

Section 11 Communications

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Effective internal and external communications provide the backbone for a coordinated response to an influenza pandemic. A wide range of groups at all levels will need to share accurate, timely and consistent information about what is known about the pandemic strain and the risks to public health as well as advice on how to manage those risks at each stage of a pandemic.

HKPRDHU will be the lead agency for public and professional communication within its jurisdiction. Communications will follow the provincial communication cycle and will be supported by provincial, national and international sources.

Objectives

The overall objectives of the communication plan are to:

1. Educate HKPR residents about the pandemic plan.
2. Identify the communication activities that should occur during each phase of the pandemic.
3. Ensure that internal and external audiences have access to transparent, accessible, accurate, real time information that will help them respond to challenges during each phase of the pandemic.
4. Ensure that lessons learned during each phase of the pandemic are shared with planners who will use that information to continuously improve HKPR's pandemic response.

1. Spokespersons

The primary spokesperson for HKPRDHU during an influenza pandemic is the Medical Officer of Health (MOH) or designate.

During each phase of the pandemic, the MOH may designate other key spokespersons with clear roles and responsibilities.

Key Spokespersons:

- Medical Officer of Health or designate
- Communicable Disease Control Director or designate
- Communications Officer or designate

The Communications Officer or designate will:

- Co-ordinate all information released to the media and members of the public;
- Ensure key messages are consistent;
- Recommend appropriate response strategies;
- Co-ordinate the approval of all written, electronic, or photographic information for dissemination to media and general public.

2. Mechanisms for Public Information

2.1 Website

When a pandemic is declared, the Health Unit will post all media releases and notices on its website, including, but not limited to:

- Up-to-date pandemic information
- Pandemic plan information, including availability of vaccine and antivirals and information on eligibility of groups
- Information on triage or alternative care centres
- Information on prevention and self-care
- Links to other sites including:
 - ✓ Ministry of Health and Long-Term Care (MOHLTC)
 - ✓ Public Health Agency of Canada
 - ✓ U.S. Center for Disease Control and Prevention (CDC)
 - ✓ World Health Organization (WHO)

2.2 Media Releases

HKPR will prepare and disseminate media releases related to the health and welfare of the public and health care workers (e.g., vaccine clinics, hospital status and control measures, such as: school closures, restricted public gatherings etc). Media releases will be generated on a daily basis in accordance with the information cycle.

To ensure that those involved in decision-making during a pandemic are informed prior to the public, media releases will be disseminated to all Municipal Emergency Control Groups (MECG), and the Chair of the Board of Health before faxing and/or emailing to the media contacts.

Media releases may be prepared in consultation/co-ordination with key partners e.g., Hospitals, Access Centres, Municipal Emergency Control Groups etc.

Media releases from HKPRDHU will be issued on Health Unit letterhead and disseminated as per standard practice (faxed, e-mailed and posted on website). Information will be provided under the following headings:

- Brief summary of international, national and provincial influenza pandemic status/data
- Northumberland County, CKL and Haliburton County Data:
 - ✓ Laboratory Confirmed Cases
 - ✓ Deaths
- Influenza Vaccine Update,
- Antiviral Distribution Update,
- Hospital and Alternate Care Site Update and
- Public Health Measures Update.

2.3 Press Conferences

When required, press conferences will be held at 1000 hours. The number of press conferences may be increased or decreased as per direction from the Medical Officer of Health. They will be open to all media - radio, newspaper and television staff. The role and participation of City and County Emergency Control Groups will need to be determined and further discussed with concerned parties.

2.4 Fact Sheets and Posters

HKPRDHU will arrange for the distribution of fact sheets and posters through pharmacies, school boards, libraries, retail stores, health care facilities, workplaces etc. Existing products created by other agencies will be utilized as much as possible.

2.5 Advertising

HKPR will advertise public health recommendations in all local media, including newspapers, radio stations, magazines, television stations and local cable stations where applicable.

