

**CRISIS &
EMERGENCY
RISK COMMUNICATION
TOOL KIT**
2011

BEPREPAREDCALIFORNIA

FOR USE BY
LOCAL HEALTH DEPARTMENTS IN CALIFORNIA

PREPARED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Notice

If you are currently experiencing a crisis, turn to the Emergency Communication Guide at the back of the Tool Kit and follow the directions.

Notice

Crisis and Emergency Risk Communication Tool Kit

Developed for Local Health Departments
By
The California Department of Public Health

Adapted from CDCynergy Tools and Templates and
The CDC Crisis Emergency Risk Communication
Manual

2011

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Crisis & Emergency Risk Communication Tool Kit

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Introduction



RON CHAPMAN, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

June 23, 2011

To Local Health Department Staff:

Following the guidance of the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH) is continuing its emergency preparedness efforts, focusing our energies on an "all-hazards" approach that will enable us to respond to any number of possible public health emergencies. While it may be impossible to prevent a crisis, effectively responding to one can save lives and millions of dollars. With this in mind, CDPH is working to provide you with the tools and training needed to be as prepared as possible.

Effectively communicating information to the right audience is a vital aspect of crisis communication. The CDC 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 Tool Kit is a complementary resource tool to be used in conjunction with your own crisis preparedness plan. In addition to the Tool Kit, we encourage you to use all other available resources, including CDCynergy and the CDC's Crisis and Emergency Risk Communication course to help you prepare for a potential public health emergency. Both are available online at www.cdc.gov/communication/emergency/cerc.htm. As Director of CDPH, I support the use of this Tool Kit throughout the state and encourage you to use it.

CDPH's Emergency Preparedness Office (EPO) and the Office of Public Affairs (OPA) were instrumental in compiling the Tool Kit. Should you have any questions regarding the Tool Kit, please contact Ken August at OPA at (916) 650-6864. We welcome your feedback on the Tool Kit and, as always, thank you for continuing to be a part of our efforts to keep Californians protected and prepared.

Sincerely,

Ron Chapman, MD, MPH
Director

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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.

The original CERC Tool Kit was developed in 2005 and focused almost exclusively on terrorism and bioterrorism preparedness. Since that time, two addendums have been developed that focus on the Strategic National Stockpile and Pandemic Influenza.

Over the past five years, the CERC Tool Kit has proven to be an effective planning and implementation resource for Local Health Departments (LHDs) in California. In a recent survey, LHDs expressed overwhelming satisfaction with the Tool Kit stating that it is particularly helpful for planning, message development, media materials and talking points.

In concert with the feedback from LHDs, the 2011 CERC Tool Kit has been updated to reflect an “all-hazards” approach. Materials regarding a variety of hazards have been incorporated, including disease outbreaks and natural disasters. The Tool Kit has also been reorganized to ensure that it is easy to use, particularly during an emergency, and any outdated information has been updated.

The Tool Kit offers information and techniques to assist in:

- Updating and revising your local health department’s crisis manual and related materials.
- Customizing resources for your local health department.
- 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 Public Health, 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.

When implemented, this Tool Kit will assist in executing a well-planned crisis and emergency risk communication plan. Preparation can give your local health department the critical boost necessary to ensure that the public is informed and protected.

How to Use the Tool Kit

The Tool Kit has been developed to ensure you have a complete and ready-to-use manual should an emergency occur:

- Take the time to read through the Tool Kit in its entirety.
- Complete the worksheets provided in each section. Please note that worksheets needed in an emergency situation have been identified with a red border.
- Do not remove pages from the binder. Instead, complete the worksheet templates found on the CD ROM in the “Emergency Communication Guide” section and place them in the “Completed Worksheets” section at the back of the Tool Kit.

Crisis Communication Plan

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?)

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.
- 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)

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 Role

Your crisis communication team, the key responders during a crisis, can be broken down into six areas of roles and responsibilities. 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.
- Triage 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 communication.
- Monitors external communication.
- Provides feedback on qualities of communication.

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 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 and chairs
- 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, 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 the health and well-being of the surrounding areas.

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:

- American Red Cross
- California Department of Public Health (CDPH)
- California Emergency Management Agency
- Centers for Disease Control and Prevention (CDC)
- County administration
- Emergency Medical Services
- Federal Bureau of Investigation (if terrorism related)
- Fire department
- Hospital administrators
- Law enforcement
- Local elected officials
- National Guard (if deemed necessary by the Governor)
- Office of Emergency Management
- 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 (i.e., 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 an example for you as you prepare your organization's crisis communication protocol.

California Department of Public Health

Crisis Communication Protocol

The California Department of Public Health (CDPH) is formalizing its communication 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), Office of Public Affairs (OPA), California Emergency Management Agency, and CDPH 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 should an event occur 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 CDPH, 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 communication worksheet for use during a public health emergency.

Definition of Roles

The following offices within CDPH 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 Communication Co-Lead, Focus Area F Education and Outreach Team
- Secondary contact: Public Information Officer (PIO)

EPO: Provides lead operational coordination for CDPH 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 Communication 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]

Duty Officer: Conveys information to EPO and affected programs

- Assigned Duty Officer as indicated on CDPH 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 CDPH 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 (CDPH 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 Communication Co-Leads]
3. Activate Focus Area F Bioterrorism Education Workgroup, as deemed necessary, and utilize as a communication resource. [EPO and OPA Risk Communication Co-Leads]

4. Participate in conference calls with appropriate parties, such as CDC, Department of Homeland Security, CDPH/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 Communication [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 CDPH Web site. [EPO, OPA]
 - Modify CDPH 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 CDPH 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 an 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 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 Communication 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 Communication 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 departments
- 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 materials.
 - Media Coordinator – media liaison and contact person for team.
 - Direct Public Outreach Coordinator – manager for all direct communication other than media to include Web site 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 Emergency Management Agency Information and Referral Line (800-550-5234) and the CDC’s Public Hotline (800-232-4636).
 - 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 CDPH, 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&As). 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 CDPH to put the event 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 communities/cities.
 - 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.
 - 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 CDPH Risk Communication 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 event 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 event 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 departments. 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:

<i>Month</i>	<i>Activity</i>
January	Strategy and Planning <ul style="list-style-type: none"> • 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.
February	Logistical Tools <ul style="list-style-type: none"> • Create a crisis protocol and timeline. Resources <ul style="list-style-type: none"> • Set up capabilities for crisis hotline. • Set up capabilities for crisis Web site. Spokesperson <ul style="list-style-type: none"> • Identify spokespersons.
March	Key Messages <ul style="list-style-type: none"> • Become familiar with key messages and potential Q&As and begin adapting to local needs. Media Lists <ul style="list-style-type: none"> • Compile local media contact information. • Create media call log.

