (only if not live).

### March Media Materials
- Route template materials, fact sheets and biographies for spokespersons through designated approvals and finalize.

### March Partners/Stakeholders
- Conduct meeting to discuss crisis plan and receive feedback.
- Update plan according to feedback.

### April Spokesperson
- Conduct message review and media training with spokespersons.
- Conduct mock media interviews and mock press conference using potential Q&A.

### April Partners/Stakeholders
- Implement partner/stakeholder programs as needed.

### May Planning and Strategy
- Conduct ongoing maintenance of crisis plan.
- Update materials as needed.

### MEASUREMENT
The measurement section is a tool to help you gauge the success of your plan after a crisis event. You will want to include several benchmarks and measurement devices to evaluate your work and compare them to your original goals and objectives. Keep in mind that these measurement devices are more likely to be quantitative rather than qualitative and can be used in order to conduct an effective evaluation.

#### Sample Measurement:
- Amount and quality of media coverage (i.e., were the messages consistent and did they come across in coverage?)
- Number of calls to the hotline or number of hits on the Web site
- Quality of documented feedback from target audience (i.e., were the majority of people informed and calm or ill-informed and panicked?)
- Number of stakeholders/partners communicated with and quality of relationship
Worksheet: Assembling Your Crisis Team

Use this chart to plan staffing for your local crisis and emergency risk communication team. Do not forget to consider individuals from outside your department including, state/county/local partners, volunteers, contractors and other government agencies.

People who will play a leading role in your crisis communication team:

- **Public Health Officer**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Public Information Officer**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Subject Matter Experts**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Content and Message Coordinator**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Media Coordinator**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Direct Public Outreach Coordinator**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Partner/Stakeholder Coordinator**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

- **Rumor Control Coordinator**
  - Name:
  - Position:
  - Phone:
  - Cell Phone:
  - E-mail:

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.

Crisis & Emergency Risk Communication Tool Kit
Worksheet: Organizing Your Resources

In many crisis situations, joining a Joint Information Center (JIC) will be the answer to your resource needs. However, some public health emergencies that can tax your organization may not trigger the operation of a JIC. Although your department may be setting up an Emergency Operation Center (EOC), you will need a separate space from which to run your communication operation. For more information on how to train and organize in a crisis event, see the Crisis Communication Plan section of the Crisis and Emergency Risk Communication Tool Kit.

**Resources you will need to successfully execute a crisis communication plan:**
(Check all that apply)

**Space** (The first three rooms may be combined if space allows.)

- □ Room/space for your communications team to work
  Location: ____________________________

- □ Room/space for quickly training spokesperson(s)
  Location: ____________________________

- □ Room/space for holding team meetings
  Location: ____________________________

- □ Separate room to house media on-site
  Location: ____________________________

- □ Room/space for housing equipment, exclusive for your use (You cannot stand in line for the copier when crisis communications deadlines loom.)
  Location: ____________________________

- □ Restroom and (preferably) kitchen facilities
  Location: ____________________________

**People** (These people will supplement the members of the crisis communication team.)

- □ Staff for public and media information center or JIC support

1. __________________________________________
   Name          Position          Telephone          E-mail

2. __________________________________________
   Name          Position          Telephone          E-mail

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
3. Name  Position  Telephone  E-mail

4. Name  Position  Telephone  E-mail

5. Name  Position  Telephone  E-mail

**Equipment and Other Resources**

- Telephone system

- Company  Contact  Telephone  E-mail

- Computer/IT technician

- Company  Contact  Telephone  E-mail

- Language services
  - Translators for simultaneous translations
  - Translators for written translations
  - Back-up translators located outside your immediate area (in case of widespread power outages)

- Fax Machine and Copier

- Company  Contact  Telephone  E-mail

- Televisions

- Company  Contact  Telephone  E-mail

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
☐ Tables

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<th>Company</th>
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☐ Standard supplies (copy paper, pens, pencils, notebooks, organizers, staplers, folders, etc)

☐ Calendars, flow charts, easels and bulletin board

☐ Reference material

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Worksheet: Identifying Persons Authorized to Sign Release Authorization(s)

Depending upon the protocols established in your county, one or more persons should officially clear a document before it is released to the media, partners and/or general public. Individuals selected to sign release authorizations must hold positions of accountability, or be subject matter experts who are fast and infallible.

List the people in your organization who are authorized to sign release authorizations.

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<th>Name</th>
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List the subject matter expert(s) who are authorized to sign release authorizations.

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Worksheet: Information Release Authorization Form

In order to be well prepared in the event of a crisis, it is important to have your template materials both developed and approved in advance. It is recommended that you obtain approval signatures for each of the documents below prior to release to the media, stakeholders and/or general public.

- [ ] Key Messages
- [ ] Media Statement
- [ ] Media Advisory
- [ ] Press Release
- [ ] Fact Sheet
- [ ] Backgrounder
- [ ] Bios

I have read and approved the following documents on the date indicated:

Key messages dated _____ approved by ________________________ on ___________

Media Statement dated _____ approved by ______________________ on ___________

Media Advisory dated _____ approved by ________________________ on __________

Press Release dated _____ approved by _________________________ on __________

Fact Sheet dated _____ approved by __________________________ on __________

Backgrounder dated _____ approved by _________________________ on __________

Bios dated _____ approved by ________________________ on __________

Signature           Date

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Worksheet: Identifying Your Local JIC (not led by a health department)

Identify who in your county normally takes the lead in forming a Joint Information Center (JIC). JICs are formed on a deliberate basis; however, either by protocol or by custom, there might be one individual or office that will most likely call for the formation of a JIC. This might be the County Administrative Officer, the Coordinator of the Office of Emergency Services, fire or law enforcement authorities or someone in a similar position. For more information on the roles and function of JIC members, see page 184 in The CDC Crisis Emergency Risk Communication Tool Kit.

County departments or other agencies within the county that may play a leading role or be part of a JIC:

1. Name     Position  Telephone  E-mail
2. Name     Position  Telephone  E-mail
3. Name     Position  Telephone  E-mail
4. Name     Position  Telephone  E-mail

List agreements that are required for joining a JIC organized by someone outside the local health department:

1. 

2. 

Are agreements on file: Yes   _____   No   _____

Explain steps that need to be taken to secure agreements, if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date Authorized   By:

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Worksheet: Organizing Your JIC (led by a health department)

In the event of a public health emergency, such as an infectious disease outbreak or even a bioterrorist incident, local health departments may assume a lead role in the creation and management of a Joint Information Center (JIC). To prepare your agency for that responsibility, use this form to identify who in your department and in the county would play a key role in a health emergency JIC.

_______________________________ Local Health Department  
(Name of County)

The person leading the health emergency JIC will be:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Telephone</th>
<th>E-mail</th>
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</table>

The person organizing the health emergency JIC will be:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Telephone</th>
<th>E-mail</th>
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Depending on the type of health emergency, other members of the JIC would include:

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<th>E-mail</th>
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3.  
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<tr>
<th>Name</th>
<th>Position</th>
<th>Telephone</th>
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4.  
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<tr>
<th>Name</th>
<th>Position</th>
<th>Telephone</th>
<th>E-mail</th>
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</thead>
</table>

Date       Authorized By: (Health Officer/Health Director)

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of tool kit.
Worksheet: Emergency Phone Tree

Use this phone tree to identify people you will need to contact, such as your spokespersons, partners, and safety and health officials. Share this contact information with your communication team.

- Limit the number of people each person must call.
- Leave a message for unavailable contacts. The caller should continue down the phone tree and continue attempting contact with unavailable persons.
- Each unit should have provisions for getting the information to a person who was not contacted.
- The last person called should report back to a designated person to signal the end of the calling process.
- Keep the message short and concise. Only the facts should be given and each caller should avoid speculation. Confidentiality should be stressed.
- Update the phone tree at least annually to insure accurate phone numbers and inclusion of all staff.

Public Information Officer

Name:  
Function:  
Phone:  
Cell Phone:  

Name:  
Function:  
Phone:  
Cell Phone:  

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Remember to contact Risk Communications Co-leads Ken August in the Office of Public Affairs at 916-440-7660 or Terri Stratton at the Emergency Preparedness Office at 916-650-6457.

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of tool kit. 
Make additional copies as needed.
Messages and Spokespersons
Developing Your Messages

During a crisis or emergency, it is important that your media spokespersons not just “wing it” when it comes time to relay important information about the incident. It is critical that you take some time to prepare and develop key media messages.

To be useful, key media messages must:

- **Be few in number, usually no more than two or three.** During an emergency, people will be upset. They will have difficulty remembering lots of information.
- **Be short and concise, generally no more than a sentence or two each.** Short messages are easier for your spokesperson and the public to remember and are more likely to be conveyed without editing by the media.
- **Be in writing.** Writing your messages down makes sure they are short, concise and understandable.

Consider the following when creating your initial communication to your audiences:

For the general public, **present a short, concise and focused message** (6th-grade level). It’s difficult in a heightened state of anxiety or fear to take in copious amounts of information. Get the important facts out first. In time, the public will want more information.

**Cut to the chase.** State *relevant information only* at this time. Do not start with massive amounts of background information. Do not spend a lot of time establishing yourself or your organization. One sentence should be enough.

**Acknowledge uncertainty.** Sounding more confident than you are rings false, sets you up to turn out wrong, and provokes debate with those who disagree. It is better to say what you know, what you do not know, and what you are doing to learn more. Model the ability to bear uncertainty and take action anyway.

**Give positive action steps,** instead negatives (e.g., “In case of fire, use stairs,” “Stay calm,” are positive messages. Negative messages are “Do not use elevator” and “Don’t panic.”)

**Repeat the message.** Repetition reflects credibility and durability. Correct information is correct each time you repeat it. Reach and frequency, common advertising concepts, tell us that your message is more apt to be received and acted upon as the number of people exposed to the message (reach) and the number of times each person hears the message (frequency) increase.
Create action steps in threes or rhyme, or create an acronym. There are ways to make basic information easier to remember, such as “stop/drop and roll.” Three is not a magic number, but in an emergency, you should expect someone to absorb three simple directions. Research indicates that people will more likely memorize and recall somewhere between three and seven bits of information. It makes sense during the stress of an emergency to ask your audience to remember fewer bits of information. For example, Anthrax is a bacterium that is treated with antibiotics. Anthrax is not transmitted from person to person. Seek medical care if you believe you have symptoms of anthrax: fever, body aches, and breathing problems.

Use personal pronouns for the organization. “We are committed to . . .” or “We understand the need for . . .”

Be careful about speculation. Try to stick to the known facts. Keep in mind that too much speculation weakens your credibility, but also recognize that people want answers. Concentrate on describing the steps in place to get the facts and help the audience deal with the uncertainty while that process goes on.

Treat emotion as legitimate. In a crisis, people are right to be fearful and miserable. Both emotions are at risk of slipping into denial, or escalating into terror or depression, or receding into apathy. To help people bear their feelings, it is important to respect their feelings.

Establish your own humanity. Express your feelings and wishes: “I wish we could give you a more definite answer.” Touch upon your family and your reactions to the crisis.


Avoid

Technical jargon
- Instead of saying “people may suffer morbidity and mortality,” say, “people exposed may become sick or die.”
- Instead of “epidemic” or “pandemic,” say “outbreak” or “widespread outbreak.”
- Instead of “deployed,” say “sent” or “put in place.”
- Instead of “correlation” say “relationship” (avoid using “cause”).

Unnecessary filler – Save background information for news releases or fact sheets.

Attacks – Attack the problem, not the person or organization. (e.g., Be careful not to point fingers at a specific person or group, but talk about the issue at hand.)

Promises/guarantees – State only what you can deliver. Otherwise, promise to remain committed to keeping people informed throughout the emergency response.
**Discussion of money** – In the initial phase, discussion of the problem’s magnitude should be in context with the health and safety of the public or environment. Loss of property is secondary. Also, a discussion of the amount of money spent is not a substitute for the level of concern and response from your organization.

**Humor** – Seldom is humor a good idea. People seldom “get the joke” when they are feeling desperate. Humor is a great stress-reliever behind closed doors. Anyone who has responded to emergencies knows that sometimes-inappropriate humor acts as a coping mechanism. Be careful not to offend others responding to an emergency, even behind closed doors. Be especially sensitive when speaking to the public. One person’s attempt at humor may be another’s insult.

Please note sample key messages for general terrorism and bioterrorism preparedness, anthrax, dirty bombs, ricin, sarin and smallpox can be found in the Terrorism & Bioterrorism section of this tool kit.

*Information in this section is adapted from The CDC Crisis Emergency Risk Communication Manual and Consulting, Training and Research in Risk Communication by Peter Sandman, Ph.D.*
Sample Key Messages for a Confirmed Event
[Insert County], California

Use the following as a template in developing specific key messages in your county in the event of a confirmed crisis.

1. Response

There has been a confirmed [insert crisis event] in [insert location]. We are working with federal, state and local agencies to take the appropriate steps to ensure the health of residents, employees and others in the affected area.

- **Empathy**
  Our thoughts are with the victims and their families.

- **Scope**
  At this time it is unclear if this is an isolated incident. We are working with federal, state and local authorities to determine the extent of the situation.

- **[Insert county] Health Department actions**
  We are working with federal, state and local authorities to ensure that all who have been affected are receiving appropriate treatment.

2. Risk

The risk to residents in [insert county] is [insert information on risk].

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

- **Be alert**
  If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.

- **Seek medical treatment in case of exposure**
  [Insert information on recommended actions specific to crisis event].

- **For more information**
  For more information on chemical, biological or radiological agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
Sample Key Messages for an Unconfirmed Event
[Insert County], California

Use the following as a template in developing specific key messages in your county in the event of an unconfirmed crisis.

1. Response

There has been an unconfirmed [insert crisis event] in [insert location]. We are working with federal, state and local agencies to gather as much information as possible and take the appropriate steps to ensure the health of residents, employees and others in the affected area.

• Scope
  At this time it is unclear if this is an isolated incident. We are working with federal, state and local authorities to determine the extent of the situation.

• [Insert county] Health Department actions
  We are working with federal, state and local authorities to ensure that all who have been affected will receive appropriate treatment.

2. Risk

We are determining the risk to residents in [insert county] and will provide more information as soon as possible.

3. Action

The public can play a key role in helping authorities to be alert for acts of terrorism.

• Be alert
  If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.

• Seek medical treatment in case of exposure
  [Insert information on recommended actions specific to crisis event].

• For more information
  For more information on chemical, biological or radiological agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
The Role of Your Media Spokesperson in a Crisis or Emergency

The job of a spokesperson in an emergency is to communicate information the public wants or needs to know to reduce the incidence of illness and death. The job is also vital to reduce the likelihood that:

- Scarce public health and safety resources might be misallocated through pressures brought forward based on incomplete or false information.
- Public health and safety recommendations are ignored or circumvented.
- Unneeded public health and safety response resources are committed due to public or stakeholder demand based on faulty information or expectations.

Early in an emergency, the spokesperson is expected to describe the following:

- The health and safety risks for individuals and communities—what is the risk?
- The incident and its magnitude (e.g., who, what, where, when, why, how).
- What’s being done to respond to the incident?

The spokesperson you choose to represent your organization should be knowledgeable about the situation at hand. He/she should be briefed with the most current information as it becomes available.

General recommendations for spokespersons in all settings:

- Know the organization’s policies about the release of information.
- Stay within the scope of responsibilities, unless he/she is authorized to speak for the entire organization or a higher headquarters.
- Don’t answer questions that are not within the scope of the organization’s responsibility.
- Tell the truth. Be as open as possible.
- Follow-up on issues.
- Use visuals when possible.
- Illustrate a point through examples, stories, and analogies. Ensure that they help make the point and do not minimize or exaggerate the key message. Try the stories out on a small group first.
- Discuss only the facts.
- Do not express personal opinions.
- Do not show off. This is not the time to display an impressive vocabulary.
Interview Tips for Your Media Spokesperson(s)

Although it can be daunting to have a reporter (or two) hanging on every word, media interviews can be one of the most effective tools for disseminating your message during a crisis situation. Whether you will be giving the interview yourself, or preparing a Subject Matter Expert (SME), the following are some guidelines to ensure a successful media interview.

During the interview, the spokesperson should:

- **Make certain not to over-reassure.** The objective is not to placate but to elicit accurate, calm concern.
- **Acknowledge uncertainty.** Offer only what you know. Show your distress and acknowledge your audience’s distress. “It must be awful to hear that we can’t answer that question right now...”
- **Emphasize that a process is in place** to learn more. Describe that process in simple terms.
- **Give anticipatory guidance.** If you are aware of future negative outcomes, let people know what to expect. (e.g., side effects of antibiotics).
- **Be empathetic, not defensive.** Say, “We are sorry . . .” or “We feel terrible that . . .” when acknowledging misdeeds or failures from the organization. Don’t use “regret,” which sounds like you’re preparing for a lawsuit.
- **Acknowledge people’s fears.** Don’t tell people they shouldn’t be afraid. They are afraid and they have a right to their fears. Don’t disparage fear; acknowledge that it’s normal and human to be frightened, (even though…).
- **Acknowledge the shared misery.** Some people will be less frightened than they are miserable, hopeless and feeling defeated. Acknowledge the misery of a catastrophic event, then help move people toward the future through positive actions.
- **Express wishes.** Say, “I wish we knew more,” or “I wish our answers were more definitive.”
- **Be willing to address the “what if” questions.** These are the questions that everyone is thinking about and they want expert answers. Although it’s often impractical to speculate when the crisis is contained and not likely to affect large numbers of people, it is reasonable to do so if people need to be emotionally prepared.
- **Ask more of people.** Perhaps the most important role of the spokesperson is to ask people to bear the risk and work toward solutions with you. People can tolerate considerable risk, especially voluntary risk. If you acknowledge the risk’s severity and complexity, and recognize people’s fears, you can then ask the best of them.
- **Be calm and relaxed.**
- **Be truthful and stick to your expertise.** Never use the phrase “no comment.” If an answer is unknown, say, “I don't have that information in front of me. May I research it and get back to you?”
- **Be genuinely concerned about the situation.** Personalize your answers and express sympathy, if appropriate.
- **Provide a solution.** State exactly what will be done to correct the problem in accordance to the statement and/or media messages prepared by the crisis team.
- **Remain gracious.** If several reporters are requesting interviews, you may have to repeat yourself several times. Do not appear irritated.
- **Avoid confrontation and do not be argumentative.**
- **Stay on message.** Stay within the parameters of the approved media statement and media messages.
- **Keep it simple.** Make statements simple and direct; remember a reporter will likely pull one or two sound bites and not every answer in its entirety.
- **Avoid jargon.** When speaking with reporters or the lay public, avoid the use of jargon and acronyms. Your mission is to convey information in a clear, concise way. If your listeners have to decipher industry-speak, you’ll momentarily lose their attention and they may miss a key message.
- **Use bridges to take control of the interview.** If a reporter asks you a potentially sticky question, answer it, but bridge it to a message you want to convey. “Yes, but have you considered …” or “No, but we’ve solved that problem through …” Other suggested bridges include:
  - “What I think you are really asking is …”
  - “The overall issue is …”
  - “What’s important to remember is …”
  - “It’s our policy not to discuss (x), but what I can say is …”
- **Watch casual remarks.** Nothing is off the record even if you tell a reporter or group of reporters that it is. You should never say anything you wouldn’t want quoted because those are usually just the juicy tidbits that will end up in print or on air.

**Other helpful hints when interviewing with specific news mediums:**

**Television Interviews**
- Determine the format. Is the show going to be taped and edited, or live?
- Remember, every blink, “uh,” and twitch is magnified on camera.
- If it is a one-on-one interview, look at the reporter or the camera operator. Don’t look into the camera.
- Keep your answers brief and stick to your key points. The more tape they have, the less control you have over what gets on the air.
- In taped interviews try to remember to incorporate the question into your answer as a complete sentence.
- If you make a mistake, don’t be afraid to ask to stop and start over (unless it’s live).

**Radio Interviews**
- Determine the format. A live interview is very different from a taped interview.
- Watch out for verbal pauses— “Uh,” “Um,” and “You know.”
- Radio will not be as in-depth as print, so plan on providing brief, to the point, responses.
- Be careful not to repeat the negatives in a reporter’s question.
Telephone Interviews
- Know who is on the other end of the line.
- Ask whether you are being recorded.
- Ask when and where the information will be used.
- Spell out difficult names and technical terms and phrases.
- Limit the time available for the interview.
- Be certain to ask for feedback from reporters to ensure that they have understood your points.

What to wear for on-camera television interviews:
Wear clothes appropriate to the situation. If you’re in a field situation, a suit may not be appropriate. Do not wear medical clothes or a lab coat unless you would be wearing them for your job.

Men
- Avoid patterned suits, stripes, and checks. The camera will make them wavy and distracting to the viewer.
- Button double-breasted suits. You may unbutton single-breasted suits. If possible, sit on your coattails, to avoid bunching around your neck and shoulders.
- White shirts are considered the most conservative. Also consider wearing light blue or grey. Bottom line: in an emergency, you should look conservative, not stylish or flashy.
- Neckties should be somber. Do not “advertise” a product or point of view on your tie.
- Wear knee-length socks darker than your suit. Your credibility can plummet if your socks end at your ankles and viewers get a “skin shot” when your pant legs creep up.
- Be clean-shaven.

Women
- Tailored clothes work best. Short skirts kill credibility as quickly as short socks on men.
- Neutral colors and muted patterns work best. Most set backdrops are blue or purple. Consider taking along a contrasting shawl or scarf to ensure that you do not blend into the background if your suit matches the set color.
- Wear dark shoes.
- Avoid distracting or shiny jewelry and any accessory that jangles or needs constant adjusting.
- Wear everyday makeup. Avoid loud fingernail color. Lipstick should be a neutral/natural shade; lip liner helps define the lips. Women who never wear makeup should consider color on the lips. The lighting for TV is not natural, and you’ll look years older and less energetic without the lipstick color. Wear pink or coral or berry—red seldom looks good. Avoid the trend toward dramatic dark colors on the lips and eyes and heavy lip liner. You’ll look ghoulish, not reassuring.

Men and Women
- Neat, trimmed hair is best.
- If your skin is shiny under the lights, ask for powder. Bald men should powder the tops of their heads.
• If you can take off the glasses without squinting, do so. Consider nonglare glasses if you must wear them. Never wear tinted lenses or sunglasses. If the light hurts your eyes, ask that it be adjusted.

Information in this section is adapted from The CDC Crisis Emergency Risk Communication Manual and Consulting, Training and Research in Risk Communication by Peter Sandman, Ph.D.
Worksheet: Customizing Your Messages

During a crisis or emergency, it is important that your media spokespersons be prepared to relay important information about the incident. Use the steps below to develop your key messages for a crisis event.

Step 1:

**Determine Your Audience:**
- Relationship to event
- Demographics (age, language, education, culture)
- Level of panic/outrage

**Purpose of Your Message:**
- Give facts/update.
- Rally to action.
- Clarify event status.
- Address rumors.
- Satisfy media requests.

**Method of Delivering Your Message:**
- Print media release
- Web release
- Spokesperson (TV or in-person appearance)
- Radio
- Other (e.g., recorded phone message)
Step 2:

Use the message map below to construct your message with the following components:

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response</strong></td>
<td><strong>Risk</strong></td>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>Confirm knowledge of the incident.</td>
<td>Let the public know of the risks involved with the current incident (exposure to radiation or chemical, contraction of a disease, etc.).</td>
<td>Let people know that the public can play a key role in helping authorities be alert for acts of terrorism.</td>
</tr>
</tbody>
</table>

**Supporting Fact 1-1**

Express empathy.

**Supporting Fact 1-2**

Provide scope of the incident.

**Supporting Fact 1-3**

State actions being taken by your organization.

**Supporting Fact 2-1**

Persuade the public to be on alert.

**Supporting Fact 2-2**

Encourage people to seek medical treatment, as needed.

**Supporting Fact 2-3**

State who to contact for more information.
Worksheet: Identifying Your Media Spokesperson(s)

Use this worksheet to identify your spokespeople for different kinds of emergency or crisis situations. For more information on identifying and training a spokesperson, see pages 111-127 of The CDC Crisis Emergency Risk Communication Manual.

People who will speak on behalf of your organization during different kinds of emergency or crisis situations:

*Health-Related Emergency*

1. Name | Position | Telephone | E-mail

*Natural Disaster*

2. Name | Position | Telephone | E-mail

*Bioterrorism*

3. Name | Position | Telephone | E-mail

*Chemical Terrorism*

4. Name | Position | Telephone | E-mail

*Radiological Terrorism*

5. Name | Position | Telephone | E-mail

*Other Public Health Emergency*

6. Name | Position | Telephone | E-mail

Date Authorized   By:

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Media Outreach
Understanding the Media

The news media has grown into one of the most powerful forces in the world. Everyday, billions of people rely on the media to provide information on local, national, and international news and events. While new technologies allow the broadcast media to receive reports from halfway around the world, local media outlets can cover stories happening in the community as news unfolds.

Never before has news and information been so readily available. As a result, the public has developed a greater reliance on the media and looks to newspapers, television, radio and the Internet to fulfill its information needs.

Disasters are media events. Major public health emergencies will instantly engage the media, especially if they are exotic, catastrophic or first of their kind. It may be natural for those responding to a public health emergency to think of the media as a nuisance that should be brushed away. In reality, the media is a major factor that cannot be ignored.

Public emergency planners should acknowledge the media’s role in a crisis and plan to meet reasonable media requirements during the crisis. Few reporters, editors, directors, or producers will abandon their effort to obtain information and provide perspective on a crisis just because, as an emergency response official, you do not want them involved.

It is imperative that emergency operations centers and all government and nongovernmental organizations involved in crisis response understand the legitimate needs of the media and how to fulfill those needs as an ongoing and well-thought-out part of the response plan.

It is also important to note, with California’s diverse population, it is essential to work with representatives from specific populations or receive assistance from translators to effectively communicate with each community.

The worksheets, tips and templates located in this section will help your organization respond to the media in a timely, thoughtful and accurate manner during an emergency. In this section, you will find ways to:

- Organize your emergency and risk communication response
- Communicate your story
- Contact the media
- Develop press statements, fact sheets, FAQs and Q&As
- Prepare video news releases and B-roll
- Develop and distribute press releases and media advisories
- Conduct a press conference
- Track media calls
- Respond to media errors
Organizing Your Emergency and Risk Communication Response

Within Thirty Minutes After Start of Crisis:

Information Gathering

1. Verify the Situation
   - Get the facts from your health organization.
   - Obtain information from additional sources such as law enforcement, fire departments, hospitals or CDHS to put the incident in perspective.
   - Ascertain information origination and determine credibility.
   - Review and critically judge all information.
   - Determine whether the information is consistent with other sources in other markets.
   - Determine whether the characterization of the event is plausible.
   - Clarify information through subject matter experts.
   - Attempt to verify the magnitude of the event and human impact.

2. Conduct Notification
   - Follow established communication protocol.
     - Make sure your Health Officer and Health Executive are aware of the situation. Get his or her authorization to proceed.
     - Contact key personnel and provide briefing on issue.
     - Contact your CDHS Risk Communications Co-leads.

3. Identify Staffing and Resource Needs
   - Assemble your crisis communication team.
   - Secure an appropriate space, equipment and supplies for the course of the event.
   - Ensure crisis information is being communicated to staff members.

4. Conduct Assessment/Activate Crisis Communication Plan
   - Continue to gather and check the facts.
   - Determine the local health department's role in the ongoing response. Determine who is being affected by the crisis. What are their perceptions? What do they want and need to know?
   - Determine what the public should be doing.
   - Activate plan to join Joint Information Center (JIC) or begin emergency communication operation.
   - Activate your communication team with a call down list.
   - Determine stakeholders and partners.
   - Activate spokesperson(s).
   - Activate media monitoring.
   - Activate Internet monitoring.
   - Monitor what is being said about the event. Is the information accurate?
5. Organize Assignments
   - Determine the current priorities.
   - Identify subject matter experts and spokespersons.
   - Decide whether communication should operate 10, 12, 20 or 24 hours a day.
   - Decide whether communication should operate 5, 6 or 7 days a week.

**Thirty Minutes to One Hour After Start of Crisis:**

**Initial Release of Information**

6. Prepare Information and Obtain Approvals
   - Determine special populations.
   - Prepare key messages and initial media statement.
   - Develop incident Q&A.
   - Draft and obtain approval on initial news release.
     - Provide only information that has been approved by the appropriate agencies. Do not speculate.
     - Repeat the facts about the incident.
     - Describe the data collection and investigation process.
     - Describe what the health department is doing about the crisis.
     - Describe what other agencies are doing.
     - Explain what the public should be doing.
     - Describe how to obtain more information about the situation.
   - Confirm media contact list.