3. Public Information Hotline

The Health Unit will increase its telephone capacity prior to the declaration of a pandemic. A toll-free public information hotline (PIH) will be run from the main office (Port Hope) by trained staff with the support of a public health nurse(s).

The hours of operation will depend on the stage and severity of the pandemic and the number of inquiries received. The Health Unit Communication Officer, in co-ordination with the MOH and Communicable Disease Control (CDC) department, will prepare a script of commonly asked questions and answers to be used by PIH staff. This document will be updated as necessary and shared with key partners if deemed necessary. A copy will also be forwarded to Northumberland County, Haliburton County and the CKL Emergency Information Officer.

The PIH will be situated in a separate room in the Port Hope office. A staff person will be designated as PIH co-ordinator and will ensure that the PIH is well staffed, to collate inquiries, documentation and statistics.

4. Core Audiences

4.1 Internal

Internal communications will target staff, contracted nurses, students and volunteers.

Table 11.1 outlines the internal audience, mode of communication and the lead person

Internal Audience	Primary Mode of Communication	Responsibility
Board of Health	E-mail Newsletter	MOH
Management	E-mail Meeting	MOH
Staff Contracted Staff Volunteers	E-mail Intranet site Newsletter – Health Unit Happenings	Communications Officer
Students	E-mail Intranet site Newsletter – Health Unit Happenings	Immediate Supervisor/Manager

4.2 Stakeholders and Partners

External stakeholders and partners include hospitals, health care agencies, CCAC, social services, mental health, government (all levels), neighboring health units, emergency medical services, mortuary services and coroner’s office.

HKPR will determine in advance with whom it might need to communicate during a pandemic. Contact lists should be reviewed and updated at least twice a year and should include the entire groups listed in Table 11.2. Refer to Appendix 11.4 for a complete list of all stakeholders and partners contact information.

Stakeholders and Partners	Members	Responsibility¹
Hospitals	LIHN	MOH
	Campbellford Memorial	
	Northumberland Hills	
	Ross Memorial	
	Haliburton Highlands Health Services and Minden Hospitals	
Other Health Care Professionals and Agencies	CCAC	MOH or designate
	LTCH	
	Pharmacists	
	Physicians	
	Laboratories	
	Dentists	
Governments	Province	MOH
	Municipalities	
Community Agencies and Groups	Social Services	To be designated by the MOH
	Mental Health	
	Mortuary Services	
	Coroner's Office	
	First Nations	
Neighboring Health Units	Durham Region Health Department	To be designated by the MOH
	Simcoe Muskoka District Health Unit	
	Peterborough County-City Health Unit	
	Hastings and Prince Edward Health Unit	

4.3 External

- General Public
- Media: TV, Radio, Local Newspapers
- Businesses
- Schools and Day Cares
- Colleges
- Faith Communities
- Volunteer Organizations

¹ Refers to the person in the Health Unit who will communicate directly with a specific agency

5. HKPR Information Cycle During a Public Health Emergency

The Health Unit will adopt the information cycle developed by MOHLTC for use during a public health emergency, such as a pandemic. The information cycle will ensure regular timely reports for key stakeholders and partners, the public and the media. Information will be issued and briefings held at the same time each day.

Information Cycle During a Public Health Emergency	
Time	Activities
2400	➤ The Health Unit receives important health notice with updates and new directions
0800	➤ Health Unit Emergency Control Centre meeting
0900	➤ Update Health Unit website based on health notice from MOHLTC ➤ Key stakeholder teleconference
1000	➤ Press conference (as needed) ➤ Media release issued
1300	➤ Public health teleconference with Chief MOH, MOH, PHD and EMU
1530	➤ Follow-up media release and/or conference if necessary
1630	➤ Executive meeting to update on daily issues and activities

