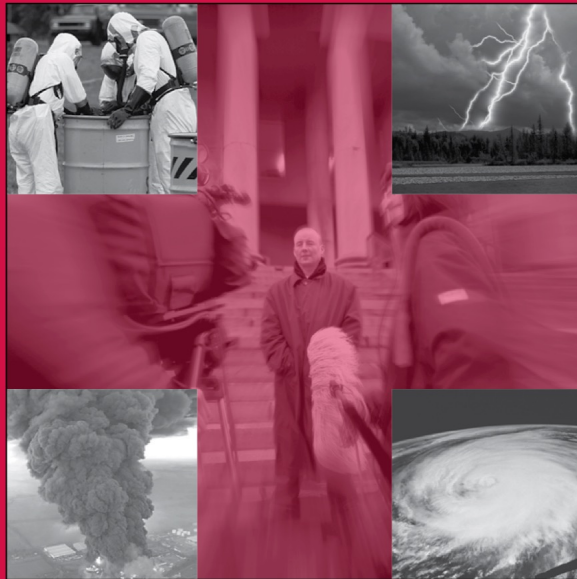


CRISIS EMERGENCY RISK COMMUNICATION

2014 EDITION



BE FIRST. BE RIGHT. BE CREDIBLE.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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CRISIS COMMUNICATION PLANS



AGENDA

- Introduction
- Crisis Phases
- Pre-crisis phase
- Initial Phase
- Maintenance Phase
- Resolution Phase
- Evaluation Phase
- A Seat at the Table for Communication
- Developing the Plan
- Applying the Plan During the First 24 to 48 Hours
- Conclusion

INTRODUCTION

- Understanding Crisis Phases
 - Seat at the table for communication
 - Developing the plan
 - Applying the plan during the first 24-48 hours
 - Applying the crisis plan throughout the response

CRISIS PHASES

- Understanding crisis patterns helps anticipate problems and respond effectively
 - Dividing crisis into phases helps anticipate information needs
 - Communication efforts must evolve with each phase
- Progression through phases varies based on:
 - Event that triggered the crisis
 - Level of harm
 - Adequacy of response and community resilience
 - Intensity and longevity of crisis





PRE-CRISIS PHASE

- Plan and Prepare
- Foster Alliances with Stakeholders
- Develop Consensus Recommendations
- Develop Systems and Redundancies
 - Hotlines
 - Joint Information Centers (JICs)
 - Websites
- Test Messages

INITIAL PHASE

- Confusion, uncertainty, and intense media interest characterize the initial phase of a crisis
 - Information is usually incomplete and scattered
 - Situational awareness is at a premium
- Information sources vary in credibility
 - New information-sharing technologies deserve special consideration
- Federal government provides up-to-date situational awareness via CDC's Health Alert Network
- Critical part of communicator's role is to manage information collection, interpretation, and response
- Communities will need to manage the crisis during this phase using local resources
- Communication objectives during this phase include acknowledging the event, explaining risk, establishing credibility, providing emergency courses of action, and coordinating messages



MAINTENANCE PHASE

- Help the public understand their risks
 - Provide background information
 - Answer questions about the crisis
- Generate understanding for response and recovery plans
 - Listen to stakeholder feedback
 - Correct misinformation
- Explain emergency recommendations
 - Empower risk/benefit decision making
- Anticipate sustained media interest
 - Unexpected developments may place further demands
- Stay on top of information flow
- Ongoing assessment of the event





RESOLUTION PHASE

- Improve public response for future emergencies through education
 - Honestly examine problems and mishaps
 - Reinforce what worked and address what didn't work
- Persuade public to support public policy and resource allocation
 - Promote activities and capabilities of the organization
 - Reinforce identity of organization as capable and responsive

EVALUATION PHASE

- Evaluate responses, including communication effectiveness.
 - Document and communicate lessons learned.
 - Determine specific actions to improve crisis communication and crisis response capability.
 - Create linkages to pre-crisis activities.