April	<p>Resources</p> <ul style="list-style-type: none"> • Create content for Web site and/or identify appropriate links. • Create content for hotline. <p>Media Materials</p> <ul style="list-style-type: none"> • 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. <p>Partners/Stakeholders</p> <ul style="list-style-type: none"> • Enlist support of partners and stakeholders.
May	<p>Resources</p> <ul style="list-style-type: none"> • Upload information to Web site (only if not live). • Record information to hotline (only if not live). <p>Media Materials</p> <ul style="list-style-type: none"> • Route template materials, fact sheets and biographies for spokespersons through designated approvals and finalize. <p>Partners/Stakeholders</p> <ul style="list-style-type: none"> • Conduct meeting to discuss crisis plan and receive feedback. • Update plan according to feedback.
June	<p>Spokesperson</p> <ul style="list-style-type: none"> • Conduct message review and media training with spokespersons. • Conduct mock media interviews and mock press conference using potential Q&As. <p>Partners/Stakeholders</p> <ul style="list-style-type: none"> • Implement partner/stakeholder programs as needed.
July	<p>Planning and Strategy</p> <ul style="list-style-type: none"> • 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.

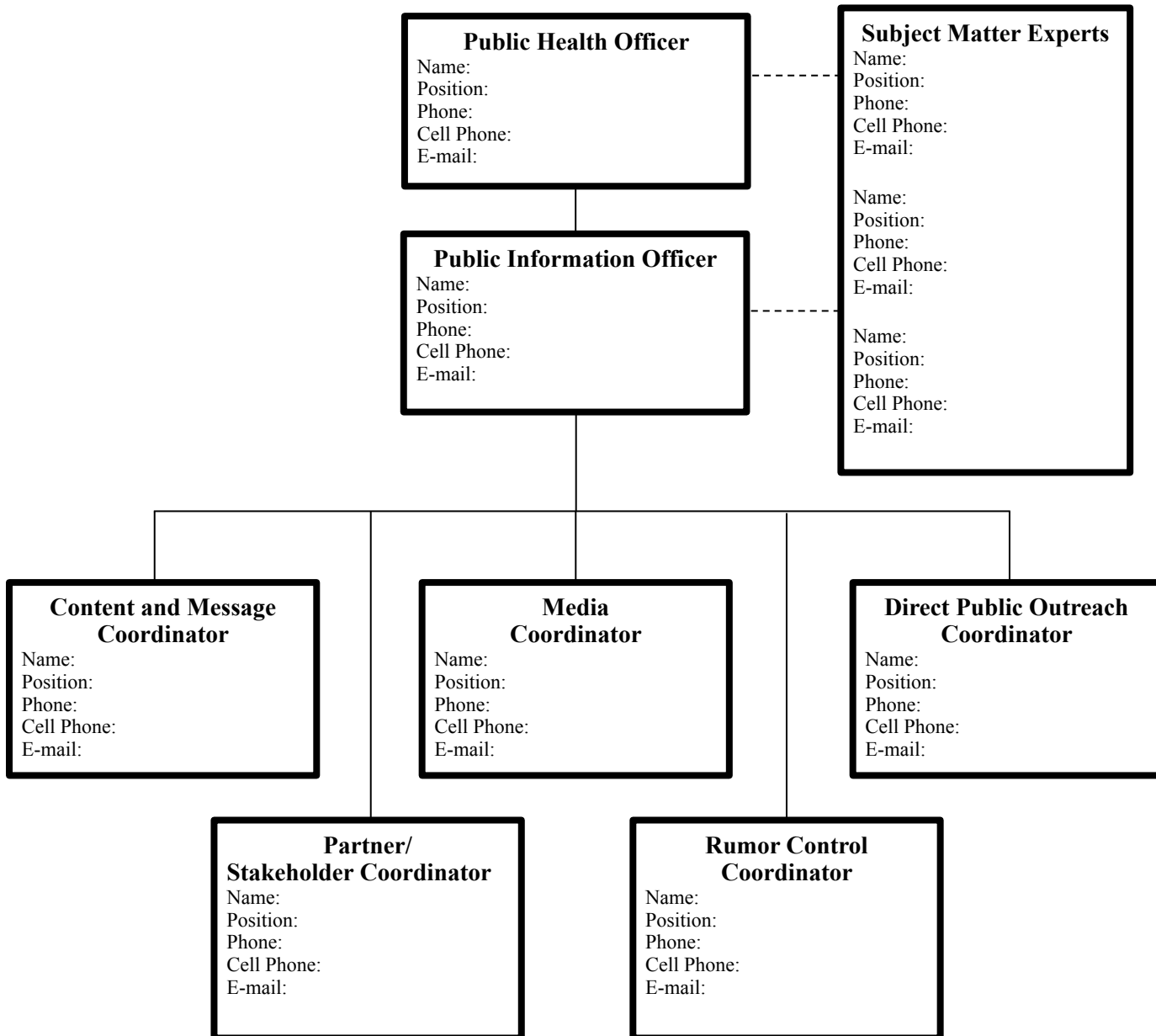
Sample Measurement:

- 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.
- Web site hits or visits via other social networks.

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:



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 communication 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 communication 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

3. _____
Name Position Telephone E-mail

Worksheet: Identifying Persons Authorized to Sign Releases

Depending upon the protocols established in your county, one or more persons should officially approve or 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.

1.	<hr/>			
Name	Position	Telephone	E-mail	
2.	<hr/>			
Name	Position	Telephone	E-mail	
3.	<hr/>			
Name	Position	Telephone	E-mail	
4.	<hr/>			
Name	Position	Telephone	E-mail	

List the subject matter expert(s) who are authorized to sign release authorizations.

1.	<hr/>			
Name	Position	Telephone	E-mail	
2.	<hr/>			
Name	Position	Telephone	E-mail	
3.	<hr/>			
Name	Position	Telephone	E-mail	
4.	<hr/>			
Name	Position	Telephone	E-mail	

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 Template
- Media Statement Template
- Media Advisory Template
- Press Release Template
- Fact Sheet Template
- Backgrounder Template
- Bios

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

Key messages dated _____ approved by _____ on _____
Signature Date

Media Statement dated _____ approved by _____ on _____
Signature Date

Media Advisory dated _____ approved by _____ on _____
Signature Date

Press Release dated _____ approved by _____ on _____
Signature Date

Fact Sheet dated _____ approved by _____ on _____
Signature Date

Backgrounder dated _____ approved by _____ on _____
Signature Date

Bios dated _____ approved by _____ on _____
Signature Date

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:

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 event, 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:

Name	Position	Telephone	E-mail
------	----------	-----------	--------

The person organizing the health emergency JIC will be:

Name	Position	Telephone	E-mail
------	----------	-----------	--------

Depending on the type of health emergency, other members of the JIC would include:

1.

Name	Position	Telephone	E-mail
------	----------	-----------	--------

2.

Name	Position	Telephone	E-mail
------	----------	-----------	--------

3.