7. Release Initial Information to Media, Public and Partners through Arranged Channels
   - Distribute news release to media contacts via E-mail or blast fax.
   - Staff hotline (if applicable).
   - Upload media materials produced to date to your Web site.
   - Ensure spokesperson(s) are standing by for potential media inquiries.
   - Distribute media materials to partner/stakeholder organizations. Establish regular briefing schedule and protocols with them.
   - Establish regular briefing schedule and protocols for working with the media.

**One to Two Hours After Start of Crisis:**

**Follow-up Information**

8. Update Media with New Information
   - Send follow-up release with additional incident information and details of any scheduled news conferences/media briefings.
   - Create additional materials including fact sheet and media advisory for news conference and media briefings, as necessary.
Two to Four Hours After Start of Crisis:

News Conference
9. News Conference
   - Notify media of scheduled news conference.
   - Conduct news conference.
   - Gather information addressing unanswered journalist questions.

Four to 36 Hours After Crisis:

Media Follow-up
10. Disseminate Additional Information
    - Send additional information to media, as available.
    - Continue to monitor media coverage.

36 Hours to TBD After Crisis:

Conduct Evaluation
11. Obtain Feedback and Conduct Crisis Evaluation
    - As soon as is feasible following a crisis, conduct an evaluation of the organization’s response.
    - Compile and analyze media coverage.
    - Conduct a “hot wash” (an immediate review of what went right and what went wrong) to capture lessons learned.
    - Share results within your agency.
    - Determine need for changes to the crisis and emergency risk communication plan.
    - Determine need to improve policies and processes.
    - Institutionalize changes with appropriate training.
    - Revise crisis plan policies and procedures based on lessons learned.

12. Conduct Public Education
    - Once the crisis has subsided, your department may need to carry out additional public education activities.
      – Determine the public’s perceptions and information needs related to the crisis.
      – Focus on "worried well" (psychosomatic) individuals and other mental health messaging.
      – Update your community on the crisis status through town hall meetings, flyers or other outreach activities.

Information in this section is adapted from The CDC Crisis Emergency Risk Communication Manual.
# Ways to Communicate Your Story

## News Release
A news release is a short article created by your communications team for release to the media. The primary goal of the release is to disseminate your message to the public in a straightforward, consistent manner. (See the appendix for an example of how to write a news release.)

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| - Ensures consistent information is given to all media  
- Creates an historical record  
- Provides background information and direction to other resources  
- Gives media something to reference when writing stories | - Takes a considerable amount of time to write  
- Becomes inaccurate as information changes  
- Requires appropriate approvals, which may be difficult to get  
- Involves providing media with periodic updates |

## News Conference
A news conference is a live media event organized by your communications team. The primary goals of the conference are to disseminate your message to the public immediately and address any questions or concerns that may be brewing.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| - Ensures consistent information is given to all media who attend  
- Completes multiple media interview requests at one time  
- Introduces your spokesperson(s) and subject matter experts to the public  
- Fulfills the immediate needs of the media if information is rapidly changing | - Requires a skilled spokesperson, who can be difficult to find  
- Excludes media who do not attend from receiving your information  
- Involves coordination between all parties to avoid competing and inconvenient news conferences  
- Involves providing media with periodic updates |

## Satellite Media Tour
A satellite media tour is a live media event broadcast via satellite to media outside of your local area. The event is organized by your communications team. The primary goals of the tour are to disseminate your message to the public, including the public outside of your local area and address any questions or concerns that may be brewing.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| - Ensures consistent information is given to all media  
- Allows media unable to be onsite to have access to the center of action and response officials  
- Provides a way for local and regional media to ask questions specific to their region or population | - Is often pricey  
- Is often time-consuming  
- Requires planning prior to crisis |
### Telephone News Conference/Webcast
A telephone news conference or webcast is a live media event broadcast via telephone or the Internet to media outside of your local area. The event is organized by your communication team. The primary goals of the conference or webcast are to disseminate your message to the public, including the public outside of your local area and address any questions or concerns that may be brewing.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures consistent information is given to all media</td>
<td>Is often pricey over time</td>
</tr>
<tr>
<td>Allows media unable to be onsite to have access to the center of action and response officials</td>
<td>Is often time-consuming</td>
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<tr>
<td>Provides a way for local and regional media to ask questions specific to their region or population</td>
<td>Requires a funding source or advance contract</td>
</tr>
<tr>
<td>Is easy to arrange</td>
<td>Fails to fulfill the visual needs of television</td>
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</table>

### Commercial News Distribution Service
A commercial news distribution service sends a news release, created by your communications team, to an extensive number of media outlets, usually via a newswire. The primary goal of using a distribution service is to disseminate your message quickly to the public in a straightforward, consistent manner.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures consistent information is given to all media</td>
<td>Requires a funding source or advance contract</td>
</tr>
<tr>
<td>Distributes release very rapidly to a number of press rooms</td>
<td>Appears less official, particularly for crisis information that should come directly from the response organization</td>
</tr>
<tr>
<td>Eliminates the need to maintain up-to-date specialized or outside-of-area media lists</td>
<td>Wastes resources if the media are already actively engaged; May be more appropriate at less intense times during the emergency response</td>
</tr>
<tr>
<td>Provides a list of media outlets that receive the release</td>
<td></td>
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</tbody>
</table>

### E-mail Listserv and Broadcast Fax
An e-mail listserv and a broadcast fax are tools to send messages created by your communications team via e-mail or fax to an extensive pre-determined list of media and other interested parties. The primary goal of the listserv or broadcast fax is to disseminate your message quickly to the public in a straightforward, consistent manner.

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributes information very rapidly to a number of outlets</td>
<td>Requires regular update and maintenance of lists</td>
</tr>
<tr>
<td>Corrections are easily made</td>
<td>Risks that the e-mail or fax is lost in the clutter of a newsroom</td>
</tr>
<tr>
<td>Cost is minimal</td>
<td>Lacks highly personal tone; May require follow up calls to reporters</td>
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</tbody>
</table>
B-roll
A B-roll package is a visual representation of your story, particularly suited to television media. The primary goal of a B-roll package is to provide television media with ready access to images for a news segment of your story.

Pros
- Makes it easier for television media to cover your story
- Provides self-selected images of your story to the media
- Allows media outside of your local area to cover the story

Cons
- Is often pricey
- Is often time-consuming
- Requires planning prior to crisis
- Excludes print and radio media outlets
Ways to Contact the Media

Media Lists
During a crisis, it’s important to keep the names of reporters and media outlets that specifically cover public health and public health emergencies informed of what is happening. This is particularly important when following up with reporters post-crisis.

It pays to take the time to research the local and regional media to which your target audiences pay attention, and identify the specific reporters and editors who deal with your topics. You should be familiar with the publications, beat (or area), and the names of reporters and editors.

If you don’t know who covers the beats that are relevant to you, research past stories on the outlet’s Web site or call the publication’s editor for more information. It may take some hunting, but you’ll find the right person and be glad you did. Newsroom staff get reassigned frequently, so keeping the media list up-to-date is an ongoing job.

When an emergency hits, it’s also important to disseminate information in a timely manner. During these periods, when rapid distribution is essential, keep a list of communication services on hand that can help you with the process. Services such as newswires, blast fax specialists and E-mail listserv distribution are especially important.

Newswires:
In many media markets, private organizations exist that can efficiently and cost effectively distribute media materials to some or all media outlets in that market. These services (e.g., PR Newswire, US Newswire, etc.) give organizations access to national, regional, or specialized media using media lists and fax numbers. Many of these services are available 24 hours a day.

Using a newswire:
- Eliminates the need to maintain up-to-date specialized media lists or those outside the local area
- Ensures news releases move very rapidly to newsrooms
- Provides a list of media outlets that received the release
- Provides a way to reach media that may not be on your core media list but have an interest in what is occurring

If you live in a larger media market, be sure to include the names of newswire services in your area as part of your communication plan.

E-mail listservs and broadcast faxes
Many media are prepared to receive information from organizations through E-mail or by fax. There are companies that specialize in these forms of distribution. Keeping their contact information on hand can be especially helpful during an emergency.
There are advantages to using an E-mail listserv or broadcast fax service:

- You can almost instantly disseminate information to media on your E-mail listserv at an imperceptible cost.
- Corrections are easy to make.
- The organization gets credit for having contacted reporters or outlets by name.
- They provide an open channel that, until they yell “stop!” allows you to feed information to the media at will.
Press Statements

The press statement is likely the first communication you will have with the media following an emergency or crisis. Even if you don’t have every detail, it’s important to release a statement with what you do know so people feel informed and updated on the incident. Often, you’ll send out more than one press statement, depending on how often you are able to provide additional updates. Depending on your comfort level and the nature of the event, your press statement could be a written document or a verbal statement by your spokesperson.

To get your press statement used, it has to be well written and newsworthy. The better a press statement is, the more likely it will be used.

A good press statement:

- Has an attention grabbing headline and first paragraph
- Includes all the necessary facts about the situation or issue – who, what, when, where, why and how
- Is so well written it could be used almost directly as is
- Is accurate
- Gives your organization’s views on the issue
- Gives information about what action your organization intends taking around the issue
- Invites the media to contact your organization for further information
- Gives a contact person and their telephone number
- Gets distributed effectively – (local, regional, state or national media, where appropriate)

Things to Avoid
Do not issue a press statement if:
- It does not have all the necessary information for the media to be able to write a story or publish it
- It does not have the correct facts
- It is based on hearsay
- It is ambiguous
- The media cannot contact your organization’s media contact person
- It has not been checked for accuracy, spelling and grammar
- It does not have the necessary approvals
Sample Press Statements

Following are three sample press statements. The first is an example of a typical statement that is released within the first thirty minutes of an incident. The other two show how the initial press statement can be expanded once more information is obtained.

Sample #1: Thirty Minutes or Less Following the Incident
First and foremost, I want to emphasize that our most important priority is the safety and well-being of the community members involved. We are working closely with local authorities right now to find out exactly what has occurred, why it happened, and what, if any, action needs to be taken. Right now we do not know the cause of the incident. All we know is that (edit as appropriate)...

It is our firm intention to give you the most accurate information possible as soon as we can. (Name of the media liaison) has been assigned to work with the news media. I/he/she will get back to you as soon as we have more details. Information will also be posted on our Web site at (insert Web site address) for all concerned individuals as soon as it becomes available.

Sample #2: Two-to-Four Hours Following the Incident
We have been working closely with local authorities since the incident occurred a few hours ago. Although we do not yet understand the full scope of the incident, we do know (edit as appropriate)...

We expect to more accurately understand the cause and implications of the event as we continue our investigation. As we move forward with the investigation, we will (edit as appropriate)...

It is our firm intention to continue to give you the most accurate information possible as soon as we can. Our Web site (insert Web site address) has now been updated with the most current information. We will continue to update the site as new information becomes available.

Sample #3: Twenty-Four Hours Following the Incident
During the past 24 hours we have come to understand the incident more fully. We know today (what happened, how many people were affected, what caused the incident, etc.)...

We are still seeking more information about (the cause of the incident, the people/event behind the incident, etc.)... We have contacted (all involved parties or parties suspected to be involved)... We have also enlisted the help of (additional resources brought in to assist with the incident) to assist us in sorting out the incident.

We will continue to provide you with updates as new information becomes available. I urge you to monitor our Web site at (insert Web site address) for the latest information.

In the mean time, we recommend that the public (edit as appropriate)...

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Media Kit

A media kit (or press kit) includes materials that would be provided to the news media in the event of an emergency. It includes information that is current to the crisis as well as background information related to a particular situation. The media kit should be completed as much as possible in advance as part of your crisis and emergency risk communication plan.

The press release is the focal point of the media kit, but it is also important to include fact sheets and/or backgrounders, Frequently Asked Questions (FAQs) and biographies on your spokesperson(s). (More information on developing press releases and sample press releases can be found in this section of the tool kit.)

Press Releases
- During the early phases of an emergency, you will be writing standard press releases, which should be limited to one page.
- The press release should answer the who, what, when, where, why, and how of the ongoing event. It should also include quotes from appropriate people and a boilerplate about your organization.
- Journalists may need to call you regarding information in your press release. Therefore, the press release should include your contact name and phone number printed clearly at the top.

Fact Sheets
- Fact sheets should ideally be kept to one page using bullets as opposed to paragraph form.
- Fact sheets should be designed in an easy-to-understand, easy-to-follow format with a logical progression from the broad to the specific about a single subject.
- They should define scientific and technical terms, if necessary.

Backgrounders
- Backgrounders are usually longer documents that may be in paragraph form and typically give historical information too in-depth for a bulleted fact sheet.
- Both fact sheets and backgrounders are excellent sources of information for the media.
- Avoid including information in fact sheets and backgrounders that will be changing. Press releases are the place for updates on the ongoing situation. Fact sheets and backgrounders give just that—facts—and background or history.

Frequently Asked Questions
- Frequently Asked Questions (FAQs) should include answers to common questions that the public may have.
- The document should typically be one to two pages in length.

Spokesperson Biographies
- Biographies should be kept to one page for each of your spokespersons.
• They should include the position, education and experience of your spokesperson – all of which establishes the spokesperson’s authority to speak on the subject.

Tips to Remember
• Expect to see your materials printed on media Web sites, so get the facts right.
• Media kit materials should also be posted to your Web site, so media can access them easily at anytime.
• Prepare media kits in advance, when no emergencies are in sight. The sample documents included with this tool kit should provide a good starting point for any situation.

Please note sample fact sheets for anthrax, dirty bombs, ricin, sarin gas and smallpox can be found in the Terrorism and Bioterrorism section of this tool kit.
Sample FAQ – Smallpox Basics

Frequently Asked Questions (FAQs) are created for dissemination to the general public depending on the circumstance. Public FAQs usually provide basic questions and answers (e.g., what happened and how many people were injured or killed?) Use the sample FAQs below as a guide in developing your own during a crisis event.

Q. What is smallpox?
A. Smallpox is a serious contagious viral disease that usually causes a severe whole body rash. The rash starts out as red spots that enlarge, become pus-filled and then scab. Other symptoms include fever, lack of energy, headache, backache and vomiting. Smallpox is caused by Variola virus.

Q. How is smallpox spread?
A. In most cases, smallpox is spread from one person to another by face-to-face contact for several hours. During close contact, a “healthy” person can breathe respiratory droplets from a sick person. Individuals with smallpox are most infectious after a rash appears.

Q. How dangerous is smallpox? Is it fatal?
A. The majority of patients with smallpox recover. Death may occur in as many as three out of every 10 individuals who become sick with the disease.

Q. If someone comes in contact with smallpox, how long does it take to show symptoms?
A. Following exposure, the incubation period is about 12 days, but can range from 7 to 17 days before symptoms may show.

Q. What are the signs and symptoms of smallpox?
A. Smallpox begins with a high fever, head and body aches, and sometimes vomiting. A rash follows that spreads and progresses to raised pus-filled bumps that scab and fall off after about three weeks, and may leave a pitted scar.

Q. What should a person do if they think they have smallpox?
A. Someone who has smallpox symptoms should immediately contact his doctor and avoid contact with other people.

Q. How long does it take to diagnose smallpox?
A. A physician who has been trained to identify smallpox can identify the disease immediately during an examination.

Q. Is there any treatment for smallpox?
A. There is currently no proven treatment for smallpox. Patients with smallpox may be comforted from therapy such as intravenous fluids, medicine to control fever or pain, and antibiotics for any secondary infections that may occur.
Q. Is there a vaccine for smallpox?
A. There is an effective vaccine to prevent smallpox.

Q. If someone is exposed to smallpox, is it too late to get a vaccination?
A. If the vaccine is given within three to four days after exposure to smallpox, it can prevent illness or lessen its severity.
Sample Media Interview Q&A

Internal Question & Answer (Q&A) documents are often developed to prepare media spokespersons for interviews and include tougher questions than FAQs. Internal Q&As also include areas of vulnerability (e.g. who is to blame and could the medical response have been quicker?) Use the sample Q&As below as a guide to create your own during a crisis event.

Q: What happened? (Examples: How many people were injured or killed? How much property damage occurred?)
A: At approximately XX:XX, an incident was reported at (location). The details at this point are unknown, however we are working very closely with local emergency response agencies to ensure that the safety of the surrounding community remains the number one priority.

Q: Was this a terrorist incident?
A: An investigation is taking place and we will update you with details from that investigation as we receive them. Right now, however, our greatest concern is for the welfare of the victims and their families.

Q: When did it happen?
A: Early reports indicate that the incident happened at approximately XX:XX.

Q: Who is to blame?
A: The details at this point are unknown. An investigation is taking place and we will update you with details from that investigation as we receive them. Right now, our main focus is on rescue efforts and on the well-being of the victims and their families.

Q: Has this ever happened before?
A: I will be happy to research that and get back to you, right now we are focused on the incident at hand, and on making sure that members of the surrounding community are safe.

Q: Who was involved?
A: In order to protect the privacy of those involved, we are withholding the release of victims’ names pending notification of family members.

Q: Why did it happen? What was the cause?
A: Those details will be investigated. Right now our primary concern is for the welfare of the victims and their families.

Q: Will there be inconvenience to the public?
A: That information will become available once the damage is assessed by local emergency response agencies. If we gather future information, we will be sure to pass it along.
Q: When will we find out more?
A: Our local health department, along with our local emergency response agencies, will be providing updates throughout the day. We encourage you to check our website at www.xxxxxx.com for up-to-the-minute information.
Developing B-roll

A B-roll package is a resource that organizations make available to the news media to meet their needs for broadcast pictures. B-roll is an important tool in the hours immediately following a crisis – before images from the crisis site can be obtained. B-roll consists of video footage of public health issues that sometimes includes timeless background, interviews or sound bites and helps audiences understand the information relevant to an emergency.

Tips for Developing B-roll

- Before a crisis occurs, research local film production companies or television stations that can assist you with producing a B-roll package. It is critical that B-roll footage be professionally produced to fulfill the needs of media.
- Keep your B-roll package to 5-7 minutes in length.
- Capture action shots in your B-roll. Examples of possible B-roll footage include your organization conducting emergency preparedness drills with visuals such as mock vaccination clinics and sound bite interviews with public health officials regarding factual information about key BT agents.
- Consider filming 10–20 second sound bites (developed from your Q&A worksheet and media message worksheet) from response officials and Subject Matter Experts (SMEs) that can be edited into local newscasts. Make sure each sound bite stands alone so it will not confuse a viewer who may see only one of five possible sound bites. Because the nature of a specific future incident cannot be known in advance, keep sound bites focused on factual information regarding possible agents and other related information.
- Make sure to include an index on the tape and on paper of who is talking and what is being shown so reporters can use it as a quick reference in putting together a news piece. For sound bites, make sure to include the name of each spokesperson and his or her title.
- Make sure to ask what format the station prefers for B-roll. Keep in mind that most stations prefer beta format tapes, such as beta SP (as opposed to VHS or other formats).
- Research companies in your local community that provide tape duplication services at a reasonable cost.
- Consider stamping “file footage” in the lower corner of your B-roll to make it clear to viewers that what they are seeing is background video.

Tips for Distributing B-roll

- It is important to distribute B-roll packages to the media in advance of a crisis event because it can serve as a resource for TV stations that need footage in the early hours of an incident and/or as background information for another news story.
- Determine how you will distribute the B-roll to media outlets – through one-on-one meetings or through the mail. Do not expect to have the tapes returned to you.
- Use the worksheet provided in this tool kit to write down contact information for a local video production company, mass duplication facility and distribution company.
Press Releases

A press release is designed to give all pertinent background on a story. It contains all the news elements of the story. It includes facts on the issue, quotes from appropriate people and a boilerplate – an overview of your organization. Journalists may need to call you regarding this information to write their story. Therefore, the press release should include the name and phone number for a spokesperson from your organization printed clearly on the top.

During the early phases of an emergency, you’ll be writing standard press releases. As the crisis evolves, you may follow up with feature releases about individuals or units involved in the response or outcomes and their successes, or personal stories of those helped during the crisis.

An emergency press release should be limited to one-two pages. Think of press releases, from the very start, as press updates. The press release should answer, the who, what, when, where, why and how of the ongoing event. Additional supporting information should go into an attached fact sheet or backgrounder.
Helpful Hints for Writing Press Releases During an Emergency

- At the top of the release, include the following information: your organization’s name, address, telephone number and contact name(s).
- In an emergency, it’s critical to give the media a 24-hour contact number.
- If you have a toll-free number for media, include that and tell media it’s for them, not for the public.
- Include the date or the date and time if more than one release is issued during a 24-hour period. Give your press release a headline; it’s a way for media to identify quickly what they’re calling back about.
- Create headlines in an active voice and summarize the core information in a few words. Never reuse a headline during the crisis.
- Put “for immediate release” at the top under your contact information—don’t make reporters or editors guess.
- Don’t forget to include a dateline to let reporters know when the release was issued.
- Write in the inverted pyramid style—most important information first.
- Press releases do not have strong concluding paragraphs.
- If you’re providing a new telephone information number or Web site address, introduce it higher in the press release. Don’t assume the editor will notice it in the last paragraph.
- Limit the length of sentences (rarely more than 20 words) and paragraphs. A one-sentence paragraph is acceptable in a press release.
- Remember, the more syllables per 100 words, the more difficult text is to understand.
- Explain scientific or technical terms. Don’t assume your audience knows what you’re talking about.
- Make every effort to eliminate adjectives or emotionally laden words.
- A well-written press release reads like a news story.
- Check your facts, especially after including revisions from subject matter experts.
- Do a security check—some information is classified.
- Do a privacy check—some information may violate the privacy of victims and their families. If names have unusual spellings and you’ve received approval to release victims’ names, mark an OK note next to the name, so editors know that you’ve not made a mistake.
- If a name has an unusual pronunciation, include the phonetic pronunciation so radio and TV reporters will get it right. This is good for the reporter and good for the person being mentioned.
- If you detect an error in a press release that has already been distributed and there’s time to fix it before it’s used, make the effort to reach everyone who has it. Reporters don’t like taking the blame for your mistake. Don’t just correct it on your Web site and leave the media hanging. If it’s too late, and it has appeared, apologize.
OFFICIALS INVESTIGATE (INCIDENT) AT (LOCATION)

Local Health Department Pledges Support and Promises a Thorough Investigation of (Incident)

LOCATION (Month Date, Year) — Officials from (location) are investigating an incident that occurred at approximately (time, day). At this point, details about the incident are not clear. What we know is… (Two-three sentences describing current situation). The situation is (under) (not yet under) control and the local health department is working with authorities to (contain this situation, determine how this happened, determine what actions may be needed to prevent this from happening again).

Local health official, FIRST LAST, expressed concern saying, “Let me be clear that the health and well-being of our community is our most important priority. We are working hard right now to find out exactly what has occurred, why it has - more -
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happened, and what, if any, action needs to be taken. We will work closely with
authorities to get answers to these questions as quickly as possible. Right now we do
not know the cause of the (accident/ situation/ illness).”

Actions being taken at this time to ensure the safety and security of the general
public/specified person include: (Insert actions being taken).

After a moment of (shock/ grief), the local community has already demonstrated
its willingness to help with both residents and visitors offering assistance to those
involved in the incident. Authorities are encouraging anyone who would like to show
their support, to contact the (TBD).

“We feel very badly for the people involved in the (incident), and we pledge to
find out if anything within our control has caused this situation,” said FIRST LAST.

(Name of media liaison) has been assigned to work with the news media to
disseminate verified information as soon as possible. Information will also be posted
on our Web site at (Web site name). Anyone with concerns about today’s event is
encouraged to consult the Web site for relevant information.
FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
California Department of Health Services
Phone (916) 555-55555

OFFICIALS INVESTIGATE (INCIDENT)
AT (LOCATION)

Local Health Department Pledges Support and Promises a
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“We feel very badly for the people involved in the (incident), and we pledge to find out if anything within our control has caused this situation,” said FIRST LAST.

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######
FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
California Department of Health Services
Phone (916) 555-55555

OFFICIALS CONFIRM (NEW DEVELOPMENT)

Local Health Department Investigation Reveals (Cause, Person Behind Incident)

LOCATION (Month Date, Year) — Officials from (location) have confirmed (new development) in the (incident) that occurred (time and place). The new development was revealed as officials’ investigation led them to… (One to two sentences describing the new development).

Local health official, FIRST LAST, expressed (concern) (optimism) over the new development. “We have been working tirelessly since the incident occurred to bring answers to our community. (Today’s developments have put our local practices/security measures into question. But I assure you that we will not stop until our community is safe once again.) (Today’s developments have given us hope that this was an isolated incident that will never happen again in our community.)”

- more -
2004 Bioterrorism Incident
2-2-2

Officials have… (One to two sentences describing actions taken or planned in response to new development).

“We look forward to the community’s continued support in this tragedy. The outreach to those affected by the incident has been amazing,” said FIRST LAST. Authorities are encouraging anyone who would like to show their support, to contact the (TBD).

The incident that occurred (date, time) began (describe the situation in its early stages). The incident now has (been contained) (grown to encompass…). X number of people have been affected.

For more information about the incident, contact (local media liaison). In addition, information will be posted on the (local health department) Web site at (Web site name).

#######
Media Advisory

During an emergency situation, the media advisory is your opportunity to alert the media to your upcoming news conference or media briefing. It should be directed to reporters, producers or editors. Be sure to mention the person(s) the reporter can interview and what could be discussed as well as describe possible photo opportunities.

Tips for Writing a Media Advisory
A media advisory should be brief and contain important information such as who, what, when, where and why. When writing a media advisory, remember the following:

• Include your target audience (i.e., editors, producers and reporters).
• Include a media contact name, organization and telephone number.
• Limit the advisory to one page.
• Provide a description of possible photo and interview opportunities.
• Send the media advisory as early as possible before the media event to local news editors and follow up with a phone call. Refax or email advisory a few hours prior to the event, if time permits.
• If time permits, be sure to send your media advisories to wire services and ask them to list your event on their “daybooks” (a calendar of upcoming news events kept by wire services, such as AP and Reuters).
MEDIA ADVISORY

OFFICIALS ANNOUNCE DETAILS OF [INCIDENT] IN [LOCATION]

WHAT: Join local [location] officials and the [location] health department at a press conference today to learn details about today’s [or date] incident. Officials will announce the number of those injured, number of deaths, property damage and what will happen next.

WHO: Mayor [name]
Director of [location] health department [name]
Councilman [name]

WHEN: Month Date, Year
Time

WHERE: Name of venue
Venue address

WHY: After a [number of days] investigation, officials from [location] will release the details about the incident that occurred [date and time].

CONTACT: Tom Jones
California Department of Health Services
Phone: (916) 555-5555
Conducting a News Conference

If properly utilized, a news conference can be one of the best ways to update media following a crisis. A news conference should be scheduled only when necessary - when the news is important enough to affect large populations, and when it is appropriate to disseminate urgent information to a group of reporters at one time.

Provided you are ready and have identified subject matter experts, holding a news conference:

- Is an effective way to conduct media interview requests at one time
- Will help ensure consistent information is released
- Can introduce your spokesperson and subject matter experts to the public
- Allows response organizations to show early on that a process is in place to respond to the crisis
- Can fulfill the immediate needs of the media, if information is changing rapidly or not enough is known to issue a news release
- Provides the members of your JIC (if activated) with a forum to present a united front

If you are ready to move forward with planning a news conference, following are some helpful hints to guide you through the process.

**Plan the date, time and location.** It is advisable to plan the news conference two to four hours after a crisis has occurred, depending on the severity. Give the media as much advance notice as possible. Hold the news conference in a safe venue close to the site of the emergency. It should be safe for the media and not interfere with recovery or evacuation efforts.

**Invite key members of the media to attend.** This is done by sending out a media advisory. Make sure the media advisory gives the date, time and location of the conference, the subject to be discussed, and the names of the people who will be speaking. If possible, place follow-up calls before the conference to remind reporters about the event.

**Prepare the room.** Make sure your news conference site includes staging, chairs, a podium and microphones. Check the microphones and sound system. Position reporters so they can get their stories easily and without having to move about. If time permits, use an elevated platform and position the chairs so the speaker is in clear view. If needed, rent a mult box (a device, connected to the main microphone, which individual broadcast journalists or crews can plug into to obtain clear sound and eliminates the need for several microphones at the podium). Mult boxes can be rented from audio/visual or rental companies, but be aware mult boxes may be outdated in some areas. Also, if available, the podium should have the local health department logo clearly visible on the front of it (which is important for photographs). Always be prepared with a backup plan for possible glitches.