A SEAT AT THE TABLE FOR COMMUNICATION

- Communication is a core emergency response function
 - Recognized by Department of Health and Human Services and Department of Homeland Security
- Failed communication can worsen crises
 - Examples include Hurricane Katrina and September 11 attacks
- Effective response plan requires effective communication
 - Decisions must be effectively communicated to work
- Communication staff must promote value of communication efforts
 - Engage with planners and leaders to accomplish mission
- Investment in public information activities benefits overall response and recovery operation



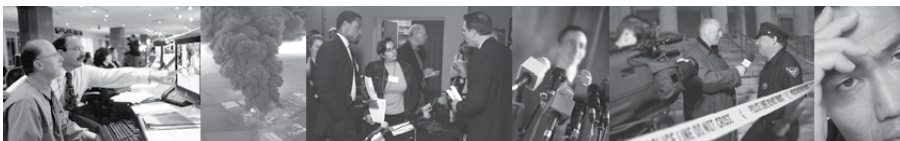
DEVELOPING THE PLAN

- Realistic expectations and worst-case scenarios
 - Integrated into overall emergency-response plan
 - Coordination with multiple agencies and departments
- Key elements of a communication plan
 - Signed endorsement from senior leadership
 - Designated responsibilities for public information teams
 - Internal information verification and clearance procedures
 - Agreements on information-release authorities
 - Regional and local media contact lists
 - Coordination with public health organization response teams
 - Designated spokespersons for public health issues
- Plan characteristics



APPLYING THE PLAN DURING THE FIRST 24 TO 48 HOURS

- Be First, Be Right, Be Credible
 - Values critical during the first 24-48 hours of an emergency
- Initial Phase
 - Quick assessment of response level, facts, and resources needed
- Critical Tasks
 - Verification, notification, coordination, assessment, media response, assignments, resource allocation
- Tell the Media and Public What You Know
 - Quickly update on status of research, facts, and investigations
- Verification
 - Evaluate and verify information, seek additional information
- Notification and Coordination
 - Notify managers and coordinate with partner organizations



APPLYING THE PLAN DURING THE FIRST 24 TO 48 HOURS

- Assemble the facts and control the flow of information
 - Do not confirm or release information before it is confirmed by experts
 - Take the lead if you have the lead, otherwise defer to the rightful lead
 - Release some information initially, but be honest about still gathering information
- Get your information out early
 - Give the public an idea of the plans and procedures your organization is formulating to manage the crisis



APPLYING THE PLAN DURING THE FIRST 24 TO 48 HOURS



- Initial Evaluation of Situation
 - Consider level of public information and media response required
- Assessment Questions
 - Is the event acute or evolving?
 - Is it a legitimate public health emergency?
 - What is the scope of the event?
 - Does it involve special populations or industries?
 - Is there an ongoing criminal investigation?
- Next Media Response Step
 - Release facts to media and public if within agency jurisdiction
 - Build credibility through speed, accuracy, and openness
 - Communicate early without speculating

CONCLUSION

- Hands-on response to the media (messenger)
- The person or team who is in charge of managing the crisis communication operations (messenger)
- Collection of accurate and timely public health information translated into lay language valid to the media, the public, stakeholders, and partners (message)
- Environmental scanning and analysis to identify rumors, myths, errors, and trends (message)
- Rapid execution of support tasks that keep the information flowing (delivery method)
- Continued operation of tasks not related to the crisis event

APPLYING THE CRISIS PLAN THROUGHOUT THE RESPONSE

AGENDA

- Introduction
- Notification Schedule
- Step 3: Conduct Crisis Assessment (Activate Crisis Plan)
- Step 4: Organize Assignments Quickly
- Partner Coordination
- Step 6: Release Information Through Prearranged Channels
- Step 7: Obtain Feedback and Conduct Crisis Evaluation
- Step 9: Monitor Events
- Checklist 4-2: Notification Schedule

INTRODUCTION

- First few hours of event are chaotic
 - High uncertainty and quick response is critical
- Community-based organizations may be on their own
 - Crisis communication plan presets initial decisions for quick response
- Every event is unique
 - Steps are largely universal