Figure 11.1 The Health Unit Information Cycle in a Public Health Emergency

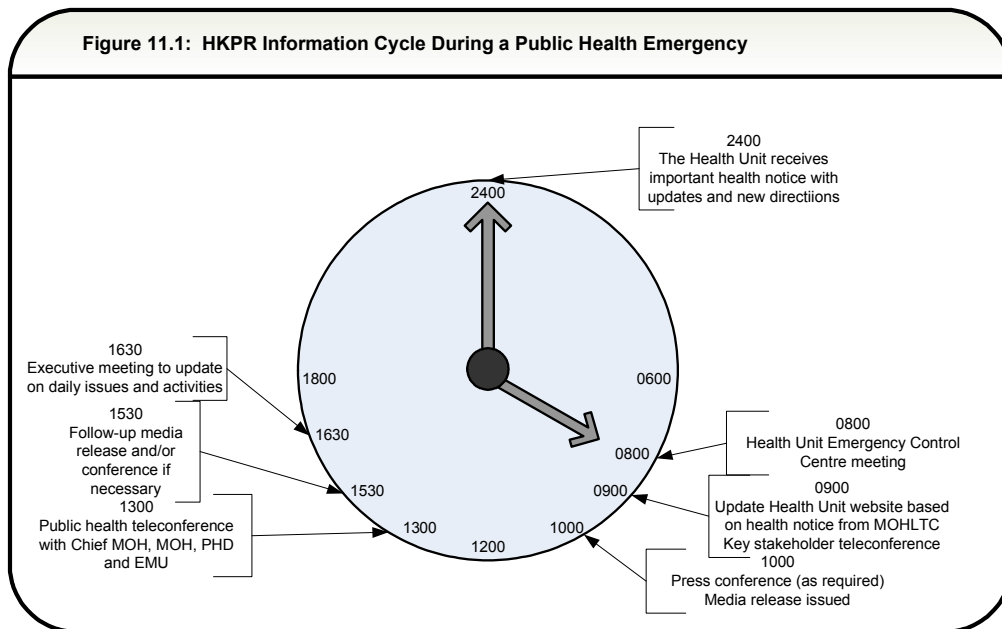
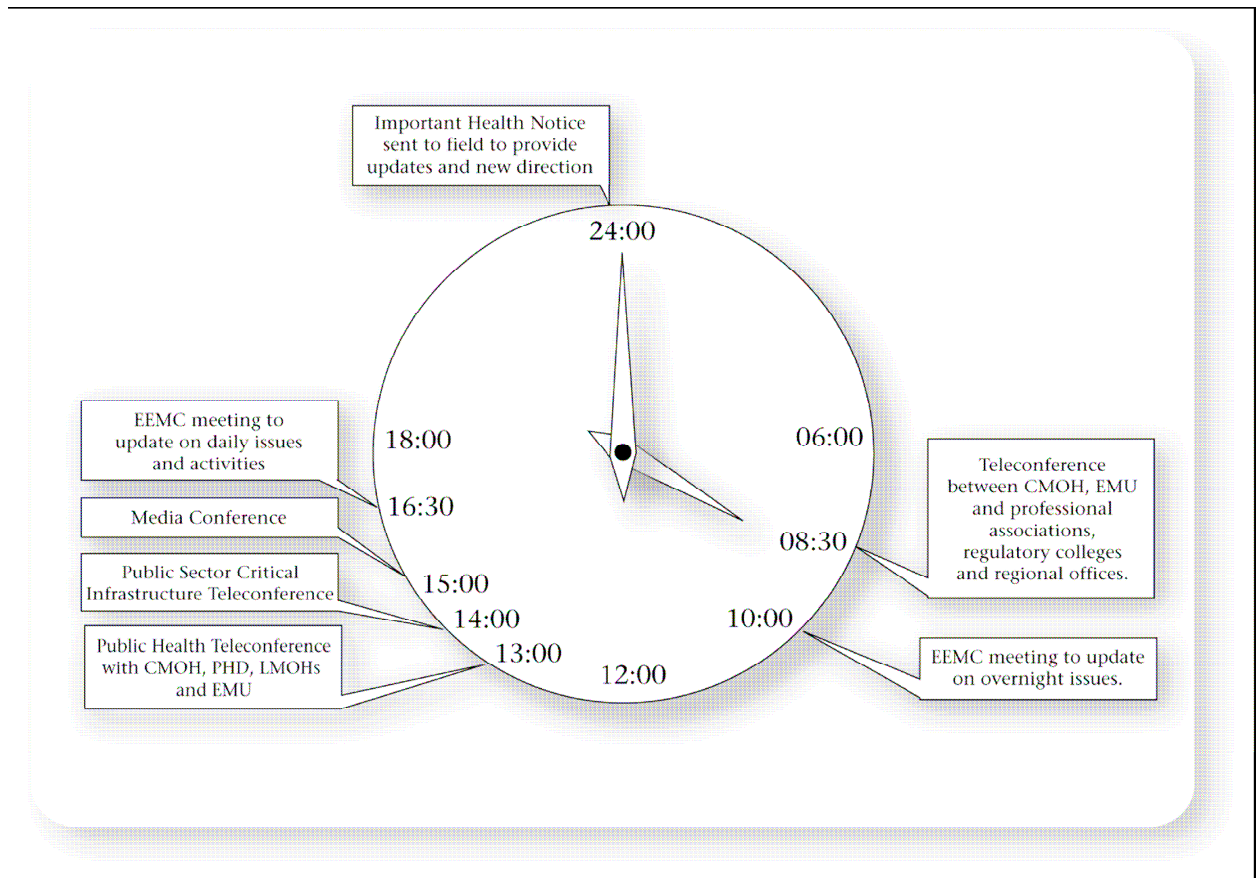