Name	Position	Telephone	E-mail
------	----------	-----------	--------

4.

Name	Position	Telephone	E-mail
------	----------	-----------	--------

5.

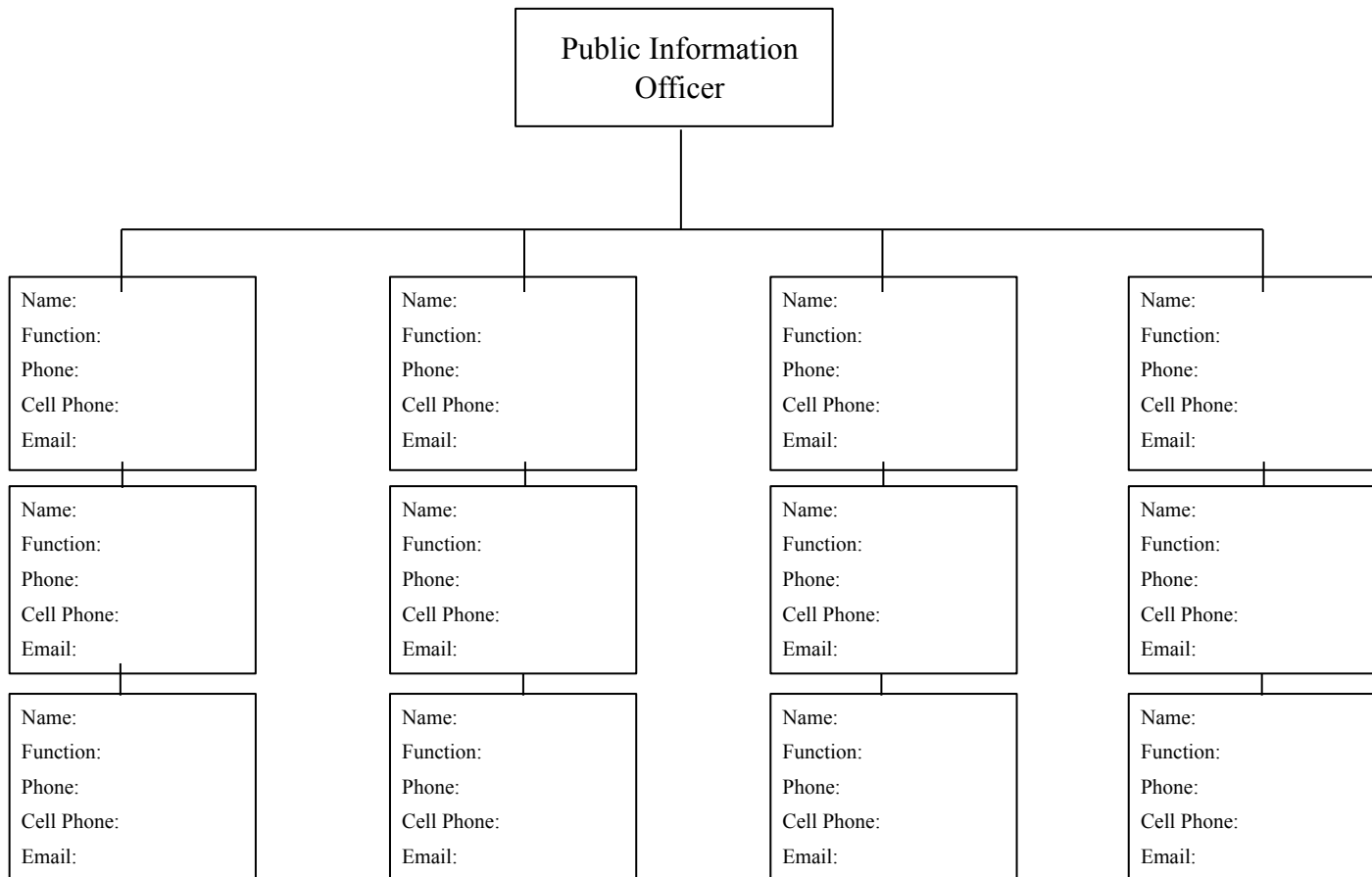
Name	Position	Telephone	E-mail
------	----------	-----------	--------

Date	Authorized By: (Health Officer/Health Director)
------	---

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 ensure accurate phone numbers and inclusion of all staff.



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 event. 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.

Give positive action steps, instead of negatives (i.e., “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 three’s or rhyme, or create an acronym. There are ways to make basic information easier to remember (e.g., “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.

Offer people things to do. Self-protective action helps mitigate fear. Helping victims and their families helps mitigate misery. Giving people things to do helps prevent denial.

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 (i.e., 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 emergencies can be found in the Hazards 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 when 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.

a. Empathy

Our thoughts are with the victims and their families.

b. Scope

At this time it is unclear how widespread this situation may be. We are working with federal, state and local authorities to determine the extent of the situation.

c. [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 additional events or emergencies.

a. Be alert

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

b. Seek medical treatment in case of exposure

[insert information on recommended actions specific to crisis event].

c. For more information

For more information on chemical, biological or radiological agents go to www.bepreparedca.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 event and its magnitude (e.g., who, what, where, when, why, how).
- What's being done to respond to the event?

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 your 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.
- **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 use 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 event. 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:

Message Map		
<i>Key Message 1</i>	<i>Key Message 2</i>	<i>Key Message 3</i>
Response	Risk	Action
<i>Confirm knowledge of the event.</i>	<i>Let the public know of the risks involved with the current event (exposure to radiation or chemical, contraction of a disease, etc.).</i>	<i>Let people know that the public can play a key role in helping keep themselves and their families safe.</i>
<i>Supporting Fact 1-1</i>	<i>Supporting Fact 2-1</i>	<i>Supporting Fact 3-1</i>
<i>Express empathy.</i>		<i>Persuade the public to follow directions.</i>
<i>Supporting Fact 1-2</i>	<i>Supporting Fact 2-2</i>	<i>Supporting Fact 3-2</i>
<i>Provide scope of the event.</i>		<i>Encourage people to seek medical treatment, as needed.</i>
<i>Supporting Fact 1-3</i>	<i>Supporting Fact 2-3</i>	<i>Supporting Fact 3-3</i>
<i>State actions being taken by your organization.</i>		<i>State who to contact for more information.</i>

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:

Disease Outbreaks

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: _____

Media Outreach

Understanding the Media

The news media has grown into one of the most powerful forces in the world. Every day, 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 in an instant, 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 30 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 CDPH to put the event 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 communities/cities.
- 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 CDPH Risk Communication 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.

30 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 event Q&As.
- 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 event.
 - 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 event 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 communication 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.)

Pros

- 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.

Cons

- 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 communication 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.

Pros

- 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.

Cons

- 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 communication 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.

Pros

- 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.

Cons

- 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.