**Provide media materials.** If time permits, prepare media kits including any news releases, a list of speaker names and anything else that is available that will help reporters write their stories. Include in the media alert a list of languages that material will be published in.
**Be prepared.** The main spokespersons should rehearse the key messages developed for the crisis and should be ready to answer questions. Make sure that spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues. Discuss in advance which key points will be made by each spokesperson. Designate a moderator in advance and set a clear end time for the news conference. This person will be responsible for keeping the news conference on schedule and fielding reporters’ questions. This person also will establish the format of the news conference and any ground rules. Make Spanish or other language spokespersons available as necessary.

**Be thorough.** Make sure that all questions are answered. If a spokesperson does not know the answer to a question, make sure a member of the communications team finds the answer after the news conference and makes it available to the reporter at a later date. If possible, allow spokespersons to be available one-on-one with reporters following the conference to answer questions. Remember that a Public Information Officer or other designee can ask questions during the news conference that you think are important for reporters to hear.

**Monitor attendance.** Have reporters check-in. This will provide a list of who attended -- and more importantly, who didn't attend. If key media personnel are not able to attend, offer them a phone interview with the spokesperson(s).
Tracking Media Calls

Keeping track of media calls and your organization’s timely response to these calls is essential in a public health emergency. After all, the manner in which an organization responds to these calls may make a difference in the way the organization’s responsiveness or professionalism is portrayed to the public. The fact is that if the media does not believe you are responding well, they aren’t going to believe that you are responding in good faith. Resources allocated to media response are well invested and will provide long-term returns. Every organization must establish a workable plan to respond to the surge of media calls. This aspect of working with the media is not an option, but a must.

Training, planning and coordination will make the difference. Media should know ahead of time how the flow of information will work, how to get their requests answered, and what you can or can’t do. Media also must be kept informed of other information sources (hotline numbers, Web sites, etc.) that have been established for this incident so their questions can be answered in the most timely and efficient manner possible.

There are many reasons why it’s important to be on top of media calls.

- Media can provide information you may not be aware of (e.g., a neighborhood leader who is complaining that the response resources are not being fairly distributed. It’s a fact that some disgruntled people will call the media for resolution before they will call the responsible official organization).
- Media inquiries may reflect the public’s level of interest. The number of calls and frequency of subjects raised can give the response community a sense of what is important to the public and where more information resources may need to be directed.
- One-on-one contact with the media allows opportunities to emphasize key message points, direct media to upcoming issues and correct misinformation.

There are also many reasons why it’s important to keep media informed of other sources they can turn to for official and accurate information about the incident.

- Returning calls is time consuming.
- The potential exists for inconsistent or premature release of information, unless press officers and spokespersons are well trained and the release is coordinated.
- Follow-up calls may be required if information changes before the media/reporter releases it, or you’ll be guilty of not giving them the right information.
- Phone tag is the name of the game.
- Massive prioritization is required, and the media will know if they’re not at the top of the list.
- It will be difficult to return calls and provide the media with the information they need if you do not do a good job of screening calls.

Use the media call log provided in this handbook to help you keep track of who called and any necessary follow-up needed for each media outlet.

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheet” section in back of tool kit.
Responding to Media Errors

Mistakes happen. Following are tips to follow when you discover a reporter has reported wrong information about your incident.

**Tip 1: First, calm down**
Remember: when you talk to the media, you are speaking for your agency or organization. No matter how angry you are, you cannot react thoughtlessly and attack the reporter. Doing so will reflect negatively on you and your organization, and will detract from your mission to communicate accurate health information to the public.

**Tip 2: Know who to contact**
After a negative news report is not the best time to speak with reporters or work with the media for the first time. Expressing your complaint to someone who knows you, and knows you are credible, is easier and may help you resolve the matter. Starting at the top is not usually the best approach. Follow the chain of command when contacting the media to respond to an article or broadcast piece. Talk to the reporter first. If the reporter can’t be convinced, ask to speak to the news editor or producer. Keep moving up the chain until you are satisfied, or until you are convinced that you will not get satisfaction. Also, be sure to let the media know that you’re a potential source for the future to prevent similar errors.

**Tip 3: Be understanding**
Try to understand the reporter’s point of view, and that reporters have no obligation to report only positive stories for you, although they do have a responsibility to present their audience with accurate information. Remember who you are trying to reach. Your goal is to try to serve the public interest by disseminating accurate information to promote public health. No matter the response from reporters, keep your anger in check.

**Tip 4: Determine if there really was an error**
Correcting a factual error is relatively simple and straightforward. Reporters and media outlets want to do their jobs well, and, like you, no one wants to make a mistake. However, a difference of opinion about a subject is not as easy to counter. Statements you may perceive as biased, uninformed or sensational reporting will not be viewed by reporters as an error on their part. You can still respond to the piece; however, your strategy will be different from that required to simply correct a factual error.

**Tip 5: Know what to ask for**
Once you have analyzed the situation and decided that action is necessary, know your options. There are only a few possibilities available for a reporter to respond to your complaint. Decide ahead of time your ideal, as well as your minimal, solution. Think of this as a negotiation. Here are some actions you may request:

- Ask for a retraction or correction.
- Ask for another piece to air that presents your perspective on the issue.
- Ask for an apology.
- Ask that a correction note be placed in the permanent record.
**Tip 6: Know what you want to communicate**
When you decide to counter the bad news article, you must thoughtfully develop the message you want to communicate. Know your audience and the message you want your audience to receive.

**Tip 7: Respond as soon as possible**
If an objection is to be effectively heard, you must express it as soon as possible.
**Worksheet: Developing Your Media List**

Use this resource sheet to identify the media serving your community. Keep in mind that, as California is a diverse state, ethnic media may be an excellent source of reaching your audience. Be cognizant that it may be helpful to have a liaison from each community and/or translation assistance to make sure that your messages are as effective as possible. Be aware that media contacts change frequently, so be sure to update this list on an ongoing basis.

**People in the media you may contact during an emergency or crisis situation:**

*Newspapers*

1. 
   Organization | Contact | Beat/Focus 
   | Telephone | Fax | E-mail 

2. 
   Organization | Contact | Beat/Focus 
   | Telephone | Fax | E-mail 

3. 
   Organization | Contact | Beat/Focus 
   | Telephone | Fax | E-mail 

4. 
   Organization | Contact | Beat/Focus 
   | Telephone | Fax | E-mail 

5. 
   Organization | Contact | Beat/Focus 
   | Telephone | Fax | E-mail 

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
Radio Stations

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Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.

Crisis & Emergency Risk Communication Tool Kit 82
### Television Stations

1. Organization | Contact | Show/Focus
---|---|---
Telephone | Fax | E-mail

2. Organization | Contact | Show/Focus
---|---|---
Telephone | Fax | E-mail

3. Organization | Contact | Show/Focus
---|---|---
Telephone | Fax | E-mail

4. Organization | Contact | Show/Focus
---|---|---
Telephone | Fax | E-mail

5. Organization | Contact | Show/Focus
---|---|---
Telephone | Fax | E-mail

6. Organization | Contact | Show/Focus
---|---|---
Telephone | Fax | E-mail

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
**News Distribution List and Other Media**

Please note that more information on distribution services can be found in “Ways to Contact the Media” in this section of the tool kit.

1. **Example: PR Newswire**
   - **Patty Smith**
   - **Telephone**: 888-776-0942
   - **Contact**
   - **Fax**: information@prnewswire.com
   - **E-mail**

2. **Example: AP Wire Service**
   - **Telephone**
   - **Fax**
   - **E-mail**
   - For bureau information in your area go to: http://www.ap.org/pages/contact/contact_pr.html

3. **Organization**
   - **Contact**
   - **Telephone**
   - **Fax**
   - **E-mail**

4. **Organization**
   - **Contact**
   - **Telephone**
   - **Fax**
   - **E-mail**

5. **Organization**
   - **Contact**
   - **Telephone**
   - **Fax**
   - **E-mail**

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
Worksheet: Template Press Statement

FOR IMMEDIATE RELEASE

CONTACT: (name of contact)
PHONE: (number of contact)
Date of release: (date)

Two-three sentences describing what happened and expressing empathy on the situation.
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

Two-three sentences describing what is currently happening in response to the incident.
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

Two-three sentences listing protective actions for community and actions that will be taken in the future.
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

Contact information, ways to get more information and other resources.
___________________________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of tool kit.
Worksheet: Developing Media Interview Q&As and General Public FAQs

Use these worksheets to anticipate potential questions and to develop appropriate answers that can be used either as responses included in an FAQ (public document), or as an Internal Q&A (sound bites for spokespersons taking part in a media interview.) Be sure to reference your key messages (see Developing Your Messages) as often as possible. Remember that practice now will make your messages easier to deliver during a crisis moment.

Question: What happened? (Examples: How much damage was caused? Who was involved?)
Response for Public (FAQ):

Sound bite for Media (Q&A):

Question: Who was affected? (Examples: Was anyone injured or killed? What are their names?)
Response for Public (FAQ):

Sound bite for Media (Q&A):

Question: When did it happen?
Response for Public (FAQ):

Sound bite for Media (Q&A):

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Question: Where did it happen? (Examples: What areas are affected? Is there danger outside of the immediate crisis area?)

Response for Public (FAQ):

______________________________________________________________

______________________________________________________________

Sound bite for Media (Q&A):

______________________________________________________________

______________________________________________________________

Question: Why did it happen? (Examples: What was the cause? Who is to blame? Could it have been prevented? Has this ever happened before?)

Response for Public (FAQ):

______________________________________________________________

______________________________________________________________

Sound bite for Media (Q&A):

______________________________________________________________

______________________________________________________________

Question: What’s next? (Example: Is there danger now? What are you going to do about it? What are the long-term consequences?)

Response for Public (FAQ):

______________________________________________________________

______________________________________________________________

Sound bite for Media (Q&A):

______________________________________________________________

______________________________________________________________

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Question:

Response for Public (FAQ):

Sound bite for Media (Q&A):

Question:

Response for Public (FAQ):

Sound bite for Media (Q&A):

Question:

Response for Public (FAQ):

Sound bite for Media (Q&A):

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
**Worksheet: Developing Your Visual Resources**

Use this worksheet to list the names of production companies, duplication companies and shipping services in your local community that you can call on if a crisis happens and B-roll is appropriate.

**People you may contact during an emergency or crisis situation to assist you in your media outreach:**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Fax</td>
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1.  
2.  
3.  
4.  
5.  

*Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of tool kit.*
MEDIA ADVISORY

WHAT: (DESCRIBE OVERALL EVENT)

WHO: (LIST CELEBRITIES, COMMUNITY LEADERS, ETC. WHO WILL BE IN ATTENDANCE)

WHEN: (EVENT DATE AND TIME)

WHERE: (EVENT TITLE)
        (EVENT ADDRESS)
        (EVENT CROSS STREETS)
        (RELEVANT CONTACT TELEPHONE NUMBER)

VISUALS: (COMPONENTS OF EVENT WITH VISUAL APPEAL)

WHY: (REASON FOR EVENT; COMPELLING LOCAL OR STATEWIDE STATISTICS)

CONTACT: (PROGRAM DIRECTOR CONTACT NAME)
          (AREA CODE AND PHONE NUMBER)

# # #
Worksheet: Conducting a News Conference

If properly utilized, a news conference can be one of the best ways to update media following a crisis. A news conference should be scheduled only when necessary - when the news is important enough to affect large populations, and when it is appropriate to disseminate urgent information to a group of reporters at one time. Consider the following items when planning and implementing your press conference.

**Plan Date, Time and Location** (It is advisable to plan the news conference two to four hours after a crisis has occurred, depending on the severity.)
- Have you given the media as much advance time as possible?
- Have you planned the news conference in a safe venue close to the site of the emergency?
- Is the venue safe for the media and does not interfere with recovery and evacuation efforts?

**Invite Key Members of the Media to Attend By Sending Out a Media Advisory**
- Have you made sure the media advisory gives the date, time and location of the conference, the subject to be discussed, the names of the people who will be speaking and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

**Prepare the Room**
- Have you made sure your news conference site includes staging, chairs, podium and microphones and checked to ensure all equipment is working properly?
- Have you rented a mult box from an audio/visual company for broadcast reporters to plug into to obtain clear sound? Be aware that mult boxes may not be needed in areas with more advanced technology.
- Have you arranged the room so that reporters can easily get their stories without having to move about?
- Is the CDHS logo clearly visible on the front of your podium or behind the speaker?
- Do you have a backup plan for possible glitches?

**Provide Media Materials**
- Have you prepared media kits including any news releases, speaker names or additional materials that will help reporters write their stories?

**Be Prepared**
- Have the main spokespersons rehearsed the key messages developed for the crisis and are they ready to answer questions?
- Have you made sure your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you discussed in advance which key points will be made by each spokesperson?
- Have you designated a moderator in advance of the news conference to keep the conference on schedule, establish ground rules and field reporters’ questions?
- Have you set a clear end time for the news conference?
- Have you made a Spanish or other appropriate language spokesperson available at the press conference and have you referenced that in your media materials?

*Please complete this worksheet by hand or electronically with the CD-ROM.*
Be Thorough
☐ Have you made sure all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the communication team finds the answer after the news conference and makes it available to the reporter at a later date. If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions.
☐ Have you designated someone to ask questions during the news conference that reporters may not raise?

Monitor Attendance
☐ Have you asked reporters to check-in? This will provide a list of who attended, and more importantly, who did not attend.
☐ For key media personnel who were not able to attend, have you offered them a phone interview with the spokespersons?
Worksheet: Media Contact Log

It is important to track all the media inquiries you receive. During a crisis, make additional copies of this form so you can use one form for every call. For more information, see pages 99-100 in The CDC Crisis and Emergency Risk Communication manual.

Deadline:

___ 2 hours  ___ Today a.m.  ___ Today p.m.  ___ ASAP  ___ Other

Media Outlet:
☐ Local
☐ Regional
☐ National

___ TV  ___ Daily/Wire  ___ Radio  ___ Magazine  ___ Other

Caller’s Name: ______________________________________________________
Organization: ______________________________________________________
Caller’s contact information: Phone(s): __________________________________
Fax: ______________________________________ E-mail: ___________________

Action Needed:  Action Completed:
☐ Return call expected from press officer  ☐ Date and time ________________
☐ Return call with E-mail or fax  ☐ Date and time ________________
☐ Other _______________________________  ☐ Date and time ________________

No action needed; call closed by:
☐ Question answered
☐ Referred to Internet
☐ Referred to subject matter experts
☐ Other _______________________________

Comments:  __________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Taken by: _______________________________
Time: a.m. ___________  p.m. ___________
Date: ________________________________

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.

Crisis & Emergency Risk Communication Tool Kit 93
Stakeholder/Partner Communications
Communicating with Your Stakeholders and Partners

Stakeholders
Stakeholders are people or organizations with a special connection to you, your involvement in the emergency and the communities you serve. While stakeholders may not have a role in the crisis event, they will need information from you. Anticipate and assess the incident from the stakeholders’ perspective. It could be as simple as information released through the media or a Web site, or as complex as in-person meetings with key organization officials.

Building Successful Stakeholder Relationships
As part of your crisis and emergency risk communication plan, be sure to identify your organization’s stakeholders in advance of an incident. Your stakeholders should also be included in your communication protocol so your crisis team will remember to provide information to them should a crisis occur. Keep in mind, even though your stakeholders may vary according to the emergency, your core stakeholders will be interested in every public health emergency your organization becomes involved in and will expect action by your organization. In addition, depending on the nature of the crisis, some of your stakeholders might also become partners during the emergency. For example, a local school district may be a stakeholder if they are interested in and affected by your organization’s work. However, in another situation requiring an evacuation, the school may provide a facility to temporarily house members of the public, in which case they would be considered a partner.

Stakeholders will typically fall into three categories based on their responses to you in a crisis: advocates, adversaries and other. Keep in mind that not all stakeholders are supporters of your organization; nonetheless, it is critical to identify all stakeholders and be prepared to respond to them appropriately.

Brainstorm with your crisis communication team to determine potential stakeholders using the following sample list as a guide:

- Employees
- Families
- Retirees
- Board members of local organizations
- Local residents
- Business and community leaders
- Elected officials
- Consumer action groups
- Ethnic communities
- Hospitals
- Health care organizations
- School districts
- Union or labor organizations
- Special populations
• Grassroots advocates
• Legal advocates
• Media

**Partners**
A partner may be defined as anyone with a role in aiding in an emergency response. Partner relationships should be developed in advance of a crisis as part of your organization’s communication plan. They should represent a strategic means for how your organization would respond in an emergency situation. Partnerships should be based on the partners’ common purpose of serving the community.

**Building Successful Partnerships**
Partner relationships need to be established in the pre-event stage of emergency planning. One of the best methods of building partnerships is to start building relationships informally through community and social networks. Building relationships in advance will enhance the partners’ availability, functioning and response during an emergency. In order to build successful partnerships, there are some key elements that should be considered:

• Agreement that the partnership is necessary
• Respect and trust between the partner members and leadership
• Open and clear understanding of activities
• Sharing of mandates and agendas
• Flexible ways of working together
• Regular and positive communication
• Collaborative decision-making

In addition to these key elements, there are several guidelines that can improve your ability to create sound partnerships.

• **Clarify aims and objectives of the partnership.** Just because you think the partnership is a good idea does not mean your potential partner will agree.
• **Determine where the decision makers are in the potential partnership and place yourself in their shoes.** While the partnership may make sense to you, is it worth it to the potential partner; are there risks involved for them?
• **Communicate with partners regarding how this will benefit them.** Be clear and specific about benefits.
• **Plan the partnership over time.** Trust is the basis of any partnership, so be prepared to give it time to develop and solidify.
• **Encourage creativity with your partners.** Be open-minded regarding their ideas so that there can be buy-in regarding the process and the results.
• **Be open and honest.** Do not promise what you cannot deliver.

**Partner Roles**
Each potential partner will play a specific role during a crisis, and this role should be determined and agreed upon before a crisis situation occurs. It is helpful to assess what each partner brings
to the table, including strengths, weaknesses and unique abilities. Be sure to include your partners in your organization’s communication protocol so that, in the event an incident occurs, your crisis team will remember to contact your organization’s partners immediately. In addition, when an emergency occurs, remember to look at your list of pre-identified stakeholders to see if any of them might also become partners for that incident. Keep in mind that California is a diverse state and developing partner relationships with diverse communities may be an excellent avenue to reach your audience.

Consider the following when communicating with your partners:

- Create a partner contact sheet with every available phone number and E-mail address (e.g. work, home, cell, etc.) and obtain permission to contact anyone on the list in an emergency.
- Include specific partner communication activities that will take place during a crisis as part of your organization’s communication plan (e.g. E-mail alerts, twice-daily faxes, conference calls). Make sure all partners agree on these activities prior to an emergency.
- With some time-sensitive issues, you may not be able to share information with your partners before releasing it. If possible, consider telling partners to expect a release on the subject or ensure that they get the release and any supporting documents at the same time as the media.
- Consider developing a Memorandum of Understanding (MOU) with your partners to solidify what you have planned.

Some potential partners during a crisis or emergency might include:

- County office of emergency services
- Regional FBI bioterrorism coordinator
- Adjacent health department(s)
- Strategic National Stockpile (SNS) communicator
- County elected leadership
- County administration
- City elected leadership
- City administration
- County fire department
- City fire department
- County law enforcement
- City law enforcement
- Hospitals
- Health care organizations
- School districts
- Community-based organizations
- Other public health agencies

Information in this section is adapted from Working with Partners: Bumping It Up a Notch by Dr. Mike Prelip at the Health and Media Research Group, UCLA School of Public Health.
Worksheet: Identifying Your Stakeholders

Use this worksheet to identify your stakeholders. Stakeholders are people or organizations with a special connection to you and your involvement in the emergency. Stakeholders may vary according to the emergency, but core stakeholders will be interested in every public health emergency your organization becomes involved in. Not all stakeholders are supporters of your organization; nonetheless, it is critical to identify unsupportive stakeholders and be prepared to respond to them appropriately. In fact, stakeholders will fall into three categories based on their responses to you in a crisis: advocates, adversaries and others. You may consider creating separate lists of stakeholders based on different potential crisis events.

People who will be important stakeholders during an emergency or crisis situation:

Advocates

1. Organization:  
   Contact:  
   Telephone:  
   Fax:  
   E-mail:  

2. Organization:  
   Contact:  
   Telephone:  
   Fax:  
   E-mail:  

3. Organization:  
   Contact:  
   Telephone:  
   Fax:  
   E-mail:  

4. Organization:  
   Contact:  
   Telephone:  
   Fax:  
   E-mail:  

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
**Adversaries**

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Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
### Others

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Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Please complete a worksheet for each potential partner. Make additional copies as needed.

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
Direct Public Outreach
Methods for Direct Public Outreach

Achieving effective communication with all of your audiences before, during, or after a crisis depends on selecting the best methods of communication that will reach them. This is especially important in health risk communication, where your audience can become disenfranchised quickly if they do not feel they are getting all of the information. The following are ways to reach your audience during a crisis on a reactive level, but are also extremely useful to create awareness before an event occurs, preparing people on how to respond to a crisis and reducing anxiety. In addition, you may consider these avenues after the crisis for ongoing communication with your community.

- **Face-to-face** (e.g., briefings with key state and local officials, media and community leaders)
- **General and ethnic media** (e.g., radio, television and newspaper public service announcements)
- **Public meetings** (e.g., public and/or town hall meetings or presentations)
- **Informational resources** (e.g., Internet Web sites or telephone hotlines)
- **Community** (e.g., outreach to special populations, community-based organizations and community mailings)
- **Combination of any or all of these** (i.e., most likely to work best)

The following section describes, in detail, various methods of communication for reaching different audiences during a crisis or emergency. Keep in mind that, in addition to these, you may want to consider alternative ways to conduct outreach in your communities. Take into consideration your partners and what organizations may be willing to assist in developing or distributing information. Some examples of past alternative methods used by local health departments include partnering with TV stations to produce branded flyers, distributing materials through Boy Scout troops and using inserts in newspapers to convey information.
**Briefings**

A briefing is a session with key state and local officials, media representatives and community leaders. Local health department staff should conduct sessions in person. Briefings help to notify key state and local officials, media representatives, and community leaders of developments at the site, such as results of studies or actions that should be taken to protect health. A briefing can be used to introduce your organization and explain its role and work process. Briefings are not usually open to the general public.

**Conducting a briefing**

- Schedule the briefing in a small public room, such as a hotel meeting room or conference room.
- Hold the briefing in a neutral location, particularly when dealing with an antagonistic situation.
- Prepare a fact sheet or question and answer sheet.
- Present a short, official statement about the agency’s findings, health concerns, or recent developments.
- Avoid jargon, acronyms and overly technical terms.
- Answer questions about the statement.
- Work with your organization to coordinate briefings.

**Benefits to a briefing**

- It allows state and local officials, the media and citizens to question your organization directly about any activity before the public release of information.
- A briefing prepares officials and citizen leaders to answer questions from the constituents when the information becomes public.
- It allows for the exchange of information and concerns.

**Limitations of a briefing**

- These could become the only means of communication with site communities. Therefore, briefings should always be complemented by activities to inform the general public, such as small group or public meetings.
Community Mailings

A community mailing sends information to key contacts and concerned or involved members of the community. It disseminates information quickly and easily in writing, and it is particularly useful when you have updates for the community. You may also consider blast faxing information as a more timely means of sending materials to your contact list.

If the updates are straightforward, non-controversial and easy to understand, the mailing can stand out on its own. However, if the updates are more complicated and require discussion or further explanation, the mailing should augment a public meeting or small group meetings. The community mailing can announce upcoming meetings and provide advance information or serve as a follow-up for people who did not attend previous meetings.

Developing a Community Mailing

Compile a mailing list and include:
- State and local officials
- Community leaders
- Local residents of the site area
- Community members who have signed up to receive information

Creating Mailing Materials

Include:
- A cover letter that introduces your organization, briefly explains the purpose of the mailing, and provides contact information for comments or questions.
- A fact sheet, newsletter, report or other documents.
- First-class postage to deliver the mailing quickly.

Benefits of a Community Mailing

- It enables you to deliver information quickly and may require less planning time than conducting a meeting.

Limitations of a Community Mailing

- It allows no interaction or opportunity for community members to ask questions.
Public Service Announcements

Public service announcements (PSAs) are produced audio reports or written scripts, generally running 15, 30 and/or 45 seconds in length. PSAs are often generated for on-air use by radio stations and/or networks to provide updates about an emergency situation or to encourage listeners to take a specific action following an incident. PSAs are usually broadcast without a fee.

Distribute PSAs directly to media outlets or through community based organizations and other partners.

Sample PSA Script
Announcer 1: [Confirming organization] has confirmed that a [nature of crisis] took place today [or specific date] at [time] in [location]. If you are in the affected area please follow all instructions given to you by local authorities or emergency personnel. All telephone lines should remain open for emergencies only.

At this time [provide any details that are available about the crisis, including damage, injuries, deaths, what people should do, where people should go]. More information will be provided as it becomes available. Keep listening to your local station for news and safety instructions.

Announcer 2: A public service message brought to you by [organization].
Public/Town Hall Meetings

The goal of a public or town hall meeting is to inform and mobilize a community. Meetings offer an opportunity to communicate preliminary findings and proposed courses of action. During the meeting, the community should be encouraged to ask questions and share comments.

Location

- Hold the meeting in a public, comfortable setting that is easily accessible, well lit, and has adequate parking and seating, especially for persons with disabilities. Depending on the size of your expected audience, a stage and sound equipment may be helpful, but not essential for the meeting.

Prior to the Meeting

- Create an agenda and set a beginning and ending time for the meeting. Meetings should last from one to three hours. For more information, see the sample agenda below.
- Announce the meeting in local media two weeks in advance, if possible. Distribute flyers to community members and groups interested in attending. Clarify that the meeting is not a formal public hearing but, rather, a place to exchange information and comments.
- Consider partnering with community leaders to develop and publicize the meeting. Often credibility and trust are issues for multicultural communities and people are more likely to attend and participate if they feel their representatives are involved.
- Be sensitive to special needs of community members. Consider translations for non-English speakers or sign language for hearing-impaired participants.
- Follow up with media closer to the meeting time to encourage attendance. Send a “media alert,” which contains brief information about the meeting date, time, and topic, and/or make phone calls to key contacts.

Sample Agenda:

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Activity</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 p.m. – 6:05 p.m.</td>
<td>Spokesperson/ Moderator</td>
<td>Welcome and Opening Remarks</td>
<td>State the purpose of the meeting, outline the agenda and announce procedures for making statements.</td>
</tr>
<tr>
<td>6:05 p.m. – 6:20 p.m.</td>
<td>Spokesperson/Panelists</td>
<td>Opening Statement</td>
<td>Present preliminary findings and proposed courses of action. Distribute materials.</td>
</tr>
<tr>
<td>6:20 p.m. – 6:50 p.m.</td>
<td>All Participants</td>
<td>Interactive Discussion</td>
<td>Allow community members to ask questions and offer comments.</td>
</tr>
<tr>
<td>6:50 p.m. – 7:00 p.m.</td>
<td>Spokesperson/Moderator</td>
<td>Closing</td>
<td>Summarize meeting, list action items and announce where and when the transcript of the meeting can be obtained.</td>
</tr>
</tbody>
</table>
Conducting the Meeting

- Panelists can include doctors, medical directors, hospital administrators, community leaders and safety and health agency officials. Panelists are not necessary, but can add credibility to the meeting.
- If using a panel and a moderator, the moderator should know the issues and be able to facilitate the discussion.
- Distribute materials, including fact sheets and other materials, for participants to take home.
- Prepare a transcript of the meeting, make the transcript publicly available, and announce how it can be obtained.
- Consider audio or videotaping the meeting as a record so you can refer to it to refresh your memory on community concerns, if necessary.

Limitations of a Public Meeting

- It can intensify conflicts rather than resolve controversies. If public meetings have failed in the past, use an alternative method.
Presentations

A presentation can be a speech to a club, civic or church organization, school class, or similar local audience. Presentations are more effective if they focus on such major milestones as research findings or health recommendations.

Developing a Presentation

- Describe the health risk situation.
- Describe how the health risk affects the community.
- Discuss what your organization is doing to alleviate the health risk situation.
- Discuss how citizens can assist your organization and obtain additional information.
- Know your audience. Be prepared to address cultural issues in your community.
- Select materials to support the presentation, such as slides, graphics and exhibits that will hold the audience’s attention.
- Conduct a trial presentation in front of colleagues and rehearse the presentation as much as possible.

Benefits of a Presentation

- It offers the audience a chance to ask questions so the agency can gauge community concerns.
- It reaches many people simultaneously, reducing individual inquiries.

Limitation of a Presentation

- If poorly presented, it can distort community members’ view of the situation.
- A presentation can only address individual community concerns during a question and answer period following the rehearsed presentation (i.e., it could try people’s patience).
- The presenter may face difficult or argumentative questions from community members.
Setting Up Your Crisis Hotline

One of the most effective ways to provide the public with information is through a toll-free hotline. Consider the following when you are planning for toll-free number services or building capacity in-house.