STEP 1: VERIFY THE SITUATION

- Get the facts and verify them with secondary sources
 - Find out where information originated and determine credibility
 - Question possible rumors or hoaxes
 - Determine whether the information is consistent with other reports
 - Determine whether the characterization of the event is plausible
 - Clarify information and understanding through SMEs
- Assess the scope and scale of the event
 - Answer questions such as, “how much?” “how many?” and “how big an area?”
- Begin to identify staffing and resource needs
 - For the expected media and public interest
- Consider ways to access additional information
- Decide who should be notified of this potential crisis

STEP 2: CONDUCT NOTIFICATIONS



- Identify who to include in your chain of command
 - Up to what level
 - Where within the scope of organization
- Some notifications may be mandatory while others may be necessary for a coordinated and effective response
- Record who you notified, when, how, and if they were reached

GENERAL GUIDELINES FOR NOTIFICATION

Local agencies	State agencies	Federal agencies
Law enforcement	State public health	DHS
Public health organization	State	FEMA
Emergency Medical Services	DHS—Emergency Management Agency	FBI
Hospitals	Law enforcement	CDC
Fire departments	Emergency Medical Services	U.S. Public Health Service
Medical examiner	State fire service	Department of Defense
Local DHS—Emergency Management Agency	National guard	USDA
Local general service organizations*		

STEP 3: CONDUCT CRISIS ASSESSMENT (ACTIVATE CRISIS PLAN)



- Continue to gather information and update situational awareness
 - Determine the severity of the situation
 - What information should be communicated
 - Target audience
 - Potential harm on communication operations, resources, and staffing
- Updates require ongoing research
 - Media monitoring
 - Working with other response agencies, public health partners, and the public
- Focus on the following questions
 - What organization, office, or individual is in charge of managing the crisis?
 - What happened and what responses are occurring?
 - What is your organization doing to address this crisis?

STEP 4: ORGANIZE ASSIGNMENTS QUICKLY

- Immediate Issues
 - Determine who is managing the event
 - Coordinate communication with program staff
 - Ensure crisis communication teams are operational
 - Identify current priorities and resources needed
 - Choose a spokesperson and provide necessary support
 - Decide on communication team operation hours
 - Determine if communication staff will travel
 - Assess need for supplemental funds or contractor support

IMMEDIATE AND ONGOING ORGANIZATIONAL ISSUES: IMMEDIATE ISSUES

- Determine event management from various perspectives
 - Operations, programmatic, and scientific
- Coordinate communication with program staff
 - Attend necessary meetings
- Ensure crisis communication teams are operational
 - Media, Web, public, partner, stakeholder, and support
- Identify current priorities and resources needed
 - Staffing and spokesperson support
- Determine communication team operation hours and travel expectations
 - Supplemental funds and contractor support

IMMEDIATE AND ONGOING ORGANIZATIONAL ISSUES: ONGOING ORGANIZATIONAL ISSUES

- Potential for Crisis Escalation
 - Assessing the risk of the crisis worsening
 - Addressing rumors and conflicts
- Public and Media Interest
 - Managing public and media interest
 - Providing information to the media
- Team Efficiency
 - Improving team efficiency
- Resource Allocation
- Media Updates
- Personnel Management
- Funding

PARTNER COORDINATION

- Partner Organizations
 - Who are the partners involved?
 - Have they been briefed?
 - Are they concerned about their reputation?
- Partner Involvement
 - Which partners should be involved?
 - How can coordination occur?
- Partnership Improvement
 - Can a partnership improve the response?
 - Who and how will you engage them?
- Partner Engagement
 - Do partners wish to get involved?

STEP 5: PREPARE INFORMATION AND OBTAIN APPROVALS

- Approval Process
 - Unique to each organization
 - Includes message and development activities
 - Coordination of information within organization
- Important Questions
 - Who are the audiences?
 - What are their perceptions, backgrounds, and values?
 - What are their immediate and long-term information needs?
 - What do media personnel want to know?
 - How can your organization demonstrate empathy?
 - What are the facts?
 - What is the organization's stance on the issue?