Pros

- 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 easy to arrange.

Cons

- Is often pricey over time.
- Is often time-consuming.
- Requires a funding source or advance contract.
- Fails to fulfill the visual needs of television.

Commercial News Distribution Service

A commercial news distribution service sends a news release, created by your communication 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.

Pros

- Ensures consistent information is given to all media.
- Distributes release very rapidly to a number of press rooms.
- Eliminates the need to maintain up-to-date specialized or outside-of-area media lists.
- Provides a list of media outlets that receive the release.

Cons

- Requires a funding source or advance contract.
- Appears less official, particularly for crisis information that should come directly from the response organization.
- Wastes resources if the media are already actively engaged; may be more appropriate at less intense times during the emergency response.

E-mail ListServ and Broadcast Fax

An e-mail ListServ and a broadcast fax are tools to send messages created by your communication 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.

Pros

- Distributes information very rapidly to a number of outlets.
- Corrections are easily made.
- Cost is minimal.

Cons

- Requires regular update and maintenance of lists.
- Risks that the E-mail or fax is lost in the clutter of a newsroom.
- Lacks highly personal tone; may require follow up calls to reporters.

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 ListSerts 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 event. 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 event. The other two show how the initial press statement can be expanded once more information is obtained.

Sample #1: 30 Minutes or Less Following the Event

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 event. 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 Event

We have been working closely with local authorities since the event occurred a few hours ago. Although we do not yet understand the full scope of the event, 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: 24 Hours Following the Event

During the past 24 hours we have come to understand the event more fully. We know today [what happened, how many people were affected, what caused the event, etc.]...

We are still seeking more information about [the cause of the event, the people/event behind the event, 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 event] to assist us in sorting out the event.

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 meantime, we recommend that the public [edit as appropriate]...

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 (a one paragraph description) 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 can be found in the Hazards 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 (i.e., 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.

1. What is smallpox?

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.

2. How is smallpox spread?

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.

3. How dangerous is smallpox? Is it fatal?

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.

4. If someone comes in contact with smallpox, how long does it take to show symptoms?

Following exposure, the incubation period is about 12 days, but can range from 7 to 17 days before symptoms may show.

5. What are the signs and symptoms of smallpox?

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.

6. What should a person do if they think they have smallpox?

Someone who has smallpox symptoms should immediately contact his doctor and avoid contact with other people.

7. How long does it take to diagnose smallpox?

A physician who has been trained to identify smallpox can identify the disease immediately during an examination.

8. Is there any treatment for smallpox?

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.

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 (i.e., 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 event 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: What was the nature of this event?

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 event happened at approximately [XX:XX].

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 event 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 Web site at [www.xxxxxx.xxx] 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 raw videotape, produced in advance, of images that could be relevant to a crisis situation, such as a biologist in a lab looking through a telescope or a health professional administering vaccinations. B-roll is an important tool in the hours immediately following a crisis – before images from the crisis site can be obtained or augment a limited amount of available footage that can help tell a broadcast story. 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.
- 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 event cannot be known in advance, keep sound bites focused on factual information regarding what your organization does 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 event 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 or 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 and from where 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.

ANATOMY OF A PRESS RELEASE

For Immediate Release – These words should appear in the upper left-hand margin, just under your letterhead. You should capitalize every letter.

FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
[County] Department of Public Health
Phone [(XXX) XXX-XXXX]

Contact Information – Skip a line or two after release statement and list the name, title, telephone and fax numbers of your spokesperson (the person with the most information). It is important to give your cell number since reporters often work on deadlines and may not be available until after hours.

Headline –

Skip two lines after your contact info and use a boldface

**OFFICIALS INVESTIGATE [EVENT]
AT [LOCATION]**

Subhead –

Fleashes out the headline to further entice the editor.

Local Health Department Pledges Support and Promises a Thorough Investigation of [Event]

Dateline –

The city your press release is issued from and the date you mail your

[LOCATION] [Month Date, Year] — Officials from [location] are investigating

Lead –

First paragraph. Used to grab the reader's attention. Should contain the five W's (who, what, when, where, why).

an event that occurred at approximately [time, day]. 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].

Spacing –

Body of release should be double-spaced.

“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 -

More – Indicates more than one page. Should be centered at bottom of the page.

Quote –

Be sure to include at least one quote from a reputable source.

Abbreviated Headline (page 2) –
Used at the top of subsequent pages.

Event

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],” said local health official, [First Last].

Text –
The main body of your press release where your message should fully develop.

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event.

“Our thoughts and condolences are with the victims and families,” said [First Last]. “We are working diligently to get the situation under control and limit further [injury, loss of life, illness] to the people of this community.”

[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 or questions about today’s event is encouraged to consult the Web site for additional relevant information.

Closing paragraph –
Provides details on where updates can be found.

- Indicates press release is finished.

FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
[County] Department of Public Health
Phone [(XXX) XXX-XXXX]

**OFFICIALS INVESTIGATE [EVENT]
AT [LOCATION]**

Local Health Department Pledges Support and Promises a
Thorough Investigation of [Event]

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

“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 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],” said local health official, [First Last].

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

- more -

Event

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event.

“Our thoughts and condolences are with the victims and families,” said [First Last]. “We are working diligently to get the situation under control and limit further [injury, loss of life, illness] to the people of this community.”

[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 or questions about today’s event is encouraged to consult the Web site for additional relevant information.

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SAMPLE PRESS RELEASE – AS NEW DEVELOPMENTS OCCUR

FOR IMMEDIATE RELEASE

CONTACT: Tom Jones
[County] Department of Public Health
Phone [(XXX) XXX-XXXX]

OFFICIALS CONFIRM [NEW DEVELOPMENT]

Local Health Department Investigation Reveals [Cause, Person Behind Event]

[LOCATION] [Month Date, Year] — Officials from [location] have confirmed [new development] in the [event] that occurred at approximately [time, day]. The new development was revealed as officials' investigation led them to... [One to two sentences describing the new development].

“We have been working tirelessly since the event 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 event that will never happen again in our community,]” said local health official, [First Last].

Officials have... [One to two sentences describing actions taken or planned in response to new development].

- more -

Event

“We look forward to the community’s continued support in this tragedy. The outreach to those affected by the event has been amazing,” said [First Last]. Authorities are encouraging anyone who would like to show their support, to contact the [TBD].

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

For more information about the event, 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 E-mail 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 [EVENT] 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] event. 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 event that occurred [date and time].

CONTACT: Tom Jones
[County] Department of Public Health
Phone: [(XXX) XXX-XXXX]

Conducting a News Conference

If properly conducted, 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 necessary, 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 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. 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 event 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 (i.e., 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 event.

- 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.

Responding to Media Errors

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

Tip 1: First, calm down

Remember: when you talk to the media, you are speaking for your local health department. 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

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.

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.