- Decide between rapid expansion of an existing phone number or a “new” toll-free number generated specifically for the emergency.
- Consider linking your organization’s toll-free line to the California State Governor’s Office of Emergency Services Safety Information and Referral Line (800-550-5234) or the CDC’s Public Hotline (888-246-2675/English, 888-246-2857/Spanish, 866-874-2646/TTY). These hotlines are updated frequently and can be a valuable resource for callers needing additional information on an incident.
- The service must be expandable in terms of the number of calls managed per hour or day and the hours of operation.
- The toll-free number must be answered by trained staff who can reassure callers, provide requested information, and/or refer callers as needed. You may consider hiring an outside vendor or partnering with a company who can provide phone assistance.
- Preapproved materials on multiple subjects should be easily accessible during an emergency. The following are concerns about predeveloped materials:
  - Materials must be specific to the emergency and the community impact.
  - They must be easy to read and understandable.
  - They must be available in multiple languages based on community needs.
  - They must be field tested for cultural sensitivity and preferences.
- Standards of performance and evaluation should be considered: customer satisfaction, response capacity, accuracy, etc.
- Call managers must be able to quickly integrate new information into their emergency responses.
- Consider using pre-recorded messages as a helpline after the crisis or when staff members are not available.
Creating an Emergency Response Web Site

Many local health departments already have Web sites. If you have the capacity and ability, as part of your crisis and emergency risk communications plan, you may wish to create an emergency site for use during a crisis. Crisis sites, also commonly referred to as dark sites, take on the look and feel of your current Web site, but include special information needed to keep the public, media, partners and stakeholders informed and updated during an emergency situation. Posting as much information as possible to the crisis site when an incident happens saves visitors from having to search for emergency information.

The framework for a crisis site is created in advance; however, the actual content will depend on the situation at hand. The site itself is designed to lay dormant (not visible to someone visiting your site) until an emergency occurs, at which time it is immediately activated. Utilizing internal resources to develop the content is the quickest and easiest way to place crisis information on the Web site.

Be sure to include timing for activating your crisis Web site as part of your crisis communication plan and your crisis communication protocol. It is recommended that the activation of your site be done in conjunction with another element of your plan (i.e., the release of your first media statement).

When to post your information

- Emergency information should be posted within one to two hours of activating the crisis action plan for the event.
- Update as frequently as information changes. This could be hourly.

What information to include on your home page

- Letter from your Director - to acknowledge the event with empathy
- News about the situation
- Resources – informational documents, whether original or reached via a link
- Links – including links to lists, information pages, or home pages of emergency providers including the California Department of Health Services and the Emergency Preparedness Office
- Emergency contact information, including emergency hotline numbers for the following, as dictated by the nature of the emergency:
  - OES
  - CDC
  - Red Cross
  - Immunization information
  - CHP (in the case of evacuations or quarantine/isolation plans)
  - Other hotlines as relevant
Linkage strategy

Focusing primarily on populating your site with links to already existing material and Web sites, will help get emergency information to the public as quickly as possible. Documents and Web sites should be pre-approved to speed the posting process.

Additional information to include

The following categories of information might be necessary in an emergency, and should be evaluated for inclusion as either resources or links:

General Information/Fact sheets:
- Fact sheets on the nature of the Bioterrorism agent or the nature of the disaster
- Air safety
- Food & water safety
- Other safety tips specific to the nature of the crisis
- Health precautions
- Medical repercussions
- Pertinent hazmat information
- Helping children to cope
- Pets and the emergency
- Recovery: coping in the aftermath of the disaster
- Cleaning up in the aftermath of the disaster

Emergency Response:
- Additional information on evacuation/quarantine/isolation
- Information on mass vaccination clinics
- Traffic and freeways including evacuation routes
- Stockpile information (including vaccination clinics)
- Pertinent emergency first aid/trauma response

Assistance Information:
- Shelter arrangements
- Where to go for assistance
- FEMA/Department of Insurance

Keep in mind that you may want to set up a listserv on your site so that visitors can sign up to receive updates on information. It is also possible to develop your Web site so that emergency alerts go directly to the site once issued, saving time on updates.

Template format

Although the nature and the scope of emergencies might change, to keep the Web site simple, one format can be used and then tailored to meet the given priorities of an emergency. Please see the template on pages 116-123 as an example.
**Language strategy**

Although, in principal, all Web-based emergency materials should be available as soon as possible in all key languages in your area, this isn't practical, given constraints of time and manpower. Therefore, an early priority needs to be established in determining which language groups are most immediately affected and have Web access during the crisis. Obtaining pre-approval of an outside translation firm is also highly recommended.

**De-activation of your emergency Web site**

Rather than removing the site when the emergency is no longer severe, we recommend revising the Web site and the links to reflect a shift from the emergency phase into the recovery phase. This recovery phase might last as long as a year and the Web site will continue to require regular updating and management in order that it stay relevant. A post-emergency team to oversee the continued Web development should be established either in advance, or at the time that hourly stand-by operations are discontinued.
Sample Crisis Web Home Page

Information About [Nature of the crisis]

This section should contain emergency information, referral numbers and a restatement of the emergency message points.

Message from the Director

[NAME AND TITLE]
[ORGANIZATION]

This should be a two to three paragraph letter from the director. If the letter is not immediately available, the Web site should be constructed without it and added later.

This information last updated on [date] at [time]

Facts About the Current Situation [Link to document which will have to be written to address the current crisis]
Additional information about the current crisis.

Map of the Affected Area [This is a link to the appropriate map, including an outline of any evacuation/shelter in place/quarantine boundaries. This will have to be supplied to EPO by the appropriate department.]
A detailed map of the area affected by the current crisis.

Information for Local Residents [Link to document which will have to be written to address the current crisis]
Information for residents of [affected area].

Resources [Link to resources page, which should include the following items: California-specific fact sheets, links to specific documents generated by pre-approved partners, etc.]
Additional information including web links to other sites.

Links to Emergency Services [Links to other pre-approved Web resources]
Links to Web sites providing emergency information and services.

News Releases [Link to all news releases issued by the department and pertaining to the emergency]
News releases and updates on the current situation.

For more information visit the CDC site at [Link to appropriate CDC Web page]

[End of Home Page]
Facts About the Current Situation

This information last updated on [date] at [time]

This section will need to be written as appropriate for the current crisis situation. It should include the following:

What happened

Current danger

For more information
For additional information in English and Spanish, call the Governor's Office of Emergency Services Safety Information and Referral Line at (800) 550-5234 [Include number of live operator as available].
Map of the Affected Area

This page will contain a map detailing the area(s) affected by the current situation.

Below is a map of [location] showing the approximate boundaries of the area affected by the [name of emergency]. Residents and workers within this area have been asked to [remain in their homes or offices or evacuate] until further notice.
Information for Local Residents

This information last updated on [date] at [time]

Information will have to be written to address the needs of those within the affected area. The following are some of the possible subjects that should be covered, depending on the nature of the emergency.

Safe Shelter [or Evacuation]

Isolation and Quarantine

Where to go for Antibiotics [or Vaccination]

Children and Pets

Home Gardens

Water Safety (Boil Water Orders)

Air Safety

Anticipated duration of the emergency

Please stay out of the restricted area

Up-to-date information

As information is updated, it will be broadcast on [name of radio or televisions stations carrying live updates]. It will also be posted on the home page of this Web site. For telephone updates in English and Spanish please call the Governor's Office of Emergency Services Safety Information and Referral Line at (800) 550-5234. [and/or number of live operator, as available]
[Nature of Crisis] Resources

**Phone Numbers**

This section should include phone numbers to the Governor’s Office of Emergency Services Safety Information and Referral and the operator hotline for the Centers for Disease Control and Prevention (CDC) set up for the specific crisis (including English, Spanish and TTY and any additional languages as appropriate.)

**More Information About [Nature of crisis]**

This section should include CDC and other Web links where visitors can learn more about the bioterrorist agent involved in the current crisis and other general information. Possible information should include: Facts, FAQs, etc.
Links to Emergency Resources

During a crisis, any organization included on this page might establish emergency sites with more direct Web addresses.

California resources:

- **Office of Emergency Services (OES)** [This is a link to: http://www.oes.ca.gov]
  The Governor's Office of Emergency Services coordinates the state’s response to major disasters.

- **American Red Cross** [This is a link to: http://www.redcross.org]
  Information about emergency shelters and other support services for those affected by the blast.

- **California Highway Patrol (CHP)** [This is a link to: http://www.chp.ca.gov]
  Information about road closures and detours.

- [Link to local health department] [This is a link to the local health department of affected location]
  Information on how to contact your local health department.

- [Link to Web site of affected county or counties] [This is a link to the affected county’s emergency Web site.]
  Information about school and service closures in [name of county].

National resources:

- **Centers for Disease Control and Prevention (CDC)** [This is a link to: http://www.cdc.gov]
  The Centers for Disease Control and Prevention (CDC) is the lead federal agency for protecting health and safety.

- **FEMA** [This is a link to: http://www.fema.gov]
  The Federal Emergency Management Agency helps residents to respond to and recover from disasters.

- **Department of Homeland Security** [This is a link to: http://www.dhs.gov/dhspublic]
  The Department of Homeland Security has been established to develop and coordinate a comprehensive national strategy to strengthen federal, state and local counterterrorism efforts.
News Releases

This information last updated on [date] at [time]

Populate this page with all CDHS news releases that pertain to the current crisis. In addition, link to:

- California Department of Health Services Press Releases and Warnings (OES)
  [This is a link to: http://www.applications.dhs.ca.gov/pressreleases]
  This is a link to all news releases and warnings issued by CDHS.

As the crisis continues, thought might be given to including a timeline of events and CDHS response.
Links into the site from other state sites:
(Guidance only—does not appear on page)

CDHS Home Page
Governor's Home Page
OES Home Page
EPO Home Page
California Department of Insurance

Information about [name of crisis] (use the text as the button--no need for additional "Read more!")

Note: When the emergency has moved out of the acute phase, the Web site will need to be repopulated to address the recovery phase of the crisis. At this time, thought should be given to rethinking the language and positioning of the links to suggest that the site contains recovery rather than emergency information.

Other entities that should be encouraged to provide links to the CDHS Crisis site:

LHDS
Local hospitals
Local law enforcement
Red Cross
CHP
Special Populations

Generally speaking we refer to a group as a “special population” if it has characteristics that are different and unique from the general population. From a communications perspective, there are challenges in communicating with this group during a public health emergency. Limitations or disadvantages of special populations might be due to a physical or mental handicap, language barriers, income gaps and other factors. Following are some examples of special populations that are commonly found in California and tips for communicating with these groups.

Limited Literacy

Ninety million Americans, approximately 45 percent of the adult population, are functionally illiterate. This means they are unable to comprehend printed information. When communicating with individuals with limited literacy, be sure to:

- Make sure all information (oral or written) are at a low literacy level (i.e. 5th grade level.)
- Advocate that TV news not only post important phone numbers but also announce them slowly and repeat them frequently for people who cannot read the screen.
- Consider holding public forums where information can be passed on through word-of-mouth, rather than in a written form.

Homeless

Millions of Americans are homeless and lack access to basic methods of communication – televisions, newspapers, radios, etc. When communicating with the homeless, be sure to:

- Disseminate emergency information as flyers or public notices that can be posted in public areas.
- Notify homeless shelters about the emergency and what needs to be done to ensure safety to the general public.

Immigrants and Non-English Speakers (Limited English Proficiency)

More than 25 million adults in the United States speak a primary language other than English. Of those, more than five million indicated that they speak English “not well” or “not at all.” In California, 40 percent of adults speak a language other than English at home. When communicating with non-English speakers, be sure to:

- Have translation services identified in advance of an emergency so materials and information can quickly be translated if an incident occurs.
- Identify spokespersons who can address non-English speakers.
- Include non-English messages on emergency hotline numbers.
- Include non-English print, television and radio media on your media distribution lists.
- Be sure that materials targeting non-English speakers take into consideration any cultural sensitivities, including tone, words or phrases used.
Visually Impaired

There are an estimated 10 million blind or visually impaired people living in the United States. Of this number, approximately 1.3 million are legally blind, which is defined as having a clinically measured visual acuity of 20/200 in the better eye with best correction, or a visual field of 20 degrees or less. When communicating with visually impaired individuals, be sure to:

- Advocate that TV news not only post important phone numbers but also announce them slowly and repeat them frequently for people who cannot read the screen.
- Identify a Braille translation service so emergency materials can be prepared in Braille.

Hearing Impaired

One in ten Americans is affected by hearing loss or deafness. There are varying degrees of hearing impairment ranging from inability to hear specific sounds to complete deafness. When communicating with the hearing impaired, be sure to:

- Encourage local TV stations to broadcast all news and emergency information in a format that enables hearing impaired individuals to read captions.
- Secure a sign-language interpreter for news conferences, public forums or other events where emergency information is being communicated.

Disabled

A disabled person is someone who has a physical or mental impairment that substantially limits one or more major life activities. When communicating with individuals who are disabled, be sure to:

- Collaborate with local organizations and government offices that assist disabled persons such as assisted living facilities, independent living centers and your local Department of Rehabilitation.
- Prepare and disseminate messages that provide information on resources available to help people with mental and physical disabilities in terms of shelter access, transportation and support services during an emergency or incident.

Elderly

An elderly person is defined as someone who is 60 years of age or older. Some elderly persons might have hearing or vision problems and others might use a cane or wheelchair. When communicating with the elderly, be sure to:

- Collaborate with local organizations and government offices that assist elderly persons such as care homes, assisted living facilities, independent living centers and your local Department of Aging.
- Prepare and disseminate messages that provide information on resources available to help the elderly in terms of shelter access, transportation and support services during the emergency or incident.
- Encourage elderly persons to keep a list of emergency contacts and medications so this information is easily accessible in the event of an emergency.
Children

There are an estimated 290 million children under the age of 18 living in the United States. More than 9 million live in California. Children are highly inquisitive and intuitive and need to be given information on a consistent basis. When communicating with children, be sure to:

- Recognize that children have information needs just like any other segment of the population. Provide age-appropriate, child-friendly materials in easy-to-understand terms that can be absorbed by children.
- Identify schools, child care organizations and others that serve children to disseminate information.
Worksheet: Special Populations

When developing your crisis and emergency risk communication plan, be sure to consider the following items that will help you prepare your communication to special populations:

**Limited Literacy**
- [ ] Have you contacted TV news stations and encouraged them to announce phone numbers in addition to posting them on screen?
- [ ] Have you scheduled a public forum where you can pass on important information by word-of-mouth?
- [ ] Have you identified and begun working with local organizations that work with limited literacy individuals?
- [ ] List of Limited Literacy Resources in My Area:

---

**Homeless**
- [ ] Have you identified strategic locations where information can be posted in an emergency?
- [ ] Do you have a list of homeless shelters you can notify in an emergency?
- [ ] List of Homeless Resources in My Area:

---

**Immigrants and Non-English Speakers (Limited English Proficiency)**
Do you have a list of languages widely spoken in your area? Please list:

[ ] Have you identified a language service you can use in an emergency? If so, please list:

[ ] Do you have in-language spokespersons identified in your list of potential
[ ] List of Other Resources Needed for Reaching Immigrants or Non-English Speakers (Limited English Proficiency):

---

**Visually Impaired**
Have you identified a Braille language service to help prepare emergency materials? If so, please list:

---

*Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.*
☐ List of Other Resources Needed for Reaching the Visually Impaired:

Hearing Impaired
☐ Have you contacted TV news stations and encouraged them to broadcast all news and emergency information in open caption format?
☐ Have you identified a sign-language interpreter for news conferences, public forums or other events where emergency information is being communicated? If so, please list contact information.

☐ List of Other Resources Needed When Communicating with the Hearing Impaired:

Disabled
☐ Have you included local organizations and government offices that assist people with physical and mental disabilities such as assisted living facilities, independent living centers and your local Department of Rehabilitation as part of your Partners List?
☐ List of Other Resources Needed When Communicating with the Disabled:

Elderly
☐ Have you included local organizations and government offices that assist elderly persons such as care homes, assisted living facilities, independent living centers and your local Department of Aging as part of your Partners List?
☐ Have you identified resources in your area that are available to help the elderly in terms of shelter access, transportation and support services during the emergency or incident?
☐ List of Other Resources Needed When Communicating with the Elderly:

Children
☐ Have you identified schools, child care organizations and others to disseminate information that can be easily understood and absorbed by children?

Please complete this worksheet by hand or electronically with the CD-ROM and place in “Completed Worksheets” section in back of tool kit.
Standardized
Emergency
Management System
(SEMS)
1. What is SEMS?

SEMS is the system required by Government Code §8607(a) for managing response to multi-agency and multijurisdiction emergencies in California. SEMS consists of five organizational levels which are activated as necessary:

- Field response
- Local government
- Operational area
- Regional
- State

SEMS incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and multi-agency or inter-agency coordination. Local governments must use SEMS to be eligible for funding of their personnel related costs under state disaster assistance programs.

2. Purpose of SEMS

SEMS has been established to provide an effective response to multi-agency and multijurisdiction emergencies in California. By standardizing key elements of the emergency management system, SEMS is intended to:

- Facilitate the flow of information within and between levels of the system
- Facilitate coordination among all responding agencies

Use of SEMS will improve the mobilization, deployment, utilization, tracking, and demobilization of needed mutual aid resources. Use of SEMS will reduce the incidence of poor coordination and communications, and reduce resource ordering duplication on multi-agency and multijurisdiction responses.

SEMS is designed to be flexible and adaptable to the varied disasters that occur in California and to the needs of all emergency responders.

3. Organizational/Response Levels and Activation Requirements

The five SEMS organizational/response levels are described briefly below. The levels are activated as needed for an emergency. Minimum activation requirements from SEMS regulations are shown in the matrix at the end of this section.
Field Response Level

The field response level is where emergency response personnel and resources, under the command of an appropriate authority, carry out tactical decisions and activities in direct response to an incident or threat. SEMS regulations require the use of ICS at the field response level of an incident.

Local Government Level

Local governments include cities, counties, and special districts. Local governments manage and coordinate the overall emergency response and recovery activities within their jurisdiction. Local governments are required to use SEMS when their emergency operations center is activated or a local emergency is declared or proclaimed in order to be eligible for state funding of response-related personnel costs. In SEMS, the local government emergency management organization and its relationship to the field response level may vary depending upon factors related to geographical size, population, function, and complexity.

Operational Area

Under SEMS, the operational area means an intermediate level of the state’s emergency services organization which encompasses the county and all political subdivisions located within the county including special districts. The operational area manages and/or coordinates information, resources, and priorities among local governments within the operational area, and serves as the coordination and communication link between the local government level and the regional level.

It is important to note, that while an operational area always encompasses the entire county area, it does not necessarily mean that the county government manages and coordinates the response and recovery activities within the county. The decision on organization and structure within the operational area is made by the governing bodies of the county and the political subdivisions within the county.

Regional

Because of its size and geography, the state has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency-related activities.

In SEMS, the regional level manages and coordinates information and resources among operational areas within the mutual aid region, and also between the operational areas and state level. The regional level also coordinates overall state agency support for emergency response activities within the region.

State

The state level of SEMS manages state resources in response to the emergency needs of the other levels, and coordinates mutual aid among the mutual aid regions and between the regional level
and the state level. The state level also serves as the coordination and communication link between the state and the federal disaster response system.

4. Features Common to all Organizational/Response Levels

SEMS has several features based on the Incident Command System (ICS). The field response level uses functions, principles, and components of ICS as required in SEMS regulations. Many of these field response level features are also applicable at local government, operational area, regional, and state levels. In addition, there are other ICS features that have application to all SEMS levels.

Described below are the features of ICS that are applicable to all SEMS levels.

Essential Management Functions

SEMS has five essential functions adapted from ICS. The field response level uses the five primary ICS functions: command, operations, planning/intelligence, logistics and finance/administration. At the local government, operational area, regional and state levels, the term management is used instead of command. The titles of the other functions remain the same at all levels.

Management by Objectives

The Management by Objectives feature of ICS as applied to SEMS, means that each SEMS level establishes for a given operational period, measurable and attainable objectives to be achieved.

An objective is an aim or end of an action to be performed. Each objective may have one or more strategies and performance actions needed to achieve the objective. The operational period is the length of time set by command at the field level, and by management at other levels to achieve a given set of objectives. The operational period may vary in length from a few hours to days, and will be determined by the situation.

Action Planning

Action Planning should be used at all SEMS levels. There are two types of action plans in SEMS:

- **Incident Action Plans**: At the field response level, written or verbal incident action plans contain objectives reflecting the overall incident strategy and specific tactical action and supporting information for the next operational period. Incident action plans are an essential and required element in achieving objectives under ICS.

- **EOC Action Plans**: At local, operational area, regional, and state levels, the use of EOC action plans provide designated personnel with knowledge of the objectives to be achieved and the steps required for achievement. Action plans not only provide direction, but they also serve to provide a basis for measuring achievement of objectives.
and overall system performance. Action plans can be extremely effective tools during all phases of disaster.

Organizational Flexibility—Modular Organization

The intent of this SEMS feature is that at each SEMS level: 1) only those functional elements that are required to meet current objectives need to be activated, and 2) that all elements of the organization can be arranged in various ways within or under the five SEMS essential functions.

The functions of any non-activated element will be the responsibility of the next highest element in the organization. Each activated element must have a person in charge of it, however one supervisor may be in charge of more than one functional element.

Organizational Unity and Hierarchy of Command or Management

Organizational Unity means that every individual within an organization has a designated supervisor. Hierarchy of command/management means that all functional elements within each activated SEMS level are linked together to form a single overall organization within appropriate span-of-control limits.

Span of Control

Maintaining a reasonable span of control is the responsibility of every supervisor at all SEMS levels. The optimum span of control is one to five, meaning that one supervisor has direct supervisory authority over five positions or resources. The recommended span of control for supervisory personnel at the field response level and all EOC level should be in the one-to-three to one-to-seven range. A larger span of control may be acceptable when the supervised positions or resources are all performing a similar activity.

Personnel Accountability

An important feature of ICS applicable to all SEMS levels is personnel accountability. This is accomplished through the Organizational Unity and Hierarchy of Command or Management feature along with the use of check-in forms, position logs and various status keeping systems. The intent in bringing this ICS feature into SEMS is to ensure that there are proper safeguards in place so all personnel at any SEMS level can be accounted for at any time.

Common Terminology

In ICS, common terminology is applied to functional elements, position titles, facility designations and resources. The purpose of having common terminology is to rapidly enable multi-agency, multijurisdiction organizations and resources to work together effectively. This feature, as applied to all SEMS levels, would ensure that there is consistency and standardization in the use of terminology within and between all five SEMS levels.
Resources Management

In ICS, resources management describes the ways in which field level resources are managed and how status is maintained. At all SEMS levels, there will be some functional activity related to managing resources. This will vary from level to level in terms of direct control, to coordination, to resource inventorying. Procedures for effective resources management must be geared to the function and the level at which the function is performed.

Integrated Communications

This feature of ICS relates to: hardware systems; planning for system selection and linking; and the procedures and processes for transferring information. At the field response level, integrated communications is used on any emergency. At all EOC levels, and between all SEMS levels, there must be a dedicated effort to ensure that communications systems, planning and information flow are being accomplished in an effective manner. The specifics of how this is accomplished at EOC levels will be different than at the field response level.

5. Mutual Aid

What is Mutual Aid?

Incidents frequently require responses that exceed the resource capabilities of the affected response agencies and jurisdictions. When this occurs mutual aid is provided by other agencies, local governments, and the state. Mutual aid is voluntary aid and assistance by the provision of services and facilities including but not limited to: fire, police, medical and health, communications, transportation, and utilities. Mutual aid is intended to provide adequate resources, facilities, and other support to jurisdictions whenever their own resources prove to be inadequate to cope with a given situation.

Mutual aid is provided between and among local jurisdictions and the state under the terms of the California Disaster and Civil Defense Master Mutual Aid Agreement. This agreement was developed in 1950 and has been adopted by California’s incorporated cities, all 58 counties, and the state.

Mutual Aid Systems

The mutual aid program in California has developed statewide mutual aid systems. These systems, operating within the framework of the Master Mutual Aid Agreement, allow for the progressive mobilization of resources to and from emergency response agencies, local governments, operational areas, regions, and state with the intent to provide requesting agencies with adequate resources. The general flow of mutual aid resource requests and resources within mutual aid systems are depicted in the diagram in this section.

Several discipline-specific mutual aid systems have been developed, including fire and rescue, law, medical, and public works. The adoption of SEMS does not alter existing mutual aid
systems. These systems work through local government, operational area, regional and state levels consistent with SEMS.

Mutual aid may also be obtained from other states. Inter-state mutual aid may be obtained through direct state-to-state contacts, pursuant to inter-state agreements and compacts, or may be coordinated through federal agencies.

**Mutual Aid Coordinators**

To facilitate mutual aid, discipline-specific mutual aid systems work through designated mutual aid coordinators at the operational area, regional, and state levels. The basic role of a mutual aid coordinator is to receive mutual aid requests, coordinate the provision of resources from within the coordinator’s geographic area of responsibility, and to pass on unfilled requests to the next level.

For more information on SEMS guidelines, visit the Governor’s Office of Emergency Services’ Web site at www.oes.ca.gov.
## Minimum Activation Requirements per SEMS Regulations

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<td>Two or more cities within an operational area declare or proclaim a local emergency §2409(f)(2)</td>
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<td>Activate EOC</td>
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<td>County and one or more cities declare or proclaim a local emergency §2409(f)(3)</td>
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**Notes:** This matrix highlights the flow-through nature of SEMS activation requirements. Activation of an operational area EOC triggers activation of the regional EOC which, in turn, triggers activation of the state level EOC.

* The EOC is usually activated, but in some circumstances, such as agricultural emergencies or drought, a local emergency may be declared or proclaimed without the need for EOC activation.

**Does not apply to requests for resources used in normal day-to-day operations which are obtained through existing mutual aid agreements providing for the exchange or furnishing of certain types of facilities and services as provided for under the Master Mutual Aid Agreement.

§ Indicates sections in the California Code of Regulations, Title 19, Division 2, Chapter 1 (SEMS)

Situation is not applicable to the SEMS level.
Communicating within the SEMS Structure

The following organization chart is included as an example of how a public health based emergency operation center could be structured. Please note that the Public Information Officer (PIO) function is part of the Emergency Operations Center (EOC) management structure and reports to the EOC Director. The PIO position, within the EOC structure, is focused on providing critical public health protective measures and information to the public and coordinates all crisis and emergency risk communication efforts within that EOC.

SEMS provides a structure for responding to an emergency, which goes from the local level through the regional level then to the state, as necessary to respond to the incident. Communications between local and state public health departments would follow a similar structure with simultaneous engagement of regional Office of Emergency Services (OES) PIOs. The state EOC/PIO function can help to facilitate information sharing and coordination on public information functions with state and regional partners.
Strategic National Stockpile (SNS)
Strategic National Stockpile (SNS) Program

The Strategic National Stockpile (SNS) Program is designed to provide a back-up and continuous supply of large quantities of essential medical items to states and communities who have exhausted local or regional supplies of medical items during an emergency.

Managed by the federal Centers for Disease Control and Prevention (CDC), the SNS Program has built its response on the assumption that state or local authorities would know they had a problem in the early hours of an emergency because of their sick and dying victims, but may not know the cause of the illnesses. The first shipment of the SNS would arrive within 12 hours of the federal decision to deploy. It contains a broad range of material that authorities could use to protect and treat several hundred thousand people for an ill-defined causative agent. Following the identification of the agent, subsequent SNS shipments would contain quantities of specific items of the SNS to combat that agent.

Note: SNS Risk Communication Plan is being developed and will be forthcoming.
Terrorism and Bioterrorism
Biological, Chemical and Radiological Terrorism

Terrorists are working to obtain biological, chemical and radiological weapons, and the threat of an attack is very real. There are important differences among potential terrorist threats that will impact the decisions that your organization will make in an emergency. It’s important to remember that in the event a terrorist or bioterrorist attack occurs, additional state and federal resources including the FBI and CDC will be activated.

The following is an overview of the three main classes of terrorist threats: biological, chemical and radiological.

Biological Threats
A biological attack is the deliberate release of germs or other biological substances that can make you sick. Many agents must be inhaled or eaten, and others may enter through a cut in the skin. Some biological agents, such as anthrax, do not cause contagious diseases. Others, like the smallpox virus, can result in infectious diseases.

**Biological Threat Examples**
- Anthrax
- Smallpox
- Salmonella

Chemical Threats
A chemical attack is the deliberate release of a toxic gas, liquid or solid that can poison people and the environment.