STEP 6: RELEASE INFORMATION THROUGH PREARRANGED CHANNELS



- Anticipating likely questions from the media and recognizing their role can improve the effectiveness of communication.
 - Who's in charge?
 - What are you doing for the people who are hurt?
 - Is the situation under control?
 - What can we expect?
 - Why did this happen?
- When information is effectively delivered to the media, the chances of inaccurate reporting are reduced.

INFORMATION FOR RELEASE

- Questions to Expect
 - Why wasn't this prevented?
 - What else can go wrong?
 - When did you begin working on this?
 - What do these data or results mean?
 - Are there bad things you aren't telling us?
 - When can we get more information?
- Information to Provide
 - Provide only approved and cleared information
 - Don't speculate or over-reassure
 - Repeat the facts about the event
 - Describe the data collection and investigation process

STEP 7: OBTAIN FEEDBACK AND CONDUCT CRISIS EVALUATION



- Conduct an evaluation of the organization's response
 - Get direct feedback from key audiences
 - Assess what is being reported in the mainstream and new media
- Adjust messages to address deficiencies or correct problems
 - Keep notes or audio record observations made during the initial phase of the crisis
 - Identify the needs of special audiences, including any special-needs populations or stigmatized groups
 - Compile and analyze comments and criticisms from various audiences, partners, agencies, and stakeholders
 - Gather and analyze media coverage and Web activity
 - Conduct a hot wash to capture lessons learned
 - Develop a “Strengths, Weaknesses, Opportunities, and Threats” report on the crisis communication operation

STEP 8: CONDUCT PUBLIC EDUCATION

- Assess the need for public education on related health issues
 - Consider the public's perceptions and information needs
 - Correct any misperceptions or misunderstandings
- Target audiences not involved in the crisis
 - Incorporate public health message into other health communication activities
 - Highlight related public health messages
- Update websites and institutionalize crisis materials
 - Consider preproduced postcrisis articles

STEP 9: MONITOR EVENTS

- Media monitoring
 - Television, radio, mainstream print, and specialized print
- Internet monitoring
 - Social media and related websites
- Exchange of information with key partners
 - Other organizations, state health departments, SMEs, and partners
- Public opinion monitoring and collection of other relevant information

CONCLUSION



- Planning is the most important step
 - Takes time and effort to develop and maintain a crisis communication plan
- Understanding the features of a plan is vital
 - Includes types of information and kinds of questions asked
- Plans should reveal a process
 - Especially true in the first 24 to 48 hours
 - Ensures initial response is effective

CHECKLIST 4-1: FIRST 48 HOURS: CRITICAL FIRST STEPS AFTER VERIFICATION

- Notification
 - Use your crisis plan's notification list
 - Ensure that your leadership is aware of the emergency
 - Give leadership your first assessment of the emergency

CHECKLIST 4-1: FIRST 48 HOURS: NOTIFICATION

- Use your crisis plan's notification list
 - Ensure the chain of command is notified and aware of your involvement
- Ensure leadership is aware of the emergency
 - Especially if awareness comes from media and not the EOC
- Provide leadership with first assessment of emergency from communication perspective
 - Inform them of next steps
 - Be first, be right, be credible

CHECKLIST 4-1: FIRST 48 HOURS: COORDINATION

- Contact Local, State, and Federal Partners
 - Ensure communication with all relevant authorities
- Contact FBI Counterpart
 - For potential criminal investigation
- Secure a Spokesperson
 - As designated in the plan
- Initiate Alert Notification
 - Call in extra communication personnel as per the plan
- Connect with the EOC
 - Make your presence known

CHECKLIST 4-1: FIRST 48 HOURS: MEDIA

- Be First
 - Provide a statement that your agency is aware of the emergency and is involved in the response.
- Be Right
 - Begin monitoring the media for misinformation that must be corrected.
- Be Credible
 - Tell the media when and where to get updates from your agency.
- Give Facts
 - Don't speculate. Ensure partners are saying the same thing.