<i>Example: PR Newswire</i>	<i>Patty Smith</i>		
Organization	Contact		
888-776-0942		<i>information@prnewswire.com</i>	
Telephone	Fax	E-mail	

2.

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

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 event.

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:

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

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.

TEMPLATE ONLY. PLEASE RETYPE AND CUSTOMIZE ALL INFORMATION ON YOUR ORGANIZATION LETTERHEAD.

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]

#

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of Tool Kit.

Worksheet: Conducting a News Conference

If properly conducted, 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 your department/organization's 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-speaking or other appropriate language spokesperson available at the press 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?

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of Tool Kit.

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?

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of Tool Kit.

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:

- Return call expected from press officer
- Return call with E-mail or fax
- Other _____

Action Completed:

- Date and time _____
- Date and time _____
- 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.

Stakeholder/Partner Communication

Please complete this worksheet by hand or electronically with the CD-ROM and place in "Completed Worksheets" section in back of Tool Kit.

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 event 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 event. 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 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 partner's 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 partner's 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 event 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 event. 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

Adversaries

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
5.	_____		
	Organization	Contact	

	Telephone	Fax	E-mail
6.	_____		
	Organization	Contact	

	Telephone	Fax	E-mail

Others

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

5.

Organization Contact

Telephone Fax E-mail

6.

Organization Contact

Telephone Fax E-mail

Worksheet: Local Partner Contacts

PARTNER	CONTACTS	
Organization	Principal Contact	Back-Up Contact
Date of last information verification:	Name: Title: Office Address (if different): Customary office hours: Home address and neighborhood: Office phone number: Home phone number: Cell phone number: Pager or other: Emergency contact name and number: Fax number: Office E-mail address: Home E-mail address: Date of last information verification:	Name: Title: Office Address (if different): Customary office hours: Home address and neighborhood: Office phone number: Home phone number: Cell phone number: Pager or other: Emergency contact name and number: Fax number: Office E-mail address: Home E-mail address: Date of last information verification:

Please complete a worksheet for each potential partner. Make additional copies as needed.

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 for reaching them. This is especially important in health risk communication, where an audience can become disenfranchised quickly if it does not feel they are getting all of the information it needs. The following are ways to reach audiences 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)
- **Social media** (eg. Facebook, Twitter, YouTube)
- **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 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 organizations that 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 inform key state and local officials, media representatives, and community leaders of issues relevant to an ongoing crisis or critical new information such as the results of studies or actions that can be taken to protect the public's health. A briefing also can be used to introduce new leadership within your local health department and its priorities. 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 about the current situation.
- Present a short, official statement about your local health department's findings, health concerns or recent developments.
- Avoid jargon, acronyms and overly technical terms.
- Answer questions about the statement.
- Work with partner organizations to coordinate briefings.

Benefits of a Briefing

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

Limitations of a Briefing

- Briefings could become the only means of communication with certain communities. Therefore, briefings should be complemented by additional activities to inform the general public, such as holding public meetings or airing public service announcements.

Outreach Materials

Outreach materials allow you to inform and educate key audiences about your agency, a current crisis or provide update on a public health issue. Outreach materials can supplement materials given to the media.

Examples of outreach materials include:

- Electronic alerts and updates
- Newsletters (electronic or printed)
- Fact sheets
- Frequently Asked Questions (FAQs)
- Posters and flyers
- Community mailers

Sending materials and information electronically is a fast and easy way to communicate. ListServes, which are electronic mailing systems, can be set up so that people can sign up to receive information via E-mail.

You can also mail printed materials. Community mailers display information right on the card, similar to a postcard, so that recipients do not have to open an envelope and can view the information immediately. Consider designing your community mailer in color or with images so that it stands out from other mail and engages the viewer.

If the materials are straightforward, non-controversial and easy to understand, they can stand on their own. However, if the materials are more complicated and require discussion or further explanation, a public meeting may be necessary to engage the public and answer questions about the information provided in the materials. The materials can also announce upcoming meetings and provide advance information or serve as a follow-up for meetings.

Developing Outreach Materials

Compile a dissemination list and include:

- State and local officials.
- Community leaders.
- Local residents of the site area.
- Community members who have signed up to receive information via ListServ or other means.
- Brief information that introduces your organization, briefly explains the purpose of the communication, and provides contact information for comments or questions.
- Charts, pictures or other visual elements that may help readers understand the information..
- If mailing materials, include first-class postage to deliver the materials quickly.

Benefits of Outreach Materials

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

Limitations of Outreach Materials

- They allow no direct 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 60 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 event. PSAs are usually broadcast without a fee.

PSAs are distributed directly to media outlets or through community-based organizations and other partners.

Sample PSA Script

Announcer 1: There are a few easy steps to keep you and your loved ones safe during the flu season.

- Wash your hands often with soap and water, especially after you cough or sneeze.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Avoid touching your eyes, nose or mouth.
- Avoid close contact with sick people.

If you are sick, stay home and contact your doctor. Watch for these symptoms: fever, headache, nausea, fatigue, shortness of breath, sore throat and cough.

Staying informed and practicing prevention will help keep you and your family safe. For more information, call [(XXX) XXX-XXXX] or visit [www.xxx.xx.xxx].

Public/Town Hall Meetings

The goal of a public or town hall meeting is to inform and/or mobilize a community. Meetings offer an opportunity to share information and possible 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 are 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:

Time	Speaker	Activity	Purpose [not to be included in printed agenda]
6:00 p.m. – 6:05 p.m.	Spokesperson/ Moderator	Welcome and Opening Remarks	State the purpose of the meeting, outline the agenda and announce procedures for making statements.
6:05 p.m. – 6:20 p.m.	Spokesperson/Panelists	Opening Statement	Present preliminary findings and proposed courses of action. Distribute materials.
6:20 p.m. – 6:50 p.m.	All Participants	Interactive Discussion	Allow community members to ask questions and offer comments.
6:50 p.m. – 7:00 p.m.	Spokesperson/ Moderator	Closing	Summarize meeting, list action items and announce where and when the transcript of the meeting can be obtained.

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 public 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

An effective way to answer the public's concerns is through a toll-free hotline. Consider the following when you are planning for toll-free number services or building your capacity in-house.

- Decide between rapid expansion of an existing phone number or a “new” toll-free number that is 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 (800-232-4636/English or Spanish, 888-232-6348/TTY). These hotlines are updated frequently and can be a valuable resource for callers needing additional information on an event.
- Consider creating hotline scripts in multiple languages so that diverse audience can understand the information. If the hotline is staffed, make arrangements to respond to questions from non-English speakers.
- The service must be able to respond to a large number of calls and operate extended hours.
- 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 assistance.
- Pre-approved materials on multiple subjects should be easily accessible during an emergency. The following are concerns about pre-developed 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.
- Add TTY services for deaf and hearing-impaired or TDD.

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 communication 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.

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.