**Chemical Threat Examples:**
- Sarin Gas
- Arsenic
- Mustard Gas

Radiological Threats
A radiation threat, commonly referred to as a "dirty bomb" or "radiological dispersion device (RDD)", is the use of common explosives to spread radioactive materials over a targeted area. It is not a nuclear blast. The force of the explosion and radioactive contamination will be more localized. While the blast will be immediately obvious, the presence of radiation will not be clearly defined until trained personnel with specialized equipment are on the scene.

**Radiological Threat Examples:**
- Dirty Bombs
Understanding the Differences between Terrorist/Bioterrorist Incidents

As in all terrorist and bioterrorist incidents, those involving weapons of mass destruction (WMDs) may involve mass casualties and damage to buildings or other types of property. There are, however, several factors in WMD incidents that are unlike any other type of incidents and must be taken into consideration when preparing your local crisis communication plan.

- First-responders’ ability to identify characteristics of the incident (e.g., signs and symptoms exhibited by victims) and report them accurately will be key to maximizing the use of critical local resources and for triggering a federal response.
- There will be a stronger public reaction to WMD incidents than to other types of incidents. The thought of exposure to a chemical or biological agent or radiation evokes terror in most people. The fear of the unknown also makes the public’s response more severe.
- State and federal resources including the FBI, CDHS and CDC will be activated to support the local response.
- The situation may not be recognizable until there are multiple casualties. Most chemical and biological agents are not detectable by methods used for explosives and firearms. Most agents can be carried in containers that resemble everyday items.
- There may be multiple events (e.g., one event in an attempt to influence another event’s outcome).
- Responders are at a higher risk of becoming casualties. Because chemical and biological agents are not readily identifiable, responders may become contaminated before recognizing the agent involved. First responders may, in addition, be targets for secondary releases or explosions.
- The location of the incident will be treated as a crime scene. As such, preservation and collection of evidence is critical. Therefore, it is important to ensure that on-scene actions are coordinated between response organizations to minimize any conflicts between law enforcement authorities, who view the incident as a crime scene, and other responders, who view it as a hazardous materials or disaster scene.
- Contamination of critical facilities and large geographic areas may result. Victims may unknowingly carry an agent to public transportation facilities, businesses, residences, doctors’ offices, walk-in medical clinics or emergency rooms because they don’t realize that they are contaminated.
- First-responders may carry the agent to fire or precinct houses, hospitals or to the locations of subsequent calls.
- Time works against first-responders. The incident can expand geometrically and very quickly. This may affect mutual aid jurisdictions. Airborne agents flow with the air current and may spread via ventilation systems, carrying the agents far from the initial source. In addition, the effects of some chemicals and biological agents worsen over time.
- Support facilities such as utility stations and 911 centers, along with critical infrastructures, are at risk as targets.
- Specialized state and local response capabilities may be overwhelmed.
Common Reactions to a Terrorist or Bioterrorist Incident

Terrorist and bioterrorist attacks can have extensive psychological effects on people’s psyches. The majority of people will exhibit great fear since such attacks come without warning and often, it is unknown, whether additional attacks will follow an initial incident.

The overwhelming majority of people can and do act reasonably during an emergency. Following are some of the stresses and expected psychological manifestations that do occur during a crisis. These should be addressed through when preparing your crisis and emergency risk communication plan.

**Vicarious rehearsal.** Interestingly, experience has shown that people farther away (by distance or relationship) from the threat may actually exercise less reasonable reactions than those who are facing the real crisis. The communication age allows some people to vicariously participate in a crisis in which they are not in immediate danger of harm. These people will mentally rehearse the crisis as if they are experiencing it and “try on” the courses of action presented to them. Because these “arm chair” victims have the luxury of time to decide their chosen course of action, they may be much more critical about its value to them. In some cases, these people may reject the proposed course of action and choose another or insist that they too are at risk and need the recommended remedy themselves, such as a visit to an emergency room or a vaccination. In its most troublesome form, these “worried well” will heavily tax the recovery and response.

**Denial.** Some members of the community will experience denial.
- Some people choose not to get warnings or action recommendations.
- Some people may become confused by the warning.
- Some people may not believe the threat is real.
- Some people may not believe the threat is real to them.

An individual experiencing denial may not take recommended steps to safeguard safety and life until the absolute last moments, and then, perhaps, when it’s too late.

**Stigmatization.** In some instances, victims may be stigmatized by their communities and refused services or public access. Fear and isolation of a group perceived to be contaminated or risky to associate with will hamper community recovery and affect evacuation and relocation efforts. In a disease outbreak, a community is more likely to separate from those perceived to be infected.

**Fear and avoidance.** Fear is an important psychological consideration in the response to a crisis. The fear of the unknown or the fear of uncertainty may be the most debilitating of the psychological responses to disaster. With fear at the core, an individual may act in extreme and sometimes irrational ways to avoid the perceived or real threat.

**Withdrawal, hopelessness, and helplessness.** Some people can accept that the threat is real, but the threat looms so large that they feel the situation is hopeless. They feel helpless to protect themselves and thus withdraw.
BIOTERRORISM PREPAREDNESS
PRE-EVENT KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons. These messages can be supplemented with more detailed fact sheets on bioterrorism or on specific bioterrorist agents.

1. Protect

We are working with federal, state and local agencies to protect Californians in the event of bioterrorism.

2. Prepare

We continue to prepare for the possibility of a bioterrorist attack in California. The department has increased efforts involving surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies. Although there is more work to do, we are moving in the right direction to ensure the health of all Californians.

3. Action

The public can play a key role in helping authorities to be alert for possible acts of terrorism.

- If you see an unattended or suspicious package or believe you have come in contact with a possible biological threat, call 911 or local law enforcement for additional instructions.
- For more information on bioterrorism visit www.dhs.ca.gov or www.bt.cdc.gov/agent.
ANTHRAX
PRE-EVENT KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons. These messages can be supplemented with more detailed fact sheets on anthrax.

1. Protect

We are working with federal, state and local agencies to protect Californians in the event of an anthrax attack.

2. Prepare

We continue to prepare for the possibility of a bioterrorist attack in California, including anthrax. Following the anthrax attacks of 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies. Although there is more to do, we are working to ensure the health of all Californians.

3. Action

The public can play a key role in helping authorities to be alert for possible acts of terrorism.

- Be alert
  If you see a package or envelope that you believe may contain anthrax, do not open it. Leave the area, close any doors, and take actions to prevent others from entering the area. Immediately wash your hands with soap and water. Call 911 or local law enforcement for additional instructions.

- For more information
  For more information on anthrax or other bioterrorist agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
ANTHRAX
EVENT (In California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving anthrax that takes place in or near California or otherwise suggests an immediate risk to Californians. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on anthrax.

1. Response

There has been a confirmed case of anthrax in [name of location]. We are working with federal, state and local agencies to take the appropriate steps to ensure the health of residents, employees and others in the affected area.

- Empathy
  Our thoughts are with the victims and their families.

- Scope
  At this time it is unclear if this is an isolated incident. We are working with federal, state and local authorities to determine the extent of the situation.

- California Department of Health Services' actions
  We are working with local health departments [and others, depending on the situation] to ensure that all who have been affected are receiving appropriate treatment.

2. Risk

As far as we know, given current information, the risk for contracting anthrax is limited to those individuals who were in [location of attack on date of attack]. [In case of mail attack replace with the following: There is a very low risk of any one individual contracting anthrax through the mail.] Anthrax cannot be spread from person to person. Since the anthrax attacks on U.S. mail in 2001, new structures and policies have been put into place to help protect the public from potentially contaminated materials.

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

- Be alert
  If you see a package or envelope that you believe may contain anthrax, do not open it. Leave the area, close any doors and take actions to prevent others from entering the area. Immediately wash your hands with soap and water. Call 911 or local law enforcement for additional instructions.
• **Seek medical treatment in case of exposure**
  If you think you have been exposed to anthrax, contact your local health department, your local doctor or health clinic immediately.

• **For more information**
  For more information on anthrax or other bioterrorist agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
ANTHRAX
EVENT (Outside California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving anthrax that occurs away from California and that suggests a low personal risk to Californians at this time. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on anthrax.

1. Response

We are prepared to respond to an anthrax event like the recent attack in [name of location] or other acts of bioterrorism. Following the anthrax attacks of 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies.

   - Empathy [As appropriate based on scope and location of the attack.]
     Our thoughts are with the victims and their families.

2. Risk

There is no known risk to those persons outside the immediate vicinity of the incident. Anthrax cannot be spread from person to person.

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

   - Be alert
     If you see a package or envelope that you believe may contain anthrax, do not open it. Leave the area, close any doors and take actions to prevent others from entering the area. Immediately wash your hands with soap and water. Call 911 or local law enforcement for additional instructions.

   - Seek medical treatment in case of exposure
     If you were in the vicinity of the incident and you think you have been exposed to anthrax, contact your local health department, your local doctor or health clinic immediately.

   - For more information
     For more information on anthrax or other bioterrorist agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
DIRTY BOMB
PRE-EVENT KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons. These messages can be supplemented with more detailed fact sheets on dirty bombs and other radiological events.

1. **Protect**

   We are working with federal, state and local agencies to protect Californians in the event of an attack using dirty bombs.

2. **Prepare**

   We continue to prepare for the possibility of terrorist attacks, including a dirty bomb. Following the terrorist attacks of September 11, 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies. Although there is more work to do, we are moving in the right direction to ensure the health of all Californians.

3. **Action**

   The public can play a key role in helping authorities to be alert for possible acts of terrorism.
   - **Be alert**
     If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.
   - **For more information**
     For more information on dirty bombs or bioterrorism go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
DIRTY BOMB
EVENT (In California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving dirty bombs that takes place in or near California or otherwise suggests an immediate risk to Californians. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on dirty bombs.

1. Response

   It has been confirmed by [name of confirming organization] that the explosive device used in the attack in [name of location] was a dirty bomb containing radioactive [type of radioactive material].
   
   • **Empathy**
     Our thoughts are with the victims and their families.
   
   • **Scope**
     [Information about the level of radioactivity as known]. A dirty bomb is a bomb that combines conventional explosives, such as dynamite, with radioactive materials.
   
   • **California Department of Health Services’ actions**
     We are working with federal, state and local agencies to respond to the attack and ensure public safety. When we know more, additional instructions will be given on what you can do to protect yourselves and your family.

2. Risk

   Individuals who were outdoors and within [impacted area] of [location of bomb blast] may have been exposed to radioactive materials. As the primary danger from a dirty bomb is the blast itself, there is low risk to those persons outside the immediate vicinity of the explosion.

3. Action

   The public can play a key role in helping authorities to be alert for further acts of terrorism.

   • **Be alert**
     If you see an unattended or a suspicious package in a public place, call 911 or local law enforcement for additional instructions.

   • **Take immediate action**
     If you are near the scene of a bomb explosion, follow the instructions of the emergency response fire and hazardous materials crews. If you have not been asked to evacuate, stay indoors and close all doors and windows. Although you may run your air conditioner, turn off any fans that bring air from the outside. Individuals who were outdoors and within [impacted area] of [location of bomb blast] may have been exposed to radioactive materials. Take a shower with warm water and soap, change
your clothes and place what you were wearing in a plastic bag. Pets should also be brought indoors and washed with warm water and soap. You should not go to a hospital unless you were injured in the explosion, or have another medical emergency such as a heart attack.

- **Evacuation**
  As a precaution, we are evacuating residents near the explosion site within the area of [impacted area]. Residents in this area should report to [name of evacuation center(s)] where staff will be available to evaluate the need for further decontamination and assistance. Only the individuals within this evacuation zone area are advised to evacuate. If it is determined that additional evacuations are advisable, you will be notified of where to go.

- **For more information**
  For more information on dirty bombs or bioterrorism go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
DIRTY BOMB
EVENT (Outside California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving dirty bombs that occurs away from California and that suggests a low personal risk to Californians at this time. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on dirty bombs.

1. Response

California is prepared to respond to the threat of dirty bombs such as the recent attack in [name of location] or other acts of terrorism. Following the terrorist attacks of September 11, 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies.

- Empathy [As appropriate based on scope and location of the attack.]
  - Our thoughts are with the victims and their families.

2. Risk

There is no known risk to those persons outside the immediate vicinity of the incident and surrounding fallout area. Being at the site where a dirty bomb exploded does not guarantee that people were exposed to radiation.

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

- Be alert
  - If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.

- Follow official notification
  - Follow instructions from federal, state and local officials on how to protect yourselves and your family from any exposure or the need to evacuate.

- For more information
  - For more information on dirty bombs or bioterrorism go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
RICIN
PRE-EVENT KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons. These messages can be supplemented with more detailed fact sheets on ricin.

1. Protect

We are working with federal, state and local agencies to protect Californians in the event of a ricin attack.

2. Prepare

We continue to prepare for the possibility of a bioterrorist attack in California, including attacks using ricin. Following the terrorist attacks of September 11, 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies. Although there is more work to do, we are moving in the right direction to ensure the health of all Californians.

3. Action

The public can play a key role in helping authorities to be alert for possible acts of terrorism.

- **Be alert**
  If you see a package or envelope that you believe may contain ricin, do not open it. Leave the area, close any doors and take actions to prevent others from entering the area. Immediately wash your hands with soap and water. Call 911 or local law enforcement for additional instructions.

- **For more information**
  For more information on ricin or other bioterrorist agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving ricin that takes place in or near California or otherwise suggests an immediate risk to Californians. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on ricin.

1. **Response**

   It has been confirmed by [name of confirming organization] that [form of ricin] has been discovered in [name of location]. We are working with the federal government and state and local agencies to take the appropriate steps to ensure the health of residents, employees and others in the affected area.

   - **Empathy**
     Our thoughts are with the victims and their families.

   - **Scope**
     At this time it is unclear if this is an isolated incident. We are working with federal, state, and local authorities to determine the extent of the situation.

   - **California Department of Health Services' actions**
     We are notifying local health departments to be on alert for signs of ricin poisoning.

2. **Risk**

   The risk to Californians outside of [name of location] is low. No human cases of ricin inhalation poisoning are known to exist. There is very little risk of death through ricin sent through the mail or sprayed into the air. Those who have been killed by ricin poisoning have swallowed, or been directly injected with, the poison. Ricin poisoning is not contagious.

3. **Action**

   The public can play a key role in helping authorities to be alert for further acts of terrorism.

   - **Be alert**
     If you see a package or envelope that you believe may contain ricin, do not open it. Leave the area, close any doors and take actions to prevent others from entering the area. Call 911 or local law enforcement for additional instructions.

   - **Seek medical treatment in case of exposure**
     If you think you have been exposed to ricin mist or powder, get fresh air by leaving the area where the ricin was released. Remove your clothing, rapidly wash your entire body with soap and water, and contact your local health department, your local doctor or health clinic immediately.
• **For more information**
For more information on ricin or other bioterrorist agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
RICIN
EVENT (Outside California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving ricin that occurs away from California and that suggests a low personal risk to Californians at this time. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on ricin.

1. Response

   We are prepared to respond to a ricin event like the recent attack in [name of location] or other acts of bioterrorism. Following the terrorist attacks of September 11, 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies.
   o  Empathy [As appropriate based on scope and location of the attack.]
       Our thoughts are with the victims and their families.

2. Risk

   There is no known risk to those persons outside the immediate vicinity of the incident. No human cases of ricin inhalation poisoning are known to exist. There is very little risk of death through ricin sent through the mail or sprayed into the air. Those who have been killed by ricin poisoning have swallowed, or been directly injected with, the poison. Ricin poisoning is not contagious.

3. Action

   The public can play a key role in helping authorities to be alert for further acts of terrorism.
   o  Be alert
       If you see a package or envelope that you believe may contain ricin, do not open it. Leave the area, close any doors and take actions to prevent others from entering the area. Call 911 or local law enforcement for additional instructions.
   o  Seek medical treatment for exposure
       If you think you have been exposed to ricin mist or powder, get fresh air by leaving the area where the ricin was released. Remove your clothing, rapidly wash your entire body with soap and water, and contact your local health department, your local doctor or health clinic immediately.
   o  For more information
       For more information on ricin or other bioterrorist agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
SARIN GAS
PRE-EVENT KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons. These messages can be supplemented with more detailed fact sheets on sarin gas.

1. Protect

We are working with federal, state and local agencies to protect Californians in the event of a sarin gas attack.

2. Prepare

We continue to prepare for the possibility of a bioterrorist or chemical attack in California, including the possibility of attacks using sarin gas. Following the terrorist attacks of September 11, 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies. Although there is more work to do, we are moving in the right direction to ensure the health of all Californians.

3. Action

The public can play a key role in helping authorities to be alert for possible acts of terrorism.

- **Be alert**
  
  If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.

- **For more information**
  
  For more information on sarin gas or other chemical or biological agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
SARIN GAS
EVENT (In California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving sarin gas that takes place in or near California or otherwise suggests an immediate risk to Californians. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on sarin and sarin gas.

1. **Response**

   It has been confirmed by [name of confirming organization] that sarin gas has been used in a terrorist attack in [name of location]. We are working with the federal government and state and local agencies to take the appropriate steps to ensure the health of residents, employees and others in the affected area.
   
   - **Empathy**
     Our thoughts are with the victims and their families.
   
   - **Scope**
     At this time it is unclear if this is an isolated incident.
   
   - **California Department of Health Services' actions**
     We are working to provide antidotes to all those who were affected.

2. **Risk**

   Sarin gas is highly toxic and those Californians who were at the site of the gas release are at high risk of injury or death from sarin gas poisoning. However, those outside of the immediate vicinity of [location of attack] are at low risk of injury. The extent of poisoning caused by sarin gas depends on the amount of sarin to which a person was exposed, how the person was exposed and the length of time of the exposure. It is extremely important that persons exposed to sarin gas receive immediate medical treatment.

3. **Action**

   The public can play a key role in helping authorities to be alert for further acts of terrorism.
   
   - **Be alert**
     If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.
   
   - **Seek medical treatment in case of exposure**
     If you were in the vicinity of the incident and you think you have been exposed to sarin gas, contact your local health department, your local doctor or health clinic immediately.
   
   - **For more information**
     For more information on sarin gas or other chemical or biological agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
SARIN GAS
EVENT (Outside California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving sarin gas that occurs away from California and that suggests a low personal risk to Californians at this time. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on sarin and sarin gas.

1. Response

We are prepared to respond to any event like the recent sarin gas attack in [name of location] or other acts of chemical or biological terrorism. Sarin is a clear, colorless, and tasteless liquid that has no odor in its pure form. However, sarin can evaporate into a vapor (gas) and spread into the environment.

Following the terrorist attacks of September 11, 2001, the department increased surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies.

   o Empathy [As appropriate based on scope and location of the attack.]

      Our thoughts are with the victims and their families.

2. Risk

There is no known risk to those persons outside the immediate vicinity of the incident. The extent of poisoning caused by sarin gas depends on the amount of sarin gas to which a person was exposed, how the person was exposed and the length of time of the exposure.

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

   • Be alert
      If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.

   • Seek medical treatment for exposure
      If you were in the vicinity of the incident and you think you have been exposed to sarin gas, contact your local health department, your local doctor or health clinic immediately.

For more information
For more information on sarin gas or other chemical or biological agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
SMALLPOX
PRE-EVENT KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons. These messages can be supplemented with more detailed fact sheets on smallpox.

1. Protect

   We are working with federal, state and local agencies to maintain the highest level of preparedness possible in the event of a smallpox outbreak.

2. Practice

   Since its smallpox vaccination program began, California has vaccinated more than 1,800 healthcare workers, public health personnel and emergency responders to respond in the case of a smallpox attack. Local smallpox response teams continue to add personnel as needed.

3. Prepare

   The smallpox vaccination program is only one element of smallpox preparedness. The department continues to strengthen its efforts involving surveillance, planning, training and exercises in collaboration with the federal government and state and local agencies.
SMALLPOX

EVENT (In California) KEY MESSAGES

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving smallpox that takes place in or near California or otherwise suggests an immediate risk to Californians. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on smallpox.

1. Response

There has been a confirmed case of smallpox in [name of location]. We are working with federal, state and local agencies to take the appropriate steps to ensure the health of residents, employees and others in the affected area.

- **Empathy**
  Our thoughts are with the victims and their families.

- **Scope**
  At this time it is unclear if this is an isolated incident. We are working with federal, state and local authorities to determine the extent of the situation.

- **California Department of Health Services' actions**
  California has vaccinated more than 1,800 healthcare workers, public health personnel and emergency responders who are staffing vaccination clinics. Anyone who has been exposed to smallpox will be offered the smallpox vaccination. We are working with the national strategic stockpile to ensure that all who have been affected are receiving vaccinations as quickly as possible.

2. Risk

The risk to Californians is limited to those who have come into direct and fairly prolonged face-to-face contact with another person who has smallpox. The majority of patients with smallpox recover, but death may occur in up to 30% of cases.

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

- **Be alert**
  Monitor your own health. If you have a high fever for at least two days, stay home and minimize contact with others. Monitor the local news for the latest developments.

- **Seek medical treatment in case of exposure**
  If you think you have been exposed to smallpox, stay away from others and call your local health department, your local doctor or health clinic immediately. Do not wait for symptoms to appear.

- **For more information**
  For more information on smallpox go to www.dhs.ca.gov or www.cdc.gov/smallpox.
**SMALLPOX**

**EVENT (Outside California) KEY MESSAGES**

The following key messages serve as guidance for use by state and local health department spokespersons in the aftermath of terrorism involving smallpox that takes place away from California and that suggest a low personal risk to Californians at this time. Given the inability to accurately predict the scope and details of a specific act of terrorism, these messages should be customized to fit a particular situation and adapted as needed for interviews, press releases and other outreach. These messages should be supplemented with fact sheets on the specifics of the event and background information on smallpox.

1. **Response**

   We are prepared to respond to a smallpox event like the recent outbreak discovered in [name of location]. California has vaccinated more than 1,800 healthcare workers, public health personnel and emergency responders to respond in the case of a smallpox attack.
   - **Empathy** [As appropriate based on scope and location of the attack.]
     Our thoughts are with the victims and their families.

2. **Risk**

   Smallpox normally spreads from direct and fairly prolonged face-to-face contact. The majority of patients with smallpox recover, but death may occur in up to 30% of cases.

3. **Action**

   The public can play a key role in helping authorities to be alert for further acts of terrorism.
   - **Be alert**
     There is heightened concern that the smallpox virus might be used as an agent of bioterrorism in California. Monitor the local news for the latest developments.
   - **Seek medical treatment in case of exposure**
     If you were recently in the vicinity of the smallpox outbreak and think you have been exposed to smallpox, stay away from others and call your local health department, your local doctor or health clinic immediately. Do not wait for symptoms to appear.
   - **For more information**
     For more information on smallpox go to www.dhs.ca.gov or www.cdc.gov/smallpox.
Anthrax: What You Need To Know

What is anthrax?
Anthrax is a serious disease caused by *Bacillus anthracis*, a bacterium that forms spores. A bacterium is a very small organism made up of one cell. Many bacteria can cause disease. A spore is a cell that is dormant (asleep) but may come to life with the right conditions.

There are three types of anthrax:
- skin (cutaneous)
- lungs (inhalation)
- digestive (gastrointestinal)

How do you get it?
Anthrax is not known to spread from one person to another.

**Anthrax from animals.** Humans can become infected with anthrax by handling products from infected animals or by breathing in anthrax spores from infected animal products (like wool, for example). People also can become infected with gastrointestinal anthrax by eating undercooked meat from infected animals.

**Anthrax as a weapon.** Anthrax can also be used as a weapon. This happened in the United States in 2001. Anthrax was deliberately spread through the postal system by sending letters with the powder containing anthrax. This caused 22 cases of anthrax infection.

How dangerous is anthrax?
The Centers for Disease Control and Prevention classifies agents with recognized bioterrorism potential into three priority areas (A, B and C). Anthrax is classified as a Category A agent. Category A agents are those that:
- pose the greatest possible threat for a bad effect on public health
- may spread across a large area or need public awareness
- need a great deal of planning to protect the public’s health

In most cases, early treatment with antibiotics can cure cutaneous anthrax. Even if untreated, 80 percent of people who become infected with cutaneous anthrax do not die. Gastrointestinal anthrax is more serious because between one-fourth and more than half of cases lead to death. Inhalation anthrax is much more severe. In 2001, about half of the cases of inhalation anthrax ended in death.

July 31, 2003
What are the symptoms?
The symptoms (warning signs) of anthrax are different depending on the type of the disease:

- **Cutaneous:** The first symptom is a small sore that develops into a blister. The blister then develops into a skin ulcer with a black area in the center. The sore, blister and ulcer do not hurt.

- **Gastrointestinal:** The first symptoms are nausea, loss of appetite, bloody diarrhea, and fever, followed by bad stomach pain.

- **Inhalation:** The first symptoms of inhalation anthrax are like cold or flu symptoms and can include sore throat, mild fever and muscle aches. Later symptoms include cough, chest discomfort, shortness of breath, tiredness and muscle aches. (Caution: Do not assume that just because a person has cold or flu symptoms that they have inhalation anthrax.)

How soon do infected people get sick?
Symptoms can appear within 7 days of coming in contact with the bacterium for all three types of anthrax. For inhalation anthrax, symptoms can appear within a week or can take up to 42 days to appear.

How is anthrax treated?
Antibiotics are used to treat all three types of anthrax. Early identification and treatment are important.

**Prevention after exposure.** Treatment is different for a person who is exposed to anthrax, but is not yet sick. Health-care providers will use antibiotics (such as ciprofloxacin, doxycycline, or penicillin) combined with the anthrax vaccine to prevent anthrax infection.

**Treatment after infection.** Treatment is usually a 60-day course of antibiotics. Success depends on the type of anthrax and how soon treatment begins.

Can anthrax be prevented?
**Vaccination.** There is a vaccine to prevent anthrax, but it is not yet available for the general public. Anyone who may be exposed to anthrax, including certain members of the U.S. armed forces, laboratory workers, and workers who may enter or re-enter contaminated areas, may get the vaccine. Also, in the event of an attack using anthrax weapon, people exposed would get the vaccine.

What should I do if I think I have anthrax?
If you are showing symptoms of anthrax infection, call your health care provider right away.
What should I do if I think I have been exposed to anthrax?
Contact local law enforcement immediately if you think that you may have been exposed to anthrax. This includes being exposed to a suspicious package or envelope that contains powder.

What is CDC doing to prepare for a possible anthrax attack?
CDC is working with state and local health authorities to prepare for an anthrax attack. Activities include:

- Developing plans and procedure to respond to an attack using anthrax.
- Training and equipping emergency response teams to help state and local governments control infection, gather samples, and perform tests. Educating health-care providers, media, and the general public about what to do in the event of an attack.
- Working closely with health departments, veterinarians, and laboratories to watch for suspected cases of anthrax. Developing a national electronic database to track potential cases of anthrax.
- Ensuring that there are enough safe laboratories for quick testing of suspected anthrax cases.
- Working with hospitals, laboratories, emergency response teams, and health-care providers to make sure they have the supplies they need in case of an attack.

For more information, visit www.bt.cdc.gov/agent/anthrax or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).

July 31, 2003
FACT SHEET

Dirty Bombs

Because of recent terrorist events, people have expressed concern about the possibility of a terrorist attack involving radioactive materials, possibly through the use of a “dirty bomb,” and the harmful effects of radiation from such an event. The Centers for Disease Control and Prevention has prepared this fact sheet to help people understand what a dirty bomb is and how it may affect their health.

What a “dirty bomb” is
A dirty bomb, or radiological dispersion device, is a bomb that combines conventional explosives, such as dynamite, with radioactive materials in the form of powder or pellets. The idea behind a dirty bomb is to blast radioactive material into the area around the explosion. This could possibly cause buildings and people to be exposed to radioactive material. The main purpose of a dirty bomb is to frighten people and make buildings or land unusable for a long period of time.

Dirty bomb versus atomic bombs in Hiroshima and Nagasaki
The atomic explosions that occurred in Hiroshima and Nagasaki were conventional nuclear weapons involving a fission reaction. A dirty bomb is designed to spread radioactive material and contaminate a small area. It does not include the fission products necessary to create a large blast like those seen in Hiroshima and Nagasaki.

Sources of the radioactive material
There has been a lot of speculation about where terrorists could get radioactive material to place in a dirty bomb. The most harmful radioactive materials are found in nuclear power plants and nuclear weapons sites. However, increased security at these facilities makes obtaining materials from them more difficult.