Figure 11.2 MOHLTC Information Cycle in a Public Health Emergency



- 2400 h** Important Health Notice goes out providing status update and any new directions so everyone has it for the start of the day.

- 0830 h** Teleconference with the Health Care Stakeholder Council (i.e., CMOH, EMU and professional associations, labour associations, regulatory colleges and regional offices).

- 1000** Executive Emergency Management Committee (EEMC) meeting to provide update on new information from overnight and pressing issues.

- 1300** Public health teleconference with CMOH, PHD, LMOHs, and EMU.

- 1400** Teleconference with critical infrastructure sectors coordinated by the Provincial Emergency Operations Centre (PEOC).

- 1500** Media Conference.

- 1630** EEMC meeting to update on activities and issues throughout day.

6. Communications Activities by Pandemic Phase

WHO Pandemic Phases		Activities
Interpandemic Period	Phase 1	<ul style="list-style-type: none"> ➤ Establish location, supplies, and logistical resources needed for Public Information Hotline.
	Phase 2	<ul style="list-style-type: none"> ➤ Assess phone capacity. ➤ Determine who will be available to manage and support PIH site.
Pandemic Alert Period	Phase 3	<ul style="list-style-type: none"> ➤ Continue with phase 1 and 2 activities. ➤ Post pandemic influenza/avian influenza information on Health Unit website. ➤ Develop resource package for PIH ➤ Establish layout for PIH site ➤ Designate and train staff ➤ Designate a PIH co-ordinator ➤ Determine needed supplies
	Phase 4	<ul style="list-style-type: none"> ➤ Continue with phase 3 activities. ➤ Provide Health Unit staff with update on Service Continuity Plan and Pandemic Influenza Plan. ➤ Activate PIH ➤ Review key messages ➤ Disseminate key messages
	Phase 5	<ul style="list-style-type: none"> ➤ Continue phase 4 activities ➤ Provide update to executive committee on level of HKPR readiness ➤ Provide update to all staff ➤ Work with Influenza Manager (refer to Service Continuity Plan) to disseminate key messages to staff.
Pandemic Period	Phase 6	<ul style="list-style-type: none"> ➤ Reduce service and implement HKPR Service Continuity Plan. ➤ Monitor calls and staff PIH accordingly ➤ Monitor media reports and respond accordingly. ➤ Activate teleconferencing and media releases. ➤ Continue with phase 5 activities
Post Pandemic Period		<ul style="list-style-type: none"> ➤ Return to Phase 1 activities. ➤ Review/evaluate communication plan.