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 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 Public Health and the Emergency Preparedness Office.
- Emergency contact information – including emergency hotline numbers for the following, as dictated by the nature of the emergency:
 - Cal-EMA
 - 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 disaster.
- Air safety.
- Food and 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 page 106 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 always 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. Having template materials translated in advance is extremely important and 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 present, 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.

Be Prepared CA Home

[This is a link to <http://www.bepreparedca.ca.gov/>]

Emergency Preparedness Office (EPO) Home Page

[This is a link to <http://www.cdph.ca.gov/EPO>]

Información Sobre [la Emergencia]

[This is a link to a separate menu of items in Spanish]

[Below this, list additional translation languages as appropriate]

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.

Information for Local Residents [Link to document which will have to be written to address the current crisis]

Information for residents of [affected area].

Map of the Affected Area [If Applicable – 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.

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]

Be Prepared CA Home

[This is a link to <http://www.bepreparedca.ca.gov/>]

Emergency Preparedness Office (EPO) Home Page

[This is a link to <http://www.cdph.ca.gov/EPO/>]

Información Sobre [la Emergencia]

[This is a link to a separate menu of items in Spanish]

[Below this, list additional translation languages as appropriate]

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:

Current Situation

Critical Information for Residents

For more information

For additional information, please call [(XXX) XXX-XXXX [local hotline number]]. Updates are also available in English and Spanish via the Governor's Office of Emergency Services Safety Information and Referral Line at (800) 550-5234 [Include number of live operator as available].

Be Prepared CA Home

[This is a link to <http://www.bepreparedca.ca.gov/>]

Emergency Preparedness Office (EPO) Home Page

[This is a link to <http://www.cdph.ca.gov/EPO/>]

Información Sobre [la Emergencia]

[This is a link to a separate menu of items in Spanish]

[Below this, list additional translation languages as appropriate]

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.

Medication, Antibiotics or Vaccination

Children

Businesses

Pets

Home Gardens

Travel

Water Safety (Boil Water Orders)

Safe Shelter [\[or Evacuation\]](#)

Isolation and Quarantine

Anticipated duration of the emergency

Please stay out of the restricted area (if applicable)

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, please call [\[\(XXX\) XXX-XXXX \[local hotline\]\]](#). You can also receive updates in English and Spanish through the Governor's Office of Emergency Services Safety Information and Referral Line at (800) 550-5234. [\[and/or number of live operator, as available\]](#)

Be Prepared CA Home

[\[This is a link to http://www.bepreparedca.ca.gov/\]](http://www.bepreparedca.ca.gov/)

Emergency Preparedness Office (EPO) Home Page

[\[This is a link to http://www.cdph.ca.gov/EPO/\]](http://www.cdph.ca.gov/EPO/)

Información Sobre [la Emergencia]

[\[This is a link to a separate menu of items in Spanish\]](#)

[\[Below this, list additional translation languages as appropriate\]](#)

Map of the Affected Area *(If Applicable)*



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.

Be Prepared CA Home

[This is a link to <http://www.bepreparedca.ca.gov/>]

Emergency Preparedness Office (EPO) Home Page

[This is a link to <http://www.cdph.ca.gov/>]

Información Sobre [la Emergencia]

[This is a link to a separate menu of items in Spanish]

[Below this, list additional translation languages as appropriate]

News Releases

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

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

California Department of Public Health Press Releases and Warnings

[This is a link to: <http://www.cdph.ca.gov/>]

This is a link to all news releases and warnings issued by CDPH.

As the crisis continues, thought might be given to including a timeline of events and CDPH response.

Be Prepared CA Home

[This is a link to <http://www.bepreparedca.ca.gov/>]

Emergency Preparedness Office (EPO) Home Page

[This is a link to <http://www.cdph.ca.gov/>]

Información Sobre [la Emergencia]

[This is a link to a separate menu of items in Spanish]

[Below this, list additional translation languages as appropriate]

[Nature of Crisis] Resources

Phone Numbers

This section should include phone numbers to local hotlines and key numbers, 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]

Th 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.

Be Prepared CA Home

[This is a link to <http://www.bepreparedca.ca.gov/>]

Emergency Preparedness Office (EPO) Home Page

[This is a link to <http://www.cdph.ca.gov/>]

Información Sobre [la Emergencia]

[This is a link to a separate menu of items in Spanish]

[Below this, list additional translation languages as appropriate]

Links to Emergency Resources

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

California resources:

- **California Emergency Management Agency** [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.homeland.ca.gov>]
The Department of Homeland Security has been established to develop and coordinate a comprehensive national strategy to strengthen federal, state and local counterterrorism efforts.

Links into the site from other state sites:

(Guidance only—does not appear on page)

Be Prepared CA Home Page
CDPH Home Page
Governor's Home Page
California Emergency Management Agency 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 CDPH Crisis site:

LHDs
Local hospitals
Local law enforcement
Red Cross
CHP

Social Media

Social media is the use of technology to share information through online networks to stimulate interaction, conversation, and constant communication like never before. Social media encourages information sharing and interactivity and has become an impactful and cost-effective tool for communicating with target audiences. Social media allows you to communicate quickly and efficiently with target audiences to up-to-date information.

Social media can take many forms including Internet forums, instant messaging, podcasts, videos and blogs. Social networks, which are organized systems for communicating and connecting with people online, are one of the most used forms of social media. Examples of social networks include:

- Facebook
- Twitter
- YouTube
- LinkedIn

Sample Outreach Using Social Networks:

Social networks are extremely popular and often used daily by network members.

- Monitor your social networks regularly to ensure that accurate and credible information is being delivered.
- Post links to social networks on your home page and/or crisis site page to drive traffic to your social networking site.
- Post regular updates about the current situation so that followers receive real-time information.
- Post current press releases, videos, podcasts, fact sheets and FAQs on social networks to educate people about relevant information.
- Promote local or statewide hotline numbers regarding crisis on social networks.
- Use social networks to address questions and concerns about current situation.
- Design and post ecards on social networks so that visitors can share them and disseminate information about the crisis.
- Include links to partner Web sites on social networks, including CDPH and the CDC.

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 communication 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) is 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 35 million adults in the United States speak a primary language other than English. 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 event 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 12 million blind or visually impaired people living in the United States. Of this number, approximately 1 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 event.

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 event.
- 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 nearly 74 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:

- 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 event?
 - 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?
-
-

Standardized Emergency Management System (SEMS)

Standardized Emergency Management System (SEMS)

SEMS is the system required by Government Code §8607(a) for managing response to multi-agency and multijurisdictional 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.

The Incident Command System (ICS) is a comprehensive national framework designed to efficiently support incident management, regardless of the size, nature or complexity of the event. ICS defines a clear chain-of-command using an organizational framework that can expand or contract to meet existing or changing needs. ICS is the principal framework of operations for the National Incident Management System, which the United States government has adopted to achieve a unified, single- and inter-agency management of emergency responses.