Because of the dangerous and difficult aspect of obtaining high-level radioactive materials from a nuclear facility, there is a greater chance that the radioactive materials used in a dirty bomb would come from low-level radioactive sources. Low-level radioactive sources are found in hospitals, on construction sites, and at food irradiation plants. The sources in these areas are used to diagnose and treat illnesses, sterilize equipment, inspect welding seams, and irradiate food to kill harmful microbes.
Dirty Bombs
(continued from previous page)

Dangers of a dirty bomb
If low-level radioactive sources were to be used, the primary danger from a dirty bomb would be
the blast itself. Gauging how much radiation might be present is difficult when the source of
radiation is unknown. However, at the levels created by most probable sources, not enough
radiation would be present in a dirty bomb to cause severe illness from exposure to radiation.

Past use of dirty bombs
According to a United Nations report, Iraq tested a dirty bomb device in 1987 but found that the
radiation levels were too low to cause significant damage. Thus, Iraq abandoned any further use
of the device.

What people should do following an explosion
Radiation cannot be seen, smelled, felt, or tasted by humans. Therefore, if people are present at
the scene of an explosion, they will not know whether radioactive materials were involved at the
time of the explosion. If people are not too severely injured by the initial blast, they should:

- Leave the immediate area on foot. Do not panic. Do not take public or private
  transportation such as buses, subways, or cars because if radioactive materials were
  involved, they may contaminate cars or the public transportation system.
- Go inside the nearest building. Staying inside will reduce people’s exposure to any
  radioactive material that may be on dust at the scene.
- Remove their clothes as soon as possible, place them in plastic bag, and seal it. Removing
  clothing will remove most of the contamination caused by external exposure to
  radioactive materials. Saving the contaminated clothing would allow testing for exposure
  without invasive sampling.
- Take a shower or wash themselves the best they can. Washing will reduce the amount of
  radioactive contamination on the body and will effectively reduce total exposure.
- Be on the lookout for information. Once emergency personnel can assess the scene and
  damage, they will be able to tell people whether radiation was involved.

Even if people do not know whether radioactive materials were present, following these simple
steps can help reduce their injury from other chemicals that might have been present in the blast.

Taking potassium iodide (KI)
Potassium iodide, also called KI, only protects a person’s thyroid gland from exposure to
radioactive iodine. KI will not protect a person from other radioactive materials or protect other
parts of the body from exposure to radiation. It must be taken prior to exposure (for example, if
people hear that a radioactive cloud is coming their way) or immediately after exposure to be
effective. Since there is no way to know at the time of an incident whether radioactive iodine was
used in the explosive device, taking KI would probably not be beneficial. Also, KI can be
dangerous to some people. Taking KI is not recommended unless there is a risk of exposure to radioactive iodine.

**If radioactive materials were involved**
Keep televisions or radios tuned to local news networks. If a radioactive material was released, people will be told where to report for radiation monitoring and blood tests to determine whether they were exposed to the radiation as well as what steps to take to protect their health.

**Risk of cancer from a dirty bomb**
Some cancers can be caused by exposure to radiation. Being at the site where a dirty bomb exploded does not guarantee that people were exposed to the radioactive material. Until doctors are able to check people’s skin with sensitive radiation detection devices, it will not be clear whether they were exposed. Just because people are near a radioactive source for a short time or get a small amount of radioactive material on them does not mean that they will get cancer. Doctors will be able to assess risks after the exposure level has been determined.

**More information:**
For more information about medical response to detonation of a dirty bomb, see the following:

- **Medical Treatment of Radiological Casualties**

For more information about radiation and emergency response, see the Centers for Disease Control and Prevention’s website at [http://www.bt.cdc.gov](http://www.bt.cdc.gov) or contact the following organizations:

- **The CDC Public Response Source** at 1-800-246-2675
- **The Conference of Radiation Control Program Directors** [http://www.crcpd.org/] at (502) 227-4543
- **The Environmental Protection Agency** [http://www.epa.gov/radiation/rert/]
- **The Nuclear Regulatory Commission** [http://www.nrc.gov/] at (301) 415-8200
- **The U.S. National Response Team** [http://www.nrt.org/production/nrt/home.nsf]
- **The U.S. Department of Energy (DOE)** [http://www.energy.gov/] at 1-800-dial-DOE

For information on other radiation emergency topics, visit [http://www.bt.cdc.gov/radiation](http://www.bt.cdc.gov/radiation), or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).
FACT SHEET

Facts About Ricin

What ricin is
- Ricin is a poison that can be made from the waste left over from processing castor beans.
- It can be in the form of a powder, a mist, or a pellet, or it can be dissolved in water or weak acid.
- It is a stable substance. For example, it is not affected much by extreme conditions such as very hot or very cold temperatures.

Where ricin is found and how it is used
- Castor beans are processed throughout the world to make castor oil. Ricin is part of the waste “mash” produced when castor oil is made.
- Ricin has some potential medical uses, such as bone marrow transplants and cancer treatment (to kill cancer cells).

How you could be exposed to ricin
- It would take a deliberate act to make ricin and use it to poison people. Accidental exposure to ricin is highly unlikely.
- People can breathe in the ricin mist or powder and be poisoned.
- Ricin can also get into water or food and then be swallowed.
- Pellets of ricin, or ricin dissolved in a liquid, can be injected into people’s bodies.
- Depending on the route of exposure (such as injection or inhalation), as little as 500-micrograms of ricin could be enough to kill an adult. A 500-microgram dose of ricin would be about the size of the head of a pin. A greater amount would likely be needed to kill people if the ricin were swallowed.
- In 1978, Georgi Markov, a Bulgarian writer and journalist who was living in London, died after he was attacked by a man with an umbrella. The umbrella had been rigged to inject a poison ricin pellet under Markov’s skin.
- Some reports have indicated that ricin may have been used in the Iran-Iraq war during the 1980s and that quantities of ricin were found in Al Qaeda caves in Afghanistan.
- Ricin poisoning is not contagious. It cannot be spread from person to person through casual contact.
Facts About Ricin
(continued from previous page)

How ricin works
• Ricin works by getting inside the cells of a person’s body and preventing the cells from making the proteins they need. Without the proteins, cells die. Eventually this is harmful to the whole body, and death may occur.
• Effects of ricin poisoning depend on whether ricin was inhaled, ingested or injected.

Signs and symptoms of ricin exposure
• The major symptoms of ricin poisoning depend on the route of exposure and the dose received, though many organs may be affected in severe cases.
• Initial symptoms of ricin poisoning by inhalation may occur within 8 hours of exposure. Following ingestion of ricin, initial symptoms typically occur in less than 6 hours.
• Inhilation: Within a few hours of inhaling significant amounts of ricin, the likely symptoms would be respiratory distress (difficulty breathing), fever, cough, nausea, and tightness in the chest. Heavy sweating may follow as well as fluid building up in the lungs (pulmonary edema). This would make breathing even more difficult, and the skin might turn blue. Excess fluid in the lungs would be diagnosed by x-ray or by listening to the chest with a stethoscope. Finally, low blood pressure and respiratory failure may occur, leading to death. In cases of known exposure to ricin, people having respiratory symptoms that started within 12 hours of inhaling ricin should seek medical care.
• Ingestion: If someone swallows a significant amount of ricin, he or she would develop vomiting and diarrhea that may become bloody. Sever dehydration may be the result, followed by low blood pressure. Other signs or symptoms may include hallucinations, seizures, and blood in the urine. Within several days, the person’s liver, spleen, and kidneys might stop working, and the person could die.
• Skin and eye exposure: Ricin in powder or mist form can cause redness and pain of the skin and the eyes.
• Death from ricin poisoning could take place within 36 to 72 hours or exposure, depending on the route of exposure (inhilation, ingestion, or injection) and the dose received. If death has not occurred in 3 to 5 days, the victim usually recovers.
• Showing these signs and symptoms does not necessarily mean that a person has been exposed to ricin.
Facts About Ricin
(continued from previous page)

How ricin poisoning is treated
Because no antidote exists for ricin, the most important factor is avoiding ricin exposure in the
first place. If exposure cannot be avoided, the most important factor is then getting the ricin off
or out of the body as quickly as possible. Ricin poisoning is treated by giving victims supportive
medical care to minimize the effects of the poisoning. The types of supportive medical care
would depend on several factors, such as the route by which victims were poisoned (that is,
whether poisoning was by inhalation, ingestion, injection, or skin or eye exposure). Care could
include such measures as helping victims breathe, giving them intravenous fluids (fluids given
through a needle inserted into a vein), giving them medications to treat conditions such as seizure
and low blood pressure, flushing their stomachs with activated charcoal (if the ricin has been
very recently ingested), or washing out their eyes with water if their eyes are irritated.

How you can know whether you have been exposed to ricin
• If we suspect that people have inhaled ricin, a potential clue would be that large number of
  people who had been close to each other suddenly developed fever, cough, and excess fluid
  in their lungs. These symptoms could be followed by severe breathing problems and possibly
death.
• No widely available, reliable test exists to confirm that a person has been exposed to ricin.

How can you protect yourself, and what to do if you are exposed to ricin
• First, get fresh air by leaving the area where the ricin was released. Moving to an area with
  fresh air is a good way to reduce the possibility of death from exposure to ricin.
  – If the ricin release was outside, move away from the area where the ricin was released.
  – If the ricin release was indoors, get out of the building.
• If you are near a release of ricin, emergency coordinators may tell you to either evacuate the
  area or to “shelter in place” inside a building to avoid being exposed to the chemical. For
  more information on evacuation during a chemical emergency, see “Facts About Evacuation”
at http://www.bt.cdc.gov/planning/evacuationfacts.asp. For more information on sheltering in
  place during a chemical emergency, see “Facts About Sheltering in Place” at
• If you think you may have been exposed to ricin, you should remove your clothing, rapidly
  wash your entire body with soap and water, and get medical care as quickly as possible.
  • Removing your clothing:
    – Quickly take off clothing that may have ricin on it. Any clothing that has to be pulled over
      the head should be cut off the body instead of pulled over the head.
    – If you are helping other people remove their clothing, try to avoid touching any
      contaminated areas, and remove the clothing as quickly as possible.
  • Washing yourself:
    – As quickly as possible, wash any ricin from your skin with large amounts of soap and
      water. Washing with soap and water will help you protect people from chemicals on their
      bodies.

February 5, 2004
– If your eyes are burning or your vision is blurred, rinse your eyes with plain water for 10 to 15 minutes. If you wear contacts, remove them and put them with the contaminated clothing. Do not put the contacts back in your eyes (even if they are not disposable contacts). If you wear eyeglasses, wash them with soap and water. You can put your eyeglasses back on after you wash them.

• **Disposing of your clothes:**
  – After you have washed yourself, place your clothing inside a plastic bag. Avoid touching contaminated areas of the clothing. If you can’t avoid touching contaminated areas, or you aren’t sure where the contaminated areas are, wear rubber gloves, turn the bag inside out and use it to pick up clothing, or put the clothing in the bag using tongs, tool handles, sticks or similar objects. Anything that touches the contaminated clothing should also be placed in the bag. If you wear contacts, put them in the plastic bag, too.
  – Seal the bag, and then seal that bag inside another plastic bag. Disposing of your clothing in this way will help protect you and other people from any chemicals that might be on your clothes.
  – When the local or state health department or emergency personnel arrive, tell them what you did with your clothes. The health and emergency personnel will arrange for further disposal. Do not handle the plastic bag yourself.

• For more information about cleaning your body and disposing of your clothes after a chemical release, see “Chemical Agents: Facts About Personal Cleaning and Disposal of Contaminated Clothing” at [http://www.bt.cdc.gov/planning/personalcleaningfacts.asp](http://www.bt.cdc.gov/planning/personalcleaningfacts.asp).

• If someone has ingested ricin, do not induce vomiting or give fluids to drink.

• Seek medical attention right away. Dial 911 and explain what has happened.

**How you can get more information about ricin**

You can contact one of the following:

• Regional poison control center (1-800-222-1222)
• Centers for Disease Control and Prevention
  – Public Response Hotline (CDC)
    ▪ English (888) 246-2675
    ▪ Español (888) 246-2857
    ▪ TTY (866) 874-2646
  – E-mail inquires: [cdcresponse@asastd.org](mailto:cdcresponse@asastd.org)

  Mail inquiries:
  Public Inquiry c/o BPRP
  Bioterrorism Preparedness and Response Planning
  Centers for Disease Control Prevention
  Mailstop C-18
  1600 Clifton Road

February 5, 2004
Facts About Ricin
(continued from previous page)

Atlanta, GA  30333

• Agency for Toxic Substances and Disease Registry (ATSDR) (1-888-422-8737)
  – E-mail inquiries: atsdric@cdc.gov
  – Mail inquiries:
    Agency for Toxic Substances and Disease Registry
    Division of Toxicology
    1600 Clifton Road NE, Mailstop E-29
    Atlanta, GA 30333

This fact sheet is based on CDC’s best current information. It may be updated as new
information becomes available.

For more information, visit www.bt.cdc.gov or call the CDC public response hotline at (888)
246-2675 (English), (888) 246-2857 (Español) or (866) 874-2646 (TTY).

February 5, 2004
**FACT SHEET**

**Facts About Sarin**

**What sarin is**
- Sarin is a human-made chemical warfare agent classified as a nerve agent. Nerve agents are the most toxic and rapidly acting of the known chemical warfare agents. They are similar to certain kinds of pesticides (insect killers) called organophosphates in terms of how they work and what kind of harmful effects they cause. However, nerve agents are much more potent than organophosphate pesticides.
- Sarin originally was developed in 1938 in Germany as a pesticide.
- Sarin is a clear, colorless, and tasteless liquid that has no odor in its pure form. However, sarin can evaporate into vapor (gas) and spread into the environment.
- Sarin is also known as GB.

**Where sarin is found and how it is used**
- Sarin and other nerve agents may have been used in chemical warfare during the Iran-Iraq War in the 1980s.
- Sarin was used in two terrorist attacks in Japan in 1994 and 1995.
- Sarin is not found naturally in the environment.

**How people can be exposed to sarin**
- Following release of sarin into the air, people can be exposed through skin contact or eye contact. They can also be exposed by breathing air that contains sarin.
- Sarin mixes easily with water, so it could be used to poison water. Following release of sarin into water, people can be exposed by touching or drinking water that contains sarin.
- Following contamination of food with sarin, people can be exposed by eating the contaminated food.
- A person’s clothing can release sarin for about 30 minutes after it has come into contact with sarin vapor, which can lead to exposure of other people.
- Because sarin breaks down slowly in the body, people who are repeatedly exposed to sarin may suffer more harmful health effects.
- Because sarin vapor is heavier than air, it will sink to low-lying areas and create a greater exposure hazard there.
Facts About Sarin
(continued from previous page)

How sarin works
- The extent of poisoning caused by sarin depends on the amount of sarin to which a person was exposed, how the person was exposed, and the length of time of the exposure.
- Symptoms will appear within a few seconds after exposure to the vapor form of sarin and within a few minutes up to 18 hours after exposure to the liquid form.
- All the nerve agents cause their toxic effects by preventing the proper operation of the chemical that acts as the body’s “off switch” for glands and muscles. Without an “off switch,” the glands and muscles are constantly being stimulated. They may tire and no longer be able to sustain breathing function.
- Sarin is the most volatile of the nerve agents, which means that it can easily and quickly evaporate from a liquid into a vapor and spread into the environment. People can be exposed to the vapor even if they do not come into contact with the liquid form of sarin.
- Because it evaporates so quickly, sarin presents an immediate but short-lived threat.

Immediate signs and symptoms of sarin exposure
- People may not know that they were exposed because sarin has no odor.
- People exposed to a low or moderate dose of sarin by breathing contaminated air, eating contaminated food, drinking contaminated water, or touching contaminated surfaces may experience some or all of the following symptoms within seconds to hours of exposure:
  - Runny nose
  - Watery eyes
  - Small, pinpoint pupils
  - Eye pain
  - Blurred vision
  - Drooling and excessive sweating
  - Cough
  - Chest tightness
  - Rapid breathing
  - Diarrhea
  - Increased urination
  - Confusion
  - Drowsiness
  - Weakness
  - Headache
  - Nausea, vomiting, and/or abdominal pain
  - Slow or fast heart rate
  - Low or high blood pressure
Facts About Sarin
(continued from previous page)

- Even a small drop of sarin on the skin can cause sweating and muscle twitching where sarin touched the skin.
- Exposure to large doses of sarin by any route may result in the following harmful health effects:
  - Loss of consciousness
  - Convulsions
  - Paralysis
  - Respiratory failure possibly leading to death
- Showing these signs and symptoms does not necessarily mean that a person has been exposed to sarin.

What the long-term health effects are
Mild or moderately exposed people usually recover completely. Severely exposed people are not likely to survive. Unlike some organophosphate pesticides, nerve agents have not been associated with neurological problems lasting more than 1 to 2 weeks after the exposure.

How people can protect themselves, and what they should do if they are exposed to sarin
- Recovery from sarin exposure is possible with treatment, but the antidotes available must be used quickly to be effective. Therefore, the best thing to do is avoid exposure:
  - Leave the area where the sarin was released and get to fresh air. Quickly moving to an area where fresh air is available is highly effective in reducing the possibility of death from exposure to sarin vapor.
  - If the sarin release was outdoors, move away from the area where the sarin was released. Go to the highest ground possible, because the sarin is heavier than air and will sink to low-lying areas.
  - If the sarin release was indoors, get out of the building.
- If people think they may have been exposed, they should remove their clothing, rapidly wash their entire body with soap and water, and get medical care as quickly as possible.
- Removing and disposing of clothing:
  - Quickly take off clothing that has liquid sarin on it. Any clothing that has to be pulled over the head should be cut off the body instead of pulled over the head. If possible, seal the clothing in a plastic bag. Then seal the first plastic bag in a second plastic bag. Removing and sealing the clothing in this way will help protect people from any chemicals that might be on their clothes.
  - If clothes were placed in plastic bags, inform either the local or state health department or emergency personnel upon their arrival. Do not handle the plastic bags.
  - If helping other people remove their clothing, try to avoid touching any contaminated areas, and remove the clothing as quickly as possible.
Facts About Sarin
(continued from previous page)

- **Washing the body:**
  - As quickly as possible, wash any liquid sarin from the skin with large amounts of soap and water. Washing with soap and water will help protect people from any chemicals on their bodies.
  - Rinse the eyes with plain water for 10 to 15 minutes if they are burning or if vision is blurred.
- If sarin has been swallowed, do not induce vomiting or give fluids to drink.
- Seek medical attention immediately. Dial 911 and explain what has happened.

**How sarin exposure is treated**
Treatment consists of removing sarin from the body as soon as possible and providing supportive medical care in a hospital setting. Antidotes are available for sarin. They are most useful if given as soon as possible after exposure.

**How people can get more information about sarin**
People can contact one of the following:

- Regional poison control center (1-800-222-1222)
- Centers for Disease Control and Prevention
  - Public Response Hotline (CDC)
    - English (888) 246-2675
    - Español (888) 246-2857
    - TTY (866) 874-2646
  - E-mail inquiries: cdcresponse@ashastd.org
  - Mail Inquiries:
    Public Inquiry c/o BPRP
    Bioterrorism Preparedness and Response Planning
    Centers for Disease Control and Prevention
    Mailstop C-18
    1600 Clifton Road
    Atlanta, GA 30333
- Agency for Toxic Substances and Disease Registry (ATSDR) (1-888-422-8737)
  - E-mail inquiries: atsdric@cdc.gov
  - Mail inquiries:
    Agency for Toxic Substances and Disease Registry
    Division of Toxicology
    1600 Clifton Road NE, Mailstop E-29
    Atlanta, GA 30333
Facts About Sarin
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This fact sheet is based on CDC’s best current information. It may be updated as new information becomes available.

Last reviewed on 03/07/03

The Centers for Disease Control and Prevention (CDC) protects people’s health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

For more information, visit www.bt.cdc.gov or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).
SMALLPOX FACT SHEET

Smallpox Overview

The disease
Smallpox is a serious, contagious, and sometimes fatal infectious disease. There is no specific treatment for smallpox disease, and the only prevention is vaccination. The name smallpox is derived from the Latin word for “spotted” and refers to the raised bumps that appear on the face and body of an infected person.

There are two clinical forms of smallpox. Variola major is the severe and most common form of smallpox, with a more extensive rash and higher fever. There are four types of variola major smallpox: ordinary (the most frequent type, accounting for 90% or more of cases); modified (mild and occurring in previously vaccinated persons); flat; and hemorrhagic (both rare and very severe). Historically, variola major has an overall fatality rate of about 30%; however, flat and hemorrhagic smallpox usually are fatal. Variola minor is a less common presentation of smallpox, and a much less severe disease, with death rates historically of 1% or less.

Smallpox outbreaks have occurred from time to time for thousands of year, but the disease is now eradicated after a successful worldwide vaccination program. The last case of smallpox in the United States was in 1949. The last naturally occurring case in the world was in Somalia in 1977. After the disease was eliminated from the world, routine vaccination against smallpox among the general public was stopped because it was no longer necessary for prevention.

Where smallpox comes from
Smallpox is caused by the variola virus that emerged in human populations thousands of years ago. Except for laboratory stockpiles, the variola virus has been eliminated. However, in the aftermath of the events of September and October, 2001, there is heightened concern that the variola virus might be used as an agent of bioterrorism. For this reason, the U.S. government is taking precautions for dealing with a smallpox outbreak.

Transmission
Generally, direct and fairly prolonged face-to-face contact is required to spread smallpox from one person to another. Smallpox also can spread through direct contact with infected bodily fluids or contaminated objects such as bedding or clothing. Rarely, smallpox has been spread by virus carried in the air in enclosed settings such as buildings, buses, and trains. Humans are the only natural host of variola. Smallpox is not known to be transmitted by insects or animals.

A person with smallpox is sometimes contagious with onset of fever (prodrome phase), but the person becomes most contagious with the onset of rash. At this stage the infected person is usually very sick and not able to move around in the community. The infected person is contagious until the last smallpox scab falls off.
### Smallpox Disease

<table>
<thead>
<tr>
<th>Incubation Period</th>
<th>Exposure to the virus is followed by an incubation period during which people do not have any symptoms and may feel fine. This incubation period averages about 12 to 14 days but can range from 7 to 17 days. During this time, people are not contagious.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Duration: 7 to 17 days)</td>
<td>Not contagious</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Initial Symptoms (Prodrome)</th>
<th>The first symptoms of smallpox include fever, malaise, head and body aches, and sometimes vomiting. The fever is usually high, in the range of 101 to 104 degrees Fahrenheit. At this time, people are usually too sick to carry on their normal activities. This is called the prodrome phase and may last for 2 to 4 days.</th>
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<tbody>
<tr>
<td>(Duration: 2 to 4 days)</td>
<td>Sometimes contagious*</td>
</tr>
</tbody>
</table>

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<tr>
<th>Early Rash (Duration: about 4 days)</th>
<th>A rash emerges first as small red spots on the tongue and in the mouth. These spots develop into sores that break open and spread large amounts of the virus into the mouth and throat. At this time, the person becomes most contagious.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most contagious</td>
<td></td>
</tr>
</tbody>
</table>

Rash distribution:

- **Rash distribution:**
  - Around the time the sores in the mouth break down, a rash appears on the skin, starting on the face and spreading to the arms and legs and then to the hands and feet. Usually the rash spreads to all parts of the body within 24 hours. As the rash appears, the fever usually falls and the person may start to feel better.

  - By the third day of the rash, the rash becomes raised bumps.

  - By the fourth day, the bumps fill with a thick, opaque fluid and often have a depression in the center that looks like a bellybutton. (This is a major distinguishing characteristic of smallpox.)

  - Fever often will rise again at this time and remain high until scabs form over bumps.

<table>
<thead>
<tr>
<th>Pustular Rash (Duration: about 5 days)</th>
<th>The bumps become pustules – sharply raised, usually round and firm to the touch as if there’s a small round object under the skin. People often say the bumps feel like BB pellets embedded in the skin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contagious</td>
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</table>

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<thead>
<tr>
<th>Pustules and Scabs (Duration: about 5 days)</th>
<th>The pustules begin to form a crust and then scab. By the end of the second week after the rash appears, most of the sores have scabbed over.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contagious</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Resolving Scabs (Duration: about 6 days)</th>
<th>The scabs begin to fall off, leaving marks on the skin that eventually will become pitted scars. Most scabs will have fallen off three weeks after the rash appears. The person is contagious to others until all the scabs have fallen off.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contagious</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scabs resolved</th>
<th>Scabs have fallen off. Person is no longer contagious.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not contagious</td>
<td></td>
</tr>
</tbody>
</table>

*Smallpox may be contagious during prodrome phase, but is most infectious during the first 7 to 10 days following rash onset.

For more information, visit [www.cdc.gov/smallpox](http://www.cdc.gov/smallpox), or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY).

December 9, 2002
Understanding Isolation and Quarantine

**Isolation** is a public-health tool that applies to patients who may have been exposed to radiation that could be communicable to other patients or to health care personnel. Patients who are isolated are customarily hospitalized, although under some circumstances they might also be isolated in a non-hospital public health setting or in their own residence.

**Quarantine** is a word that applies only to well people who may have been exposed to radiation and could be at risk for incubating it or passing it on to someone else. Quarantine measures can include the cancellation of public events, the closure of public places, travel restrictions, and isolating a geographic area to prevent people from coming in or out.

**Quarantine** is often applied to large groups of people, while **isolation** is mandated on a case by case basis.

Everyone near the scene of an explosion should be checked for radioactive contamination. Those with injuries should be decontaminated before being sent to the hospital. Those without physical injuries should not leave the decontamination area until further notice.\(^1\)

\(^1\)CDC, Emergency Preparedness & Response Web site
Understanding Shelter In-Place and Evacuation

Shelter in-place
In the event of a dirty bomb explosion, those who live near, but not in the immediate area of the blast, may be asked to stay home and take shelter rather than try to evacuate. Staying your home may protect you from exposure to radiation.

The safest place in your home is a centrally located room or basement with few or no windows.

If you are outside when the alert is given, try to remove clothing and shoes and place them in a plastic bag before entering your shelter. This will prevent bringing any radioactive materials into your shelter. Leave all clothing and shoes outside and bathe with soap and water immediately after entering your shelter.

Keep your radio tuned to an emergency response network at all times for updates on the situation. The announcers will provide information about when you may leave your shelter and whether you need to take other emergency measures.

Evacuation
In some cases, it may be safer for you to evacuate, or leave the immediate area and go to an emergency shelter.

You will be told by local police, emergency coordinators or government officials if you need to evacuate.

You should act quickly and follow the instructions of local emergency coordinators. Every situation may differ, so these folks could have special instructions to follow.

If you must go to an emergency shelter after leaving the area, the emergency coordinators will tell you how to get there. They will also inform you of any items you may need to bring with you. Otherwise, the emergency shelter should have necessary supplies.

Contact an out-of-state friend or relative letting them know where you will be. Local telephone lines will be busy, so you should plan to have an out-of-state contact.

1 CDC, Emergency Preparedness & Response
Glossary
Emergency/Crisis/Risk Communication Definitions

Crisis Communication:
Crisis communication can be defined in two ways and, therefore, can cause some confusion for a practitioner looking for expert training and counsel. Today, the term is most often used to describe an organization facing a crisis and the need to communicate about that crisis to stakeholders and the public. Typically, a crisis is an event that occurs unexpectedly, may not be in the organization’s control, and may cause harm to the organization’s good reputation or viability. An example of an organization facing a crisis is the occurrence of a mass shooting of employees by a disgruntled employee. In most instances, the organization is facing some legal or moral culpability for the crisis (unlike a disaster in which a tornado wipes out the production plant), and stakeholders and the public are judging the organization’s response to the crisis.

A simple definition of crisis communication separates the judgment or reputation factors in the communication and deals primarily with factual communication by an involved organization to its stakeholders and the public. Crisis communication could simply be the effort by community leaders to inform the public that, by law, they must evacuate in advance of a hurricane. In this definition, the organization is not being overtly judged as a possible participant in the creation of the disaster, and the information is empirically sound, so the individual can judge its veracity without the help of an expert.

The underlying thread in crisis communication is that the communicating organization is experiencing an unexpected crisis and must respond. Crisis also implies lack of control by the involved organization in the timing of the crisis event.

Standardized Emergency Management System:
Standardized Emergency Management System (SEMS) is a state authorized multi-agency mutual aid agreement ensuring that all local crises are supported on the state and regional level. SEMS is a management system. It includes an organizational model that directs operational support to the affected region, where it will be under the command of the local response agencies. In terms of your communications response, this means you might have many agencies, both state and regional (even from regions of California other than your own) who will be responding to your crisis. SEMS mandates that crisis response (including communications response) be led from the local level. You might get communications support and strategic input from CDHS and other responding agencies, but you will be the lead public health agency for communicating in the emergency.