CHECKLIST 4-1: FIRST 48 HOURS: THE PUBLIC

- Trigger public information toll-free number operation
 - Adjust hours of operation and number of on-call managers as needed
- Use initial media statement as first message
 - Express empathy and acknowledge public concern
- Provide precleared facts and refer to other information sources
 - Remind public of agency's process to mitigate crisis
- Start call monitoring to catch trends or rumors

CHECKLIST 4-1: FIRST 48 HOURS: PARTNERS AND STAKEHOLDERS



- Notify partners and stakeholders
 - Send a basic statement
 - Use prearranged notification systems
 - Engage leadership for important first phone calls
- Notify employees
 - Use internal communication system
 - Ask for their support

CHECKLIST 4-1: FIRST 48 HOURS: RESOURCES



- Disseminate Contact Lists
 - Share contact lists with appropriate parties
- Conduct Crisis Risk Assessment
 - Implement assignments and hours of operation based on assessment
- Stake Out Preplanned Place
 - Secure a place in the EOC or adjoining area

EMERGENCY RISK COMMUNICATION: IMMEDIATE RESPONSE TO INQUIRIES

- By phone to media
 - Provide information on the situation and how to reach for more information
 - Focus on bringing the situation under control and avoid speculation
 - Direct inquiries to the appropriate authority
 - Provide updates through statements, website, and other means of communication

CHECKLIST 4-2: NOTIFICATION SCHEDULE: BY PHONE TO MEDIA

- Get more information before responding
 - Ask for contact information for follow-up
- Focus on bringing the situation under control
 - Avoid speculation about the cause of the incident
- Direct media to the appropriate authority
 - Provide contact information for the authority
- Provide a statement within a reasonable time frame
 - Offer to fax or email the statement
- Direct media to the company website for background information
 - Provide the time of the next update

CHECKLIST 4-2: NOTIFICATION SCHEDULE: AT THE INCIDENT SITE OR PRESS AVAILABILITY

- Response to inquiries
 - Authorized information includes date, time, and approval
- Current situation
 - Emergency is evolving
 - Confirmed information includes time and brief description of incident
 - Number of persons affected is unknown
- Emergency plan
 - System in place for emergency
 - Assistance from authorities
 - Situation may or may not be under control
 - Working with authorities to contain situation and prevent future incidents

CHECKLIST 4-2: NOTIFICATION SCHEDULE: RESPONSE TO INQUIRIES

- Emergency Situation
 - Evolution of the situation
 - Information available at the moment
- Incident Details
 - Time of occurrence
 - Brief description of the incident
- Current Status
 - Number of persons affected
 - Assistance from authorities
 - Situation control status

CHECKLIST 4-3: PUBLIC INFORMATION EMERGENCY RESPONSE CALL TRACKING: NATURE OF CALL

- Specific Information Contained in Stock Materials
 - Disease or Illness-Related
 - Treatment-Related
 - Prevention-Related
 - Clarify Recommendations
 - Current Status of the Incident
 - Hot Topic 1
 - Hot Topic 2
- Request for Referral
 - For More Health Information
 - For Medical Attention
- Feedback to Agency

CHECKLIST 4-3: PUBLIC INFORMATION EMERGENCY RESPONSE CALL TRACKING: SPECIFIC INFORMATION CONTAINED IN STOCK MATERIALS



- Disease or illness-related
- Treatment-related
- Prevention-related
- Clarify recommendations
- Current status of the incident
- Hot topic 1
- Hot topic 2

CHECKLIST 4-3: PUBLIC INFORMATION EMERGENCY RESPONSE CALL TRACKING: REQUEST FOR REFERRAL



- Health Information
- Medical Attention
- Other

CHECKLIST 4-3: PUBLIC INFORMATION EMERGENCY RESPONSE CALL TRACKING: FEEDBACK TO AGENCY



- Complaints about specific contact with agency
 - Complaints about recommended actions
 - Concerns about ability to carry out recommended action
- Report possible cases or markers
 - Dead birds for West Nile
 - Increased absences from place of employment
- Rumor or misinformation verification
 - Briefly describe the rumor or misinformation

CHECKLIST 4-3: PUBLIC INFORMATION EMERGENCY RESPONSE CALL TRACKING: OUTCOME OF CALL



- Caller calmed based on scripted information
- Caller referred to:
 - Health expert outside the department
 - Personal doctor or health care professional
 - Emergency room