Purpose of SEMS

SEMS has been established to provide an effective response to multi-agency and multijurisdictional 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 communication, and reduce resource ordering duplication on multi-agency and multijurisdictional 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.

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.

1. 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 event or threat. SEMS regulations require the use of ICS at the field response level of an event.

2. 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.

3. 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.

4. Regional

Because of its size and geography, California 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.

5. 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.

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, multijurisdictional 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 directing and controlling, 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.

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, communication, 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.

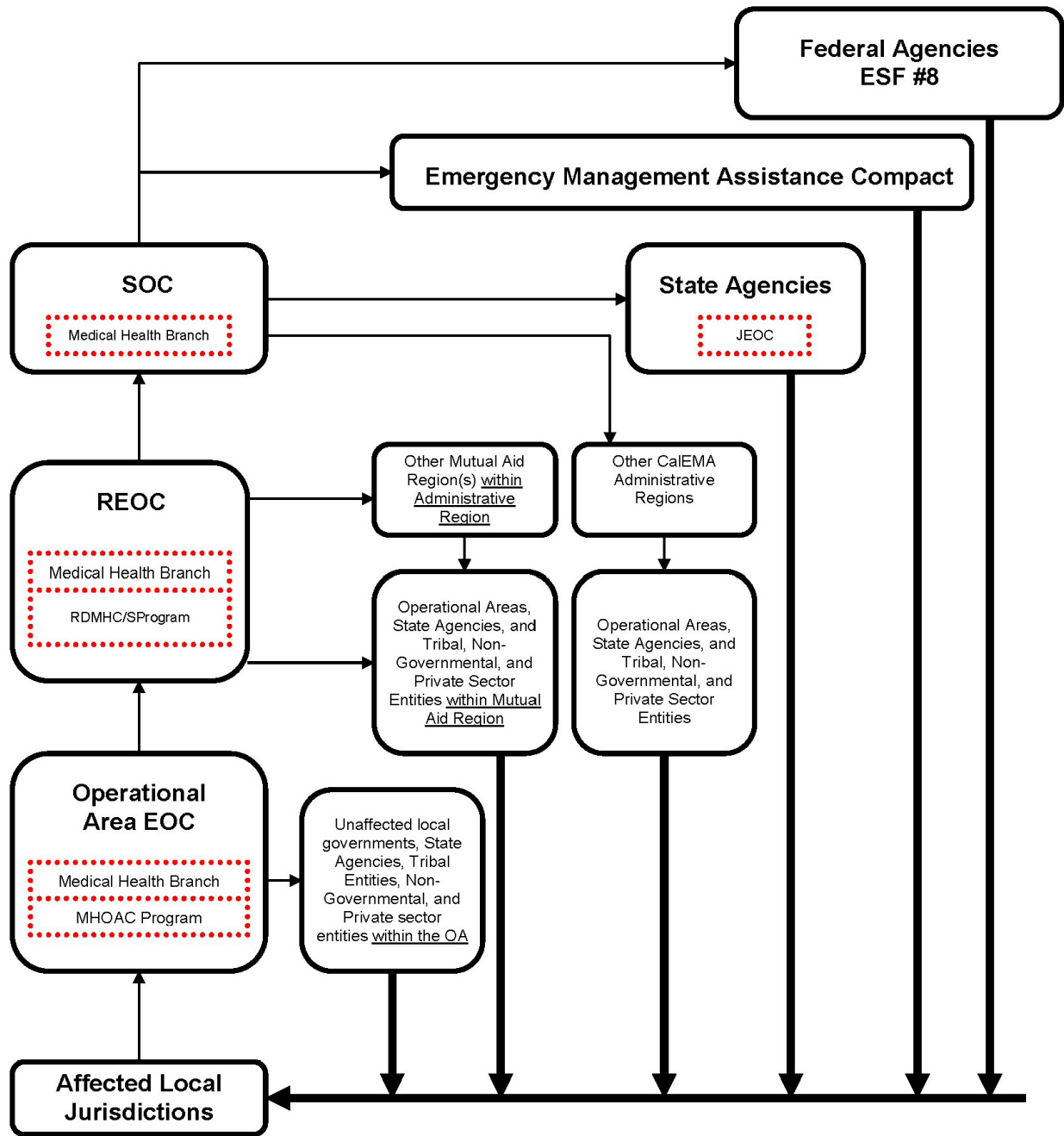
Mutual aid may also be obtained from other states. Inter-state mutual aid may be obtained through direct state-to-state contacts, pursuant to inter-state agreements and compacts, or may be coordinated through federal agencies.

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.

Flow of Environmental and Public Health Resource Requests and Assistance



**Minimum Activation Requirements per SEMS Regulations
SEMS EOC Activation Requirements**

Shaded areas = not applicable to SEMS levels	SEMS LEVELS:				
	Situations Identified in SEMS Regulations:	Field Response	Local Government	Operational Area	Regional
Incident involving two or more emergency response agencies §2405(a), 2405(b)	Use ICS				
Local emergency declared or proclaimed * §2407 (a) (2)	Use ICS	Use SEMS			
Local government EOC activated §2407(a)(1)	Use ICS	Use SEMS			
Local government activates EOC and requests operational area EOC activation §2407(a) (1)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
Two or more cities within an operational area declare or proclaim a local emergency §2409(f)(2)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
County and one or more cities declare or proclaim a local emergency §2409(f)(3)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
City, city and county, or county requests governor's state of emergency proclamation §2409(f)(4)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
Governor proclaims a state of emergency for county or two or more cities §2409(f)(5)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
Operational area requests resources from outside its boundaries**§2409(f)(6)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
Operational area receives resource requests from outside its boundaries**§2409(f)(7)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC

An operational area EOC is activated §2411(a)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
A regional EOC is activated §2413(a)(1)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
Governor proclaims a state of emergency §2413(a)(2)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC
Governor proclaims an earthquake or volcanic prediction §2413(a)(3)	Use ICS	Use SEMS	Activate OA EOC	Activate REOC	Activate SOC