Issues Management Communication:
Issues management communication is similar to crisis communication; however, the organization has the luxury of foreknowledge of the impending crisis and the opportunity, to some extent, to choose the timing of its revelation to stakeholders and the public and reveal the organization’s plan to resolve the issue. Again, the organization is central to the event.

Joint Information Center:
A joint information center (JIC) is a temporary organization established to pool crisis communications among emergency responders. In a crisis, rapid communication with the media
and with the general public becomes a top priority, and the JIC will be a source of information on the crisis. In addition, running communications through a JIC ensures that available information is released as quickly as possible, with consistent and accurate messages that take into account the often disparate viewpoints of each of the response organizations.

**Risk Communication:**
Risk communication is a field that has flourished in the area of environmental health. Through risk communication, the communicator hopes to provide the receiver with information about the expected type (good or bad) and magnitude (weak or strong) of an outcome from a behavior or exposure. Typically, it is a discussion about an adverse outcome and the probability of that outcome occurring. In some instances, risk communication has been employed to help an individual make a choice about whether or not to undergo medical treatment, continue to live next to a nuclear power plant, pass on genetic risks, or elect to vaccinate a healthy baby against whooping cough. In some cases, risk communication is used to help individuals adjust to the knowledge that something that has already occurred, such as an exposure to harmful carcinogens, may put them at greater risk for a negative health outcome, such as cancer, in the future. Risk communication would prepare people for that possibility and, if warranted, give them appropriate steps to monitor for the health risk, such as regular cancer screening.

**Crisis and Emergency Risk Communication:**
Crisis and emergency risk communication encompasses the urgency of disaster communication with the need to communicate risks and benefits to stakeholders and the public. This differs from crisis communication in that the communicator is not perceived as a participant in the crisis or disaster, except as an agent to resolve the crisis or emergency. It is the effort by experts to provide information to allow an individual, stakeholder, or an entire community to make the best possible decisions about their well-being within nearly impossible time constraints and help people ultimately to accept the imperfect nature of choices during the crisis. This is the communication that goes on in emergency rooms, not doctor’s offices. It also differs from risk communication in that a decision must be made within a narrow time constraint, the decision may be irreversible, the outcome of the decision may be uncertain and the decision may need to be made with imperfect or incomplete information. Crisis and emergency risk communication represents an expert opinion provided in the hope that it benefits its receivers and advances a behavior or an action that allows for rapid and efficient recovery from the event.

**Worried Well:**
Worried well or psychosomatic individuals refer to a portion of the population that have physical symptoms of illness originating from mental or emotional causes. Be mindful that you may want to address mental health issues when developing and delivering your messages during a crisis event.
**Epidemiology Terms**

**Airborne infection:**
A mechanism of transmission of an infectious agent by particle, dust or droplet nuclei suspended in the air.

**Antibody:**
Protein molecule formed by exposure to a “foreign” or extraneous substance, e.g. invading microorganisms responsible for infection, or active immunization.

**Antigen:**
A substance that is capable of inducing specific immune response. Introduction of an antigen may be by the invasion of infectious organisms, immunization, inhalation, ingestion, etc.

**Association:**
The degree of statistical dependence between two or more events or variables; events are said to be associated when they occur more frequently together than one would expect by chance.

**Attack rate:**
Attack rate, or case rate, is a cumulative incident rate often used for particular groups, observed for limited periods and under special circumstances, as in an epidemic; the secondary attack rate expresses the number of cases among contacts occurring within the accepted incubation period following exposure to a primary case, in relation to the total of exposed contacts; the denominator may be restricted to susceptible contacts when determinable.

**Behavioral epidemic:**
An epidemic originating in behavioral patterns (as opposed to invading microorganisms or physical agents).

**Biological plausibility:**
The criterion that an observed, causal association fits previously existing biological or medical knowledge.

**Carrier:**
A person or animal that harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

**Case:**
A person in the population identified as having the particular disease, health disorder or condition under investigation.

**Case fatality rate:**
The proportion of persons contracting a disease who die of that disease.
Clustering:
A closely grouped series of events or cases of a disease, or other health-related phenomena with well-defined distribution patterns, in relation to time or place or both.

Cohort:
The component of the population born during a particular period and identified by that period so that its characteristics can ascertained as it enters successive time and age periods.

Cohort study:
The method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or may or may not be exposed in different degrees in the future, to the probability of contracting a given disease.

Communicable disease:
An illness due to a specific infectious agent or its toxic products that is transmitted from an infected person, animal or reservoir to a susceptible host, either directly or indirectly.

Contact (of an infection):
A person or animal that has been in physical association with an infected person or animal, or contaminated environment, allowing the opportunity to acquire the infection.

Contact, direct:
A mode of infection transmission between an infected host and susceptible host.

Contact, indirect:
A mode of infection transmission involving fomites or vectors.

Contact, primary:
Person(s) in direct contact or associated with a communicable disease case.

Contact, secondary:
Person(s) in contact or associated with a primary contact.

Contagion:
The transmission of infection by direct contact, droplet spread or contaminated fomites.

Contagious:
Transmitted by contact.

Contamination:
The presence of an infectious agent on a body surface; also on clothes, bedding, surgical instruments or other inanimate articles or substances.

Death rate:
A rate expressing the proportion of a population that dies of a disease.
Disease, preclinical:
Disease with no signs or symptoms, because they have not yet developed.

Disease, subclinical:
A condition in which disease is detectable by special tests but does not reveal itself by signs or symptoms.

Disinfection:
Killing of infectious agents outside of the body by direct exposure to chemical or physical agents.

Dose response relationship:
A relationship in which a change in amount, intensity or duration of exposure is associated with a change – either an increase or decrease in risk.

Epidemic:
The occurrence in a community or region of cases of an illness or other health-related events clearly in excess of normal expectancy.

Epidemiologist:
An investigator who studies the occurrence of disease or other health-related conditions or events in a defined population; also known as disease detective.

Epidemiology:
The study of the distribution and determinants of health-related states and events in populations, and the application of this study to the control of health problems.

Epizootic:
An outbreak (epidemic) of disease in an animal population (often with the implication that it may also affect human population).

Eradication (of disease):
Termination of all transmission of infection by extermination of the infectious agent through surveillance and containment.

False negative:
Negative test result in a subject who possesses the attribute for which the test is conducted.

False positive:
Positive test result in a subject who does not possess the attribute for which the test is conducted.

Fatality rate:
The death rate observed in a designated series of persons affected by a simultaneous event.

Fomites:
Articles that convey infection to others because they have been contaminated by pathogenic organisms; examples include dishes, door handles and toys.
**Herd immunity:**
The immunity of a group or community; the resistance of a group to invasion and spread of an infectious agent, based on the resistance to infection of a high proportion of individual members of the group.

**Host:**
A person or other living animal, including birds and arthropods that afford subsistence to an infectious agent under natural conditions.

**Household interview study:**
Collection of information from a sample of a civilian noninstitutionalized population by trained interviewers who go to the dwellings of the persons selected for interview.

**Immunization:**
Protection of susceptible individuals from communicable disease by administration of a living modified agent (as in measles), a suspension of killed organisms (as in whooping cough) or an inactivated toxin (as in tetanus).

**Incidence:**
The number of instances of illness during a given period in a specified population.

**Incident rate:**
A measure of the rate at which new events occur in the population.

**Incubation period:**
The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.

**Index case:**
The first case in a family or other defined group to come to the attention of the investigator.

**Infectiousness:**
A characteristic of the disease that concerns the relative ease with which it is transmitted to other hosts.

**Monitoring:**
The performance and analysis of routine measurements, aimed at detecting changes in the environment or health status of populations.

**Morbidity:**
Illness

**Norm:**
Can be defined as what is usual or what is desirable.
Nosocomial infection:
An infection originating in a medical facility.

Notifiable disease:
A disease that, by statutory requirements, must be reported to the public health authority.

Numerator:
The upper portion of a fraction used to calculate a rate or a ratio.

Occurrence:
The frequency of a disease or other attribute or event in a population.

Outcomes:
All of the possible results that may stem from exposure to a casual factor, or from preventive or treatment interventions.

Outliers:
Observations differing widely from the rest of the data, suggesting that these values come from a different population.

Pandemic:
An epidemic occurring over a very wide area and usually affecting a large proportion of the population.

Parasite:
An animal or vegetable organism that determines the extent to which overt disease is produced in an infected population, or the power of an organism to produce disease.

Pathogen:
Organism capable of causing disease.

Pathogenicity:
The property of an organism that determines the extent to which overt disease is produced in an infected population, or the power of an organism to produce disease.

Population-based:
Pertaining to a general population defined by geopolitical boundaries.

Prevalence:
The number of instances of a given disease or other condition in a given population at a designated time.

Prevention:
The goals of public health and medicine are to promote health, to preserve health, to restore health when it is impaired and to minimize suffering and distress.
Primary case:
The individual who introduces the disease into the family or group under study.

Quantitative data:
Data in numerical quantities, such as continuous measurements or counts.

Quarantine:
The limitation of freedom of movement of well persons or animals exposed to a communicable disease, for a period of time not longer that the longest usual incubation period of the disease.

Random:
Occurs by chance.

Rate:
Ratio whose essential characteristic is that time is an element of the denominator and in which there is a distinct relationship between the numerator and the denominator.

Relative risk:
The ratio of the risk of disease or death among the exposed to the risk among the unexposed.

Reservoir:
The natural habitat of the infectious agent.

Risk:
A probability that an event will occur.

Risk factor:
An attribute of exposure that is associated with an increased probability of a specified outcome, such as the occurrence of a disease.

Sample:
A selected subset of a population.

Screening:
The use of tests or examinations to identify unrecognized disease.

Seroepidemiology:
Epidemiologic study or activity based on the detection on serological testing of characteristic change in the serum level of specific antibodies.

Statistical significance:
Statistical methods allow an estimate to be made of the probability for the observed or greater degree of association between independent and dependent variables under the null hypothesis.
**Surveillance:**
Ongoing scrutiny; generally, using methods distinguished by their practice – ability, uniformity, and, frequently, their rabidity, rather than by complete accuracy.

**Surveillance of disease:**
The continuing scrutiny of all aspects of occurrence and spread of a disease that is pertinent to initiate investigative or control measures.

**Survey:**
An investigation in which information is systematically collected not using the experimental method.

**Transmission of infection:**
Transmission of infectious agents; any mechanism by which an infectious agent is spread through the environment or to another person.

**Validity:**
Expression of the degree to which a measurement measures what is purports to measure.

**Variable:**
Any quantity that varies; any attribute or event that can have different values.

**Virulence:**
The degree of pathogenicity.

**Zoonosis:**
An infection or infectious disease transmissible under natural conditions from vertebrate animals to man.
## Definitions of Commonly Used Acronyms

**A**
- AATF: CDC Asian-Pacific American Task Force
- AHRQ: Agency for Healthcare Research and Quality
- AMA: American Medical Association
- APHL: Association of Public Health Laboratories
- ASAP: As soon as possible
- ASH: Assistant Secretary for Health
- ASTHO: Association of State and Territorial Health Officers
- ATSDR: Agency for Toxic Substances and Disease Registry

**B**
- BIA: Bureau of Indian Affairs

**C**
- CA: Cooperative agreement
- CDC: Centers for Disease Control and Prevention
- CER: CLA Comprehensive Environmental Response, Compensation, and Liability Act
- CFR: Code of Federal Regulations
- CHA: California Healthcare Association
- CHAMPUS: Civilian Health and Medical Program of the Uniformed Services
- CIA: Central Intelligence Agency
- CMA: California Medical Association
- CMS: Centers for Medicare & Medicaid Services
- CNA: California Nursing Association
- CPCA: California Primary Care Association
- CSTE: Council of State and Territorial Epidemiologists

**D**
- DAS: Deputy Assistant Secretary
- DFO: Disaster field office
- DHHS: Department of Health and Human Services
- DLA: Defense Logistics Agency
- DMAT: Disaster Medical Assistance Team
- DMORT: Disaster Mortuary Response Team, National Disaster Medical System
- DOC: Department of Commerce
- DOD: Department of Defense
- DOE: Department of Energy
- DE: Department of Education
- DO: Department of the Interior
- DOJ: Department of Justice
- DOL: Department of Labor
- DOS: Department of State
- DOT: Department of Transportation
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>DVA</td>
<td>Department of Veterans Affairs</td>
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<tr>
<td>E</td>
<td>Equal employment opportunity</td>
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<td>EEO</td>
<td>Emerging Infectious Disease Journal</td>
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<td>EIS</td>
<td>Epidemic Intelligence Service</td>
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<td>EMS</td>
<td>Emergency medical services</td>
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<td>EO</td>
<td>Executive order</td>
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<td>EOC</td>
<td>Emergency operations center</td>
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<td>EPA</td>
<td>Environmental Protection Agency</td>
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<td>EPO</td>
<td>Epidemiology Program Office</td>
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<td>EPI</td>
<td>Emergency public information</td>
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<td>ERC</td>
<td>Emergency response coordinator</td>
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<td>ERCG</td>
<td>Emergency response coordination group</td>
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<td>ERT</td>
<td>Emergency response team</td>
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<td>ESF</td>
<td>Emergency support function</td>
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<td>ESO</td>
<td>Engineering services office</td>
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<td>F</td>
<td>Federal Aviation Administration</td>
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<td>FAA</td>
<td>Federal Bureau of Investigation</td>
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<td>FBI</td>
<td>Federal Communications Commission</td>
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<td>FCC</td>
<td>Federal Communications Commission</td>
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<td>FCO</td>
<td>Federal coordinating officer</td>
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<td>FDA</td>
<td>Food and Drug Administration</td>
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<tr>
<td>FECC</td>
<td>Federal emergency communications coordinator</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>FERC</td>
<td>FEMA emergency response capability</td>
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<td>FESC</td>
<td>Federal emergency support coordinator</td>
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<tr>
<td>FHWA</td>
<td>Federal Highway Administration</td>
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<td>FLSA</td>
<td>Fair Labor Standards Act</td>
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<td>FOIA</td>
<td>Freedom of Information Act</td>
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<td>FR</td>
<td>Federal Register</td>
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<td>FRP</td>
<td>Federal Response Plan</td>
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<td>FTS</td>
<td>Federal telecommunications systems</td>
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<tr>
<td>FY</td>
<td>Fiscal year</td>
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<tr>
<td>FYI</td>
<td>For your information</td>
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<tr>
<td>G</td>
<td>General Accounting Office</td>
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<td>GAO</td>
<td>General Accounting Office</td>
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<td>GPO</td>
<td>Government Printing Office</td>
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<tr>
<td>GS</td>
<td>General schedule</td>
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<tr>
<td>GSA</td>
<td>General Services Administration</td>
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<tr>
<td>H</td>
<td>Health and Safety Advisory Board</td>
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<tr>
<td>HSAB</td>
<td>Health and Safety Advisory Board</td>
</tr>
</tbody>
</table>
HUD  Department of Housing and Urban Development
HQ    Headquarters

I
IAEA  International Atomic Energy Agency
IAG   Interagency agreement
IBC   Institutional biosafety committee
ICC   Interstate Commerce Commission
IG    Office of the Inspector General, Department of Health and Human Services
IHPO  International Health Programs Office
IHS   Indian Health Service
INPHO Information Network for Public Health Officials
IOM   Institute of Medicine, National Academy of Sciences

J
JIC   Joint Information Center

L
LAN   Local area network
LIUNA Laborer International Union of North America
LFA   Lead federal agency

M
MHPF  Minority Health Professionals Foundation
MMWR  Morbidity and Mortality Weekly Report
MOA   Memorandum of agreement
MOU   Memorandum of understanding
MRE   Meals ready to eat

N
N/A   Not applicable / available
NACCHO National Association of County and City Health Officials
NALBOH National Association of Local Boards of Health
NAPHSIS National Association for Public Health Statistics and Information Systems
NARFE  National Association of Retired Federal Employees
NAS   National Academy of Sciences
NASA  National Aeronautics and Space Administration
NCEH  National Center for Environmental Health
NCHS  National Center for Health Statistics
NDMS  National Disaster Medical System
NECC  National Emergency Coordination Center (FEMA)
NEIS  National Earthquake Information Service
NEJM  New England Journal of Medicine
NIH   National Institutes of Health
NLM   National Library of Medicine
### Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>NLT</td>
<td>Not later than</td>
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<tr>
<td>NLTN</td>
<td>National Laboratory Training Network</td>
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<tr>
<td>NOAA</td>
<td>National Oceanic and Atmospheric Administration</td>
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<td>NRC</td>
<td>Nuclear Regulatory Commission</td>
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<td>NRT</td>
<td>National response team</td>
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<td>NSF</td>
<td>National Science Foundation</td>
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<td>NTE</td>
<td>Not to exceed</td>
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<tr>
<td>NVOAD</td>
<td>National voluntary organizations active in disaster</td>
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<td>NVPO</td>
<td>National Vaccine Program Office</td>
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<tr>
<td>NWS</td>
<td>National Weather Service</td>
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<td>O</td>
<td>Office of Domestic Preparedness</td>
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<td>ODP</td>
<td>Office for Domestic Preparedness</td>
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<td>OEP</td>
<td>Office of Emergency Preparedness</td>
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<tr>
<td>OET</td>
<td>Office of Emergency Transportation</td>
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<tr>
<td>FDA</td>
<td>Office of U.S. Foreign Disaster Assistance</td>
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<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<td>OSTP</td>
<td>Office of Science Technology Policy</td>
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<td>P</td>
<td>Pan American Health Organization</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>PDR</td>
<td>Physicians’ Desk Reference</td>
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<tr>
<td>PGO</td>
<td>Procurement and Grants Office</td>
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<td>PHEP-NET</td>
<td>Public Health Education and Promotion Network</td>
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<td>PHPPO</td>
<td>Public Health Practice Program Office</td>
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<td>PHS</td>
<td>Public Health Service</td>
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<td>PIO</td>
<td>Public information officer</td>
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<td>PL</td>
<td>Public law</td>
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<td>R</td>
<td>Regional emergency transportation coordinator</td>
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<td>RETCO</td>
<td>Regional emergency transportation coordinator</td>
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<tr>
<td>RHA</td>
<td>Regional health administrator (DHHS)</td>
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<td>RSC</td>
<td>Radiation safety committee</td>
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<tr>
<td>S</td>
<td>Standard operating procedure</td>
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<td>T</td>
<td>Temporary duty</td>
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<td>TDY</td>
<td>Temporary duty</td>
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<tr>
<td>TOD</td>
<td>Tour of duty</td>
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<tr>
<td>TREAS</td>
<td>Department of the Treasury</td>
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<tr>
<td>TVA</td>
<td>Tennessee Valley Authority</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>USACE</td>
<td>United States Army Corps of Engineers</td>
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<tr>
<td>USC</td>
<td>United States Code</td>
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<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
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<tr>
<td>USGS</td>
<td>United States Geological Survey</td>
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<tr>
<td>USPHS</td>
<td>United States Public Health Service</td>
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<tr>
<td>USPS</td>
<td>United States Postal Service</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WYSIWYG</td>
<td>What you see is what you get</td>
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<td>YTD</td>
<td>Year to date</td>
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Appendix
List of Study Resources
Following are a broad array of additional resources you should consult when developing your organization’s crisis communications plan and crisis protocol.

**CDC Resources**

**Web sites:**

**CDCynergy** available at: [http://www.orau.gov/cdcynergy/erc](http://www.orau.gov/cdcynergy/erc)

CDC and its many partners created CDCynergy as an interactive tool for planning and implementing health communication programs. The site includes a wealth of resources to help your organization develop its own crisis and emergency risk communication plan, as well as tools and templates to help your organization respond quickly when every second counts.

**Centers for Disease Control and Prevention (CDC)** [http://www.cdc.gov](http://www.cdc.gov)

The CDC Public Health Emergency Preparedness and Response Program ([http://www.bt.cdc.gov/](http://www.bt.cdc.gov/)) is an Internet resource that provides information about chemical and biological agents, press releases, training, contacts and other important information dealing with the public health aspects of bioterrorism preparedness and response. Section includes information on CDC bioterrorism funding for States.


Provides a framework of principles and approaches for the communications of health risk information to diverse audiences. Intended for ATSDR staff and personnel from other government agencies and private organizations who must respond to public concerns about exposure to hazardous substances in the environment.

**Public Health Emergency Preparedness and Response** [http://www.bt.cdc.gov/EmContact/Protocols.asp](http://www.bt.cdc.gov/EmContact/Protocols.asp)

Public Health Emergency Preparedness and Response is a Web resource that provides a flowchart of recommended notification procedures, which starts with a local health official either learning of or suspecting a bioterrorist threat or incident.

**Training manuals:**

Crisis and Emergency Communications by Barbara Reynolds, CDC, October 2002 available at: [http://www.orau.gov/cdcynergy/erc/content/activeinformation/resources/CERC_course_materials.htm](http://www.orau.gov/cdcynergy/erc/content/activeinformation/resources/CERC_course_materials.htm)

**Federal Government Resources**

**Web sites:**

**Central Intelligence Agency (CIA)** [http://www.cia.gov](http://www.cia.gov)

The CIA provides evidence-based foreign intelligence related to national security.


A brief primer that describes basic skills and techniques for clear, effective crisis
communications and information dissemination prior to, during, and after an incident, and provides tools for media relations.

**Crisis Communication Commanders Guide**
A review of Air Force crisis communication training for commanders, including Principles Of Crisis Communications, the Commanders Guide To Crisis Communications, Tips For Developing Messages and Effective Crisis Communication Techniques.

**Department of Agriculture (USDA)** http://www.usda.gov
USDA has the primary responsibility for protecting the safety of the Nation's food supply. The agency has a comprehensive biosecurity system designed to prevent the harmful introduction of plant and animal pathogens into America's system of agriculture and food production.

**Department of Defense (DoD)** http://www.dod.gov
The armed service branches of DoD, including the Army, Air Force, Marines, Navy, and the National Guard, continue to be the frontline military defense against terrorist threats.
Defense Threat Reduction Agency http://www.dtra.mil
DoD's Defense Threat Reduction Agency focuses specifically on safeguarding America from weapons of mass destruction (WMD) (chemical, biological, radiological, nuclear, and high explosives) by reducing the present threat and preparing for the future threat.
The mission of the U.S. Army Soldier and Biological Chemical Command's (SBCCOM) (http://hld.sbcm.com/army.mil/about_us.htm) Homeland Defense Business Unit is to enhance the response capabilities to terrorist incidents involving WMD.

**Department of Energy (DOE)** http://www.energy.gov
One of the DOE's primary missions is to enhance national security in relation to nuclear energy. The Emergency Operations unit of the National Nuclear Security Administration (NNSA) (http://www.dp.doc.gov/) directs DOE's and NNSA's emergency responses at DOE and NNSA facilities and field sites, and to nuclear and radiological emergencies within the United States and abroad.

**Department of Health and Human Services (HHS)** http://www.hhs.gov
HHS is the primary agency for coordinating health, medical, and health-related social services under the Federal Response Plan.

**The DHHS Health Resources and Services Administration (HRSA)**
http://www.hrsa.gov/bioterrorism/
HRSA provides funding for the National Bioterrorism Hospital Preparedness Program. This program funds state, territory and selected entities to improve capacity of the health care system to respond to the aftermath of terrorism or other public health emergencies.

**The DHHS National Disaster Medical System (NDMS)** http://ndms.dhhs.gov
The NDMS is a federally coordinated system that augments the Nation's emergency medical response capability.

**Department of Homeland Security** [http://www.whitehouse.gov/homeland](http://www.whitehouse.gov/homeland)
The Department of Homeland Security and the Homeland Security Council have been established to develop and coordinate a comprehensive national strategy to strengthen Federal, State and local counterterrorism efforts.

The DOI's Hazards and Facilities Team ([http://www.mrps.doi.gov/hft1.htm](http://www.mrps.doi.gov/hft1.htm)) of their Office of Policy Management and Budget works to ensure adequate capability to prepare for and respond to incidents caused by natural or human effects that impact Federal lands, resources, facilities, tenants, employees, visitors and adjacent landowners.

**Department of Justice, Office for Domestic Preparedness** [http://www.ojp.usdoj.gov/odp](http://www.ojp.usdoj.gov/odp)
The Office for Domestic Preparedness (ODP), Office of Justice Programs (OJP), is the program office responsible for enhancing the capacity and preparedness of State and local jurisdictions to respond to WMD incidents of domestic terrorism. This Office operates the State and Local Domestic Preparedness Support Helpline. The Helpline is a nonemergency resource available for use by emergency responders. The Helpline provides general information on all Office of Domestic Preparedness' programs, and information on the characteristics and control of WMD materials, defense equipment, mitigation techniques and available Federal assets. The Helpline provides "customer intelligence" that will aid State and local jurisdictions in building capacity in their communities to respond to a WMD terrorism incident. The Helpline telephone number is 1-800-368-6498 and is staffed weekdays from 9 a.m. to 6 p.m. EST.

**Department of State** [http://www.state.gov](http://www.state.gov)
State Department activities related to emergency response include protecting and assisting U.S. citizens living or traveling abroad and keeping the public informed about U.S. foreign policy and relations with other countries.

**The Office of the Coordinator of Counterterrorism** [http://www.state.gov/s/ct](http://www.state.gov/s/ct)
This Office of the Coordinator of counterterrorism coordinates all U.S. Government efforts to improve counterterrorism cooperation with foreign governments and coordinates responses to major international terrorist incidents in progress.

**Department of Transportation (DOT)** [http://www.dot.gov](http://www.dot.gov)
DOT contains several important agencies that deal with emergency situations. The U.S. Coast Guard ([http://www.uscg.mil/uscg.shtm](http://www.uscg.mil/uscg.shtm)) responds to maritime emergencies and also may assist State and local officials in dealing with chemical incidents, particularly oil and hazardous materials spills. Other DOT agencies that may be involved in emergency response are the

Department of the Treasury (http://www.treasury.gov)
The primary divisions of the Department of the Treasury involved in emergency response are the Bureau of Alcohol, Tobacco, and Firearms (ATF) (http://www.atf.treas.gov/about/programs/response.htm) and the U.S. Customs Service. ATF supports Federal, State and local governments in responding to and investigating incidents caused by arson and/or explosives. They have national response teams typically able to respond within 24 hours of the incident.

Environmental Protection Agency (EPA), Chemical Emergency Preparedness and Prevention Office (CEPPO) (http://www.epa.gov/ceppo)
EPA's CEPPO provides leadership, advocacy and assistance to prevent and prepare for chemical emergencies, respond to environmental crises, and inform the public about chemical hazards in their community.

EOC Communication Room Procedures Guide (http://www.percs.bc.ca/Ops/Plans/Sample_EOC_Communication_Room_Procedures.pdf)
Canada's Provincial Emergency Radio Communication Service's procedures guide for an Emergency Operation Center's Communication Room, including roles, room layout, equipment needs.

EPA Emergency Response Organizational Structure (http://www.epa.gov/swercepp/pubs/israeli.pdf)
Presentation on EPA's roles and capabilities in a terrorism event, including EPA programs and resources.

Federal Bureau of Investigation (FBI) (http://www.fbi.gov)
The FBI serves as the lead agency for preventing acts of terrorism in the United States.

Federal Emergency Management Agency (FEMA) (http://www.fema.gov)
FEMA is the Federal agency that coordinates the response of Federal agencies to disasters and the communication of information about disasters between Federal agencies and the public, particularly within the first 48 hours following the event.

Federal Response Plan, April 1999 (http://www.fema.gov/rrr/frp)
The Federal Response Plan (FRP) establishes a process and structure for the systematic, coordinated, and effective delivery of Federal assistance to address the consequences of any major disaster or emergency declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Rapid Response Information System (RRIS) (http://www.fema.gov/rrr)
The RRIS can be used as a reference guide, training aid, and an overall planning and training resource for response to a chemical, biological, and/or nuclear terrorist incident. The RRIS is
comprised of several databases, consisting of chemical and biological agents' and radiological materials' characteristics, first aid measures, Federal response capabilities, help line, hotlines, and other Federal information sources concerning potential weapons of mass destruction (WMD).

**FEMA Disaster Fact Sheets and Backgrounders** [http://www.fema.gov/library/factshts.shtm](http://www.fema.gov/library/factshts.shtm)
Fact sheets for different types of natural and technological disasters. Each fact sheet is divided into appropriate public actions before, during and after the disaster.

A book of suggestions on how to prepare a community for a disaster. Gives information on partnerships, media relations, special event and outreach. Also includes four case studies.

Fact sheet on what to do to before, during and after in the unlikely event that a nuclear power plant has an emergency.

**Nuclear Regulatory Commission (NRC)** [http://www.nrc.gov](http://www.nrc.gov)
NSIR is ready to respond to an event at an NRC-licensed facility that could threaten public health and safety or the environment.

Presentation made by Santa Clara County California Public Health Department about reporting a Bioterrorism event and the roles of clinicians, local health departments, and others.
Risk Communication Publications by Peter Sandman [http://www.psandman.com/webpubs.htm](http://www.psandman.com/webpubs.htm)
Includes links to articles, Web columns, interviews and other information developed by Peter M. Sandman, Ph.D.

**Transportation Security Administration (TSA)** [http://www.tsa.gov](http://www.tsa.gov)
The TSA is a new agency, developed in 2001 in response to the events of September 11, to protect the Nation's various transportation systems.

**U.S. National Response Team (NRT)** [http://www.nrt.org](http://www.nrt.org)
The NRT consists of 16 Federal agencies with responsibilities, interests and expertise in various aspects of emergency response to pollution incidents.

**The U.S. Customs Service** [http://www.customs.treas.gov](http://www.customs.treas.gov)
U.S Customs guards U.S. borders to prevent the entry of illegal substances that may be used for a terrorist attack.

**Private/Non-profit Resources**

**Web Sites:**
**American Red Cross** [http://www.redcross.org](http://www.redcross.org)
A private, voluntary organization tasked by the Federal Government to provide immediate
disaster relief to victims of disasters of all kinds (natural and manmade). The American Red Cross' Web site has a chart listing recommended actions by individuals, families, businesses, neighborhoods and schools related to Homeland Security Alert levels.

**Crisis Management Materials Bibliography**
http://www.calpoliceimage.org/a_bibliography_of_crisis_managem.htm
A bibliography of crisis management materials, including general materials, crisis plans/communication strategies and crisis management-specific situations.

**Elements of Effective Bioterrorism Preparedness**
National Association of City and County Health Officials publication to assist local public health officials and their partners in identifying their public health and safety roles when responding to bioterrorism.

**International Association of Emergency Managers Web Site**
http://www.iaem.com/talking_about_disaster__guide_.html
"Talking About Disaster: Guide for Standard Messages"; Produced by the National Disaster Education Coalition, Washington, D.C., 1999. Provides consistent disaster safety messages with explanations, statistics or reasons that reinforce the credibility of the message and that correct myths and misinformation.

**Introduction to NBC Terrorism**
http://www.disasters.org/dera/library/Heyer_WMD.pdf
Publication by The Disaster Preparedness and Emergency Response Association
Awareness-level introduction for first responders and community officials to the types of weapons that may be used in a terrorist attack. This material may also be used for talking points for public information officers and those training or educating volunteer organizations or the general public.

Johns Hopkins Center for Civilian Biodefense Strategies http://www.hopkins-biodefense.org
This organization is a nonprofit center of Johns Hopkins University, dedicated to informing policy decisions and promoting practices that help prevent the development and use of biological weapons, and should prevention fail, lessen the death and suffering that would result. The Web site provides a wealth of information and resources, including fact sheets, relevant publications, congressional testimonies and links to other resources, as well as a its own publication, Bioterrorism Quarterly.


**Writing for the Web**
http://www.sun.com/980713/webwriting
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Emergency Communication Guide
Notice

If you are currently experiencing a crisis, proceed to the next page and follow the steps in the checklist.

In addition, check the Completed Worksheets section in the back of this tool kit to determine if the worksheets have already been completed.

For more information on each topic, see the appropriate section in the tool kit.
Organize Your Emergency and Risk Communication Response

In the event of a crisis, follow the checklist below. Begin by gathering information during the first thirty minutes and completing the following worksheets on assembling a crisis team, organizing your resources, identifying your stakeholders, partners and spokesperson, as well as developing necessary supporting materials.

Within Thirty Minutes After Start of Crisis:

Information Gathering

1. Verify the Situation
   - Get the facts from your health organization.
   - Obtain information from additional sources such as law enforcement, fire departments, hospitals or CDHS to put the incident in perspective.
   - Ascertain information origination and determine credibility.
   - Review and critically judge all information.
   - Determine whether the information is consistent with other sources in other markets.
   - Determine whether the characterization of the event is plausible.
   - Clarify information through subject matter experts.
   - Attempt to verify the magnitude of the event and human impact.

2. Conduct Notification
   - Follow established communication protocol.
     - Make sure your Health Officer and Health Executive are aware of the situation. Get his or her authorization to proceed.
     - Contact key personnel and provide briefing on issue.
     - Contact your CDHS Risk Communications Co-leads

3. Identify Staffing and Resource Needs
   - Assemble your crisis communication team. (see pages IV and V)
   - Secure an appropriate space, equipment and supplies for the course of the event. (see pages VIII and IX)
   - Ensure crisis information is being communicated to staff members.

4. Conduct Assessment/Activate Crisis Communication Plan
   - Continue to gather and check the facts.
   - Determine the local health department's role in the ongoing response. Determine who is being affected by the crisis. What are their perceptions? What do they want and need to know?
   - Determine what the public should be doing.
   - Activate plan to join Joint Information Center (JIC) or begin emergency communication operation.
   - Activate your communication team with a call down list. (see page VI)
   - Determine stakeholders and partners. (see pages XXI-XXII)
   - Activate spokesperson(s). (see page XVI)
   - Activate media monitoring.
   - Activate Internet monitoring.

Please complete this worksheet by hand or electronically with the CD-ROM.
Monitor what is being said about the event. Is the information accurate?

5. Organize Assignments
- Determine the current priorities.
- Identify subject matter experts and spokespersons. (see page XVI)
- Decide whether communication should operate 10, 12, 20 or 24 hours a day.
- Decide whether communication should operate 5, 6 or 7 days a week.

Thirty Minutes to One Hour After Start of Crisis:
Initial Release of Information
6. Prepare Information and Obtain Approvals
- Determine special populations. (see pages XXIII-XXIV)
- Prepare key messages and initial media statement. (see pages X-XIII)
- Develop incident Q&A. (see pages XVII and XVIII)
- Draft and obtain approval on initial news release. (see pages XIV and XV)
  - Provide only information that has been approved by the appropriate agencies. Do not speculate.
  - Repeat the facts about the incident.
  - Describe the data collection and investigation process.
  - Describe what the health department is doing about the crisis.
  - Describe what other agencies are doing.
  - Explain what the public should be doing.
  - Describe how to obtain more information about the situation.
- Confirm media contact list. (see page XI)

7. Release Initial Information to Media, Public and Partners through Arranged Channels
- Distribute news release to media contacts via E-mail or blast fax.
- Staff hotline (if applicable).
- Upload media materials produced to date to your Web site.
- Ensure spokesperson(s) are standing by for potential media inquiries.
- Distribute media materials to partner/stakeholder organizations. Establish regular briefing schedule and protocols with them. (see pages XXI-XXII)
- Establish regular briefing schedule and protocols for working with the media.

One to Two Hours After Start of Crisis:
Follow-up Information
8. Update Media with New Information
- Send follow-up release with additional incident information and details of any scheduled news conferences/media briefings.
- Create additional materials including fact sheet and media advisory for news conference and media briefings, as necessary.

Two to Four Hours After Start of Crisis:
News Conference
9. News Conference
- Notify media of scheduled news conference.

Please complete this worksheet by hand or electronically with the CD-ROM.
☐ Conduct news conference. (see pages XIX and XX)
☐ Gather information addressing unanswered journalist questions.

Four to 36 Hours After Crisis:
Media Follow-up

10. Disseminate Additional Information
☐ Send additional information to media, as available.
☐ Continue to monitor media coverage.

36 Hours to TBD After Crisis:
Conduct Evaluation

11. Obtain Feedback and Conduct Crisis Evaluation
☐ As soon as is feasible following a crisis, conduct an evaluation of the organization’s response.
☐ Compile and analyze media coverage.
☐ Conduct a “hot wash” (an immediate review of what went right and what went wrong) to capture lessons learned.
☐ Share results within your agency.
☐ Determine need for changes to the crisis and emergency risk communication plan.
☐ Determine need to improve policies and processes.
☐ Institutionalize changes with appropriate training.
☐ Revise crisis plan policies and procedures based on lessons learned.

12. Conduct Public Education
☐ Once the crisis has subsided, your department may need to carry out additional public education activities.
  – Determine the public’s perceptions and information needs related to the crisis.
  – Focus on "worried well" (psychosomatic) individuals and other mental health messaging.
  – Update your community on the crisis status through town hall meetings, flyers or other outreach activities.

For more information on organizing your emergency and risk communication response, see the Media Outreach section of the tool kit.
Your Crisis Communication Team and its Roles

Your crisis communication team, the key responders during a crisis, can be broken down into six roles. Optimally, there will be at least one person assigned to each role. In a large scale crisis, you might want to go outside your own office, to bring in support from a nearby university or college, volunteers, or outside contractors. In a smaller, localized emergency, you might be able to fulfill all of these roles with just one or two staff members.

1. The Public Information Officer (Command and Control)
   - Activates the plan under the direction of the local Health Officer
   - Directs the work related to the release of information
   - Coordinates with state and local communication partners to ensure that messages are consistent and within the scope of the organization’s responsibility
   - Provides updated information to the Health Officer, Emergency Operation Center (EOC) command and state responders in accordance with Standardized Emergency Management System (SEMS) protocols
   - Advises the Health Officer and chain of command regarding information to be released, based on the organization’s role in the response
   - Identifies and works as liaison with spokespeople
   - Reviews materials for release to media, public and partners
   - Obtains required clearance of materials for release
   - Determines the operational hours/days for the EOC
   - Ensures that human, technical and mechanical supply resources are available to provide information to the public
   - Ensures crisis communication protocol is followed

2. Content and Messages Coordinator
   - Develops and establishes mechanisms to rapidly receive information from the EOC regarding the public health emergency
   - Translates EOC situation reports and meeting notes into information appropriate for public and partner needs
   - Works with subject matter experts to create situation-specific fact sheets, Q&As and updates
   - Tests messages and materials for cultural and language requirements of special populations
   - Adapts messages based on input from other communication team members and analysis from media, public, and partner monitoring systems
   - Identifies additional content requirements and material development

3. Media Coordinator
   - Assesses media needs and organizes mechanisms to fulfill those needs
   - Triages the response to media requests and inquiries
   - Ensures that media inquiries are addressed as appropriate
   - Supports spokespersons
   - Develops and maintains media contact lists and call logs
   - Produces and distributes media advisories and press releases
• Produces and distributes materials such as fact sheets or B-roll (background video for
distribution to television stations that sometimes includes interviews or sound bites)
• Oversees media monitoring systems and reports, including media Web sites for
information on what is being reported and whether that information is accurate (e.g.,
analyzes trends, concerns and misinformation)
• Serves as a liaison from your organization to the Joint Information Center (JIC)
• Acts as a member of the field site team for media relations

4. Direct Public Outreach Coordinator
• Activates or participates in the telephone information line
• Activates or participates in the public E-mail response system
• Activates or participates in developing public service announcements (PSAs), flyers,
notices and other information distributed to the public
• Organizes and manages emergency response Web site and Web pages
• Establishes and maintains links to other emergency response Web sites
• Oversees public information monitoring systems and reports including the Internet to see
what information is available to the public and whether that information is accurate (e.g.,
analyzes trends, concerns and misinformation)
• Activates or participates in public and elected official briefings and community meetings
• Identifies special population needs related to communication

5. Partner/Stakeholder Coordinator
• Establishes communication protocols based on prearranged agreements with identified
partners and stakeholders
• Arranges regular partner briefings and updates
• Solicits feedback and responds to partner information requests and inquiries
• Oversees partner/stakeholder monitoring systems and reports including
partner/stakeholder Web sites to ensure the information presented is accurate (e.g.,
analyzes trends, concerns and misinformation)
• Helps organize and facilitate official meetings to provide information and receive input
from partners or stakeholders
• Responds to legislators, special interest group requests and inquiries

6. Rumor Control Coordinator
• Monitors internal communication
• Monitors external communication
• Provides feedback on qualities of communication
Crisis Team

Use this page to create a list of individuals for your crisis team. Consider using people from outside your department including, state/county/local partners, volunteers, contractors and other government agencies.

Please complete this worksheet by hand or electronically with the CD-ROM.
Emergency Phone Tree

Use this phone tree to identify people you will need to contact, such as your spokespersons, partners, and safety and health officials. Share this contact information with your crisis communication team.

- Limit the number of people each person must call.
- Leave a message for unavailable contacts. The caller should continue down the phone tree and continue attempting contact with unavailable persons.
- Each unit should have provisions for getting the information to a person who was not contacted.
- The last person called should report back to a designated person to signal the end of the calling process.
- Keep the message short and concise. Only the facts should be given and each caller should avoid speculation. Confidentiality should be stressed.
- Update the phone tree at least annually to insure accurate phone numbers and inclusion of all staff.

Public Information Officer

Name:  
Function:  
Phone:  
Cell Phone:  

Remember to contact Risk Communications Co-leads Ken August in the Office of Public Affairs at 916-440-7660 or Terri Stratton at the Emergency Preparedness Office at 916-650-6457.
Organize Your Resources

It is necessary to allocate space, staff and supplies to respond to this crisis. You will need a separate space from which to run your communication operation. For more information on how to train and organize in a crisis event, see the Crisis Communication Plan section of the Crisis and Emergency Risk Communication Tool Kit.

**Space** (The first three rooms may be combined if space allows.)

- Room/space for your communications team to work
  Location: ____________________________

- Room/space for quickly training spokesperson(s)
  Location: ____________________________

- Room/space for holding team meetings
  Location: ____________________________

- Separate room to house media on-site
  Location: ____________________________

- Room/space for housing equipment, exclusive for your use (You cannot stand in line for the copier when crisis communications deadlines loom.)
  Location: ____________________________

- Restroom and (preferably) kitchen facilities
  Location: ____________________________

**People** (These people can supplement the members of the crisis communication team.)

- Staff for public and media information center or JIC support

  1. ____________________________
     Name: ____________________________
     Position: ____________________________
     Telephone: ____________________________
     E-mail: ____________________________

  2. ____________________________
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     Position: ____________________________
     Telephone: ____________________________
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  3. ____________________________
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  4. ____________________________
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**Equipment and Other Resources**

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- [ ] Language services
  - [x] Translators for simultaneous translations
  - [x] Translators for written translations
  - [x] Back-up translators located outside your immediate area (in case of widespread power outages)

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- [ ] Standard supplies (copy paper, pens, pencils, notebooks, organizers, staplers, folders, etc)
- [ ] Calendars, flow charts, easels and bulletin board
- [ ] Reference material

*Please complete this worksheet by hand or electronically with the CD-ROM.*
Key Messages

You will need to draft key messages to develop press statements, news releases and fact sheets to share with the media and public. They must be simple and accurate. Key messages ensure your organization is communicating the same information to all audiences.

Key media messages must:
- Be limited to two or three key messages (i.e., what people need to know.)
- Be short and concise, generally no more than a sentence or two each.
- Be in writing.

Sample Key Messages
Use the following as a template in developing specific key messages in your county in the event of a confirmed crisis.

1. Response

There has been a confirmed [insert crisis event] in [insert location]. We are working with federal, state and local agencies to take the appropriate steps to ensure the health of residents, employees and others in the affected area.

- **Empathy**
  Our thoughts are with the victims and their families.

- **Scope**
  At this time it is unclear if this is an isolated incident. We are working with state, local and federal authorities to determine the extent of the situation.

- **[Insert county] Health Department actions**
  We are working with federal, state and local authorities to ensure that all who have been affected are receiving appropriate treatment.

2. Risk

The risk to residents in [insert county] is [insert information on risk].

3. Action

The public can play a key role in helping authorities to be alert for further acts of terrorism.

- **Be alert**
  If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.

- **Seek medical treatment in case of exposure**
  [Insert information on recommended actions specific to crisis event].

- **For more information**
  For more information on chemical, biological or radiological agents go to www.dhs.ca.gov or http://www.bt.cdc.gov/agent.
Press Statements

The press statement is the first communication you will have with the media following an emergency or crisis. It is important to release a statement with what you do know and send out additional updates as information becomes available. Make sure to get all necessary approvals before sending out a press statement.

Include
- All necessary facts about the situation or issue – who, what, when, where, why and how
- Information about what action your organization intends taking around the issue
- Contact person and telephone number
- Accurate spelling, grammar and information

Distribute
- To local newspapers, radio and television stations

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Please complete this worksheet by hand or electronically with the CD-ROM.
Prepare Press Statements

Sample #1 is a typical statement. Sample #2 should be used when more information is obtained. Use the template on the next page to draft your own press statement.

**Sample #1: Thirty Minutes or Less Following the Incident**

First and foremost, I want to emphasize that our most important priority is the safety and well-being of the community members involved. We are working closely with local authorities right now to find out exactly what has occurred, why it happened, and what, if any, action needs to be taken. Right now we do not know the cause of the incident. *All we know is that (edit as appropriate)*...

It is our firm intention to give you the most accurate information possible as soon as we can. *(Name of the media liaison)* has been assigned to work with the news media. *I/he/she will get back to you as soon as we have more details. Information will also be posted on our Web site at (insert Web site address) for all concerned individuals as soon as it becomes available.*

**Sample #2: Two-to-Four Hours Following the Incident**

We have been working closely with local authorities since the incident occurred a few hours ago. Although we do not yet understand the full scope of the incident, we do know *(edit as appropriate)*...

We expect to more-accurately understand the cause and implications of the event as we continue our investigation. *As we move forward with the investigation, we will (edit as appropriate)*...

*It is our firm intention to continue to give you the most accurate information possible as soon as we can. Our Web site (insert Web site address) has now been updated with the most current information. We will continue to update the site as new information becomes available.*
Template Press Statement

FOR IMMEDIATE RELEASE

CONTACT: (name of contact)
PHONE: (number of contact)
Date of release: (date)

Two-three sentences describing what happened and expressing empathy on the situation.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Two-three sentences describing what is currently happening in response to the incident.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Two-three sentences listing protective actions for community and actions that will be taken in the future.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Contact information, ways to get more information and other resources.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please complete this worksheet by hand or electronically with the CD-ROM.
Press Release

You will need to draft a press release following an emergency or crisis. The press release should answer, who, what, when, where, why and how of the ongoing event. It should also include a quote from the appropriate person in your organization. The following is a sample press release with explanations of each section.

FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
California Department of Health Services
Phone (916) 555-55555

OFFICIALS INVESTIGATE (INCIDENT) AT (LOCATION)

Local Health Department Pledges Support and Promises a Thorough Investigation of (Incident)

LOCATION (Month Date, Year) — Officials from (location) are investigating an incident that occurred at approximately (time, day). At this point, details about the incident are not clear. What we know is… (Two-three sentences describing current situation). The situation is (under) (not yet under) control and the local health department is working with authorities to (contain this situation, determine how this happened, determine what actions may be needed to prevent this from happening again).

Local health official, FIRST LAST, expressed concern saying, “Let me be clear that the health and well-being of our community is our most important priority.

- more -

More – Indicates more than one page. Should be centered at bottom of the page.
2004 Bioterrorism Incident
2-2-2

We are working hard right now to find out exactly what has occurred, why it has happened, and what, if any, action needs to be taken. We will work closely with authorities to get answers to these questions as quickly as possible. Right now we do not know the cause of the (accident/ situation/ illness).”

Actions being taken at this time to ensure the safety and security of the general public/specified person include: (Insert actions being taken).

After a moment of (shock/ grief), the local community has already demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the incident. Authorities are encouraging anyone who would like to show their support, to contact the (TBD).

“We feel very badly for the people involved in the (incident), and we pledge to find out if anything within our control has caused this situation,” said FIRST LAST.

(Name of media liaison) has been assigned to work with the news media to disseminate verified information as soon as possible. Information will also be posted on our Web site at (Web site name). Anyone with concerns about today’s event is encouraged to consult the Web site for relevant information.

### - Indicates press release is finished.
Identify Your Media Spokesperson(s)

You will need to identify a spokesperson who will speak on behalf of your organization during this crisis situation. For more information on identifying and training a spokesperson, see the Messages and Spokespersons section of the tool kit.

Health Officer

1.
Name    Position    Cell Phone    Telephone    E-mail

Subject Matter Expert

2.
Name    Position    Cell Phone    Telephone    E-mail

Public Information Officer/Emergency Risk Communication Lead

3.
Name    Position    Cell Phone    Telephone    E-mail

Please complete this worksheet by hand or electronically with the CD-ROM.
Media Interview Q&As and General Public FAQs (Frequently Asked Questions)

Think through possible questions and answers that you or your spokesperson might be asked. Q&As can help spokespersons prepare for interviews that include tougher questions and areas of vulnerability (e.g., who is to blame and could the medical response have been quicker?) Below are some of the possible questions that you should consider.

**Question:** What happened? (Examples: How much damage was caused? Who was involved?)

**Response for Public (FAQ):**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Sound bite for Media (Q&A):**

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**Question:** Who was affected? (Examples: Was anyone injured or killed? What are their names?)

**Response for Public (FAQ):**

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**Sound bite for Media (Q&A):**

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________________________________________________________________________
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**Question:** When did it happen?

**Response for Public (FAQ):**

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________________________________________________________________________
________________________________________________________________________

**Sound bite for Media (Q&A):**

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________________________________________________________________________
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*Please complete this worksheet by hand or electronically with the CD-ROM.*
**Question:** Where did it happen? (Examples: What areas are affected? Is there danger outside of the immediate crisis area?)

**Response for Public (FAQ):**

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**Sound bite for Media (Q&A):**

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**Question:** Why did it happen? (Examples: What was the cause? Who is to blame? Could it have been prevented? Has this ever happened before?)

**Response for Public (FAQ):**

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**Sound bite for Media (Q&A):**

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**Question:**

**Response for Public (FAQ):**

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________________________________________________________________________

**Sound bite for Media (Q&A):**

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*Please complete this worksheet by hand or electronically with the CD-ROM.*
Conduct a News Conference

If properly utilized, a news conference can be one of the best ways to update media following a crisis. A news conference should be scheduled only when necessary - when the news is important enough to affect large populations, and when it is appropriate to disseminate urgent information to a group of reporters at one time. Consider the following items when planning and implementing your press conference.

Plan Date, Time and Location (It is advisable to plan the news conference two to four hours after a crisis has occurred, depending on the severity.)
- Have you given the media as much advance time as possible?
- Have you planned the news conference in a safe venue close to the site of the emergency?
- Is the venue safe for the media and does not interfere with recovery and evacuation efforts?

Invite Key Members of the Media to Attend By Sending Out a Media Advisory
- Have you made sure the media advisory gives the date, time and location of the conference, the subject to be discussed, the names of the people who will be speaking and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

Prepare the Room
- Have you made sure your news conference site includes staging, chairs, a podium and microphones and checked to ensure all equipment is working properly?
- Have you rented a mult box from an audio/visual company for broadcast reporters to plug into to obtain clear sound? Be aware that mult boxes may not be needed in areas with more advanced technology.
- Have you arranged the room so that reporters can easily get their stories without having to move about?
- Is the CDHS logo clearly visible on the front of your podium or behind the speaker?
- Do you have a backup plan for possible glitches?

Provide Media Materials
- Have you prepared media kits including any news releases, speaker names or additional materials that will help reporters write their stories?

Be Prepared
- Have the main spokespersons rehearsed the key messages developed for the crisis and are they ready to answer questions?
- Have you made sure your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you discussed in advance which key points will be made by each spokesperson?
- Have you designated a moderator in advance of the news conference to keep the conference on schedule, establish ground rules and field reporters’ questions?
- Have you set a clear end time for the news conference?

Please complete this worksheet by hand or electronically with the CD-ROM.
☐ Have you made a Spanish or other appropriate language spokesperson available at the news conference and have you referenced that in your media materials?

**Be Thorough**

☐ Have you made sure all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the communication team finds the answer after the news conference and makes it available to the reporter at a later date. If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions.

☐ Have you designated someone to ask questions during the news conference that reporters may not raise?

**Monitor Attendance**

☐ Have you asked reporters to check-in? This will provide a list of who attended, and more importantly, who did not attend.

☐ For key media personnel who were not able to attend, have you offered them a phone interview with the spokespersons?
# Identify Stakeholders

Use this worksheet to identify those people or organizations with a special connection to you and your involvement in the emergency. They will fall into three categories based on their responses to you in a crisis: advocates, adversaries and others. For examples of potential stakeholders, see the Stakeholder/Partner Communications section of the tool kit.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact</th>
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<tbody>
<tr>
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<td><strong>Telephone</strong></td>
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<td>Organization</td>
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<td><strong>Telephone</strong></td>
<td><strong>Fax</strong></td>
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</tbody>
</table>

*Please complete this worksheet by hand or electronically with the CD-ROM.*
Identify Partners

Partners are anyone with a role in aiding in an emergency response. For examples of potential partners, see the Stakeholder/Partner Communications section of the tool kit.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Principal Contact</th>
<th>Back-Up Contact</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
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<td>Office Address (if different):</td>
<td>Office Address (if different):</td>
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<td></td>
<td>Customary office hours:</td>
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<td>Home address and neighborhood:</td>
<td>Home address and neighborhood:</td>
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<td></td>
<td>Office phone number:</td>
<td>Office phone number:</td>
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<td>Cell phone number:</td>
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<td>Pager or other:</td>
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<tr>
<td></td>
<td>Emergency contact name and number:</td>
<td>Emergency contact name and number:</td>
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<tr>
<td></td>
<td>Fax number:</td>
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<td></td>
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<td>Office E-mail address:</td>
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<td></td>
<td>Home E-mail address:</td>
<td>Home E-mail address:</td>
</tr>
<tr>
<td>Date of last information verification:</td>
<td>Date of last information verification:</td>
<td>Date of last information verification:</td>
</tr>
</tbody>
</table>

Please complete this worksheet by hand or electronically with the CD-ROM.
Special Populations

Generally speaking we refer to a group as a “special population” if it has characteristics that are different and unique from the general population. From a communications perspective, there are challenges in communicating with this group during a public health emergency. Limitations or disadvantages of special populations might be due to a physical or mental handicap, language barriers, income gaps and other factors. When developing your crisis and emergency risk communication plan, be sure to consider the following items that will help you prepare your communication to special populations:

**Limited Literacy**
- Have you contacted TV news stations and encouraged them to announce phone numbers in addition to posting them on screen?
- Have you scheduled a public forum where you can pass on important information by word-of-mouth?
- Have you identified and begun working with local organizations that work with limited literacy individuals?
- List of Limited Literacy Resources in My Area:

**Homeless**
- Have you identified strategic locations where information can be posted in an emergency?
- Do you have a list of homeless shelters you can notify in an emergency?
- List of Homeless Resources in My Area:

**Immigrants and Non-English Speakers (Limited English Proficiency)**
- Do you have a list of languages widely spoken in your area? Please list:
- Have you identified a language service you can use in an emergency? If so, please list:
- Do you have in-language spokespersons identified in your list of potential
- List of Other Resources Needed for Reaching Immigrants or Non-English Speakers (Limited English Proficiency):

**Visually Impaired**
- Have you identified a Braille language service to help prepare emergency materials? If so, please list:

*Please complete this worksheet by hand or electronically with the CD-ROM.*
List of Other Resources Needed for Reaching the Visually Impaired:

______________________________________________________________________________
______________________________________________________________________________

**Hearing Impaired**

☐ Have you contacted TV news stations and encouraged them to broadcast all news and emergency information in open caption format?

☐ Have you identified a sign-language interpreter for news conferences, public forums or other events where emergency information is being communicated? If so, please list contact information.

______________________________________________________________________________
______________________________________________________________________________

List of Other Resources Needed When Communicating with the Hearing Impaired:

______________________________________________________________________________
______________________________________________________________________________

**Disabled**

☐ Have you included local organizations and government offices that assist people with mental and physical disabilities such as assisted living facilities, independent living centers and your local Department of Rehabilitation as part of your Partners List?

☐ List of Other Resources Needed When Communicating with Mental Health and Disabled:

______________________________________________________________________________
______________________________________________________________________________

**Elderly**

☐ Have you included local organizations and government offices that assist elderly persons such as care homes, assisted living facilities, independent living centers and your local Department of Aging as part of your Partners List?

☐ Have you included local organizations and government offices that assist elderly persons such as assisted living facilities, independent living centers and your local Department of Aging as part of your Partners List?

☐ Have you identified resources in your area that are available to help the elderly in terms of shelter access, transportation and support services during the emergency or incident?

☐ List of Other Resources Needed When Communicating with the Elderly:

______________________________________________________________________________
______________________________________________________________________________

**Children**

☐ Have you identified schools, child care organizations and others to disseminate information that can be easily understood and absorbed by children?

______________________________________________________________________________
______________________________________________________________________________

*Please complete this worksheet by hand or electronically with the CD-ROM.*
Completed Worksheets
Please fill out the worksheets in the tool kit by hand or use the CD-ROM to complete them and place them in this section.