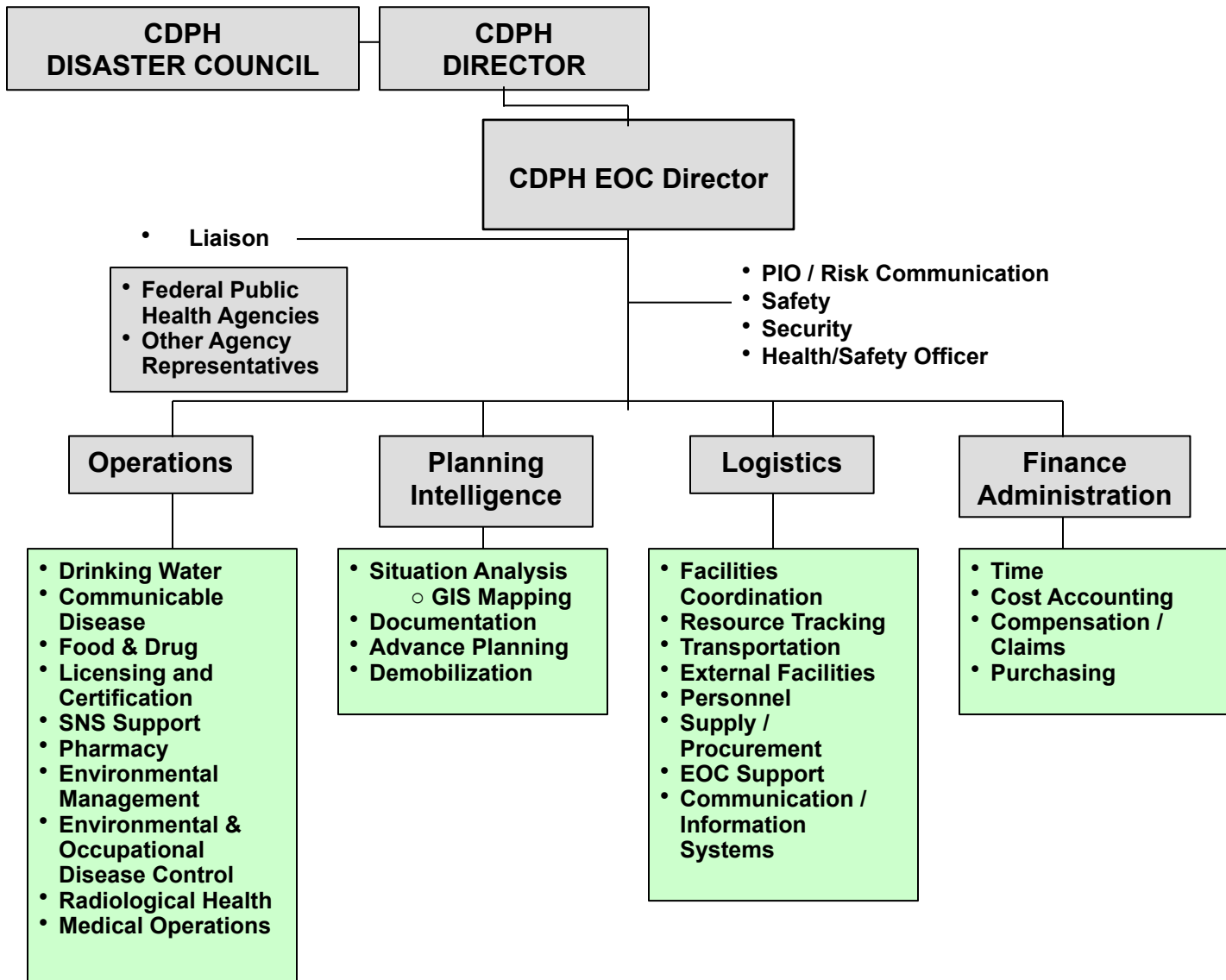
Notes: This matrix highlights the flow-through nature of SEMS activation requirements. Activation of an Operational Area EOC triggers activation of the Regional EOC which, in turn, triggers activation of the State level EOC.

* The EOC is usually activated, but in some circumstances, such as agricultural emergencies or drought, a local emergency may be 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 California Disaster and Civil Defense Master Mutual Agreement.

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

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH EMERGENCY OPERATIONS CENTER



State and Federal Medical Countermeasures

Medical Countermeasures Program

The following risk communication plan is designed for implementation in the event of any public health emergency in which medical countermeasures are needed including pharmaceuticals and medical supplies from the Federal Strategic National Stockpile (SNS) Program. The steps outlined in this plan were developed for the State of California and can be followed regardless of the type of crisis event when deploying either state or federal medical countermeasures.

Goal

To provide protective guidance and information specific to accessing prescribed assets deployed through activation of medical countermeasures during a public health emergency.

Situation Analysis

The federal and state medical countermeasure resources are 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 during an emergency. This includes any of the following:

- State caches of antivirals, antibiotics, Personal Protective Equipment, and Alternate Care Site equipment/supplies
- Federal caches (state managed) of antivirals and PPE
- Vendor managed (through federal SNS Program) pharmaceutical and equipment/supply caches designed to provide large quantity and long-term response resources
- SNS Program “Push Package” caches strategically placed and ready to deliver to the State within 12 hours of request

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 from the SNS Program, known as a 12-hour Push Package, would arrive within 12 hours of the federal decision to deploy. It contains a broad range of materiel including pharmaceuticals, vaccines, medical supplies and medical equipment 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. SNS materiel is stored in strategic locations around the U.S. to ensure rapid delivery to any location directed by National Command Authority.

A team of technical advisors may also deploy along with equipment and supplies. Known as a SNS Services Advance Group (SSAG), this team is comprised of a tailored pool of specialized DSNS responders that can advise state authorities on receiving, distributing, dispensing, replenishing and recovering SNS materiel. The CDC will transfer authority for the SNS materiel to the state authorities once it arrives at the designated receiving and storage site. State authorities will then begin the breakdown of the 12-hour Push Package for distribution to local jurisdictions affected. SSAG members, if requested, may remain on site in order to assist and advise state officials in putting the SNS assets to prompt and effective use.

State and local authorities will then coordinate communications efforts regarding the locations of Points of Dispensing (POD) sites and treatment centers, and coordinates distribution of SNS assets at those sites. The California Department of Public Health EPO Public Information Officer (PIO) and County PIOs will follow the medical countermeasure Risk Communication Checklist, including coordinating public messages with CDPH and designating PIO staff at the POD sites. CDPH can provide guidance to local PIOs if needed to prepare and present consistent public messages for any given event. In the event of an all hazards public health emergency in California necessitating the need for federal medical assets, CDPH will recommend that the Governor or authorized designee request deployment of federal medical countermeasures. The following plan outlines the steps to be taken to receive and distribute medical countermeasure pharmaceuticals and medical supplies to local communities as quickly as possible.

Target Audience And Stakeholders/Partners

While the primary audience is the general public, there are many other avenues that must be considered to ensure that the public is motivated and mobilized to go to POD sites to obtain life-saving medications or vaccinations and to adhere to a treatment regimen for a period of time after the event.

Target audiences include:

- General public
- City, state and county officials
- Local health departments (LHDs)
- Emergency Responders (EMS, fire, law enforcement)
- Health care community (hospitals, doctors, nurses, etc.)
- Business and community leaders
- Media

Stakeholders include:

- 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

Partners include:

- 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.)
- County SNS coordinator

Objectives

- Effectively communicate public health information to Californians during the crisis event via media, hotline and Web site. In addition, provide educational material to the public at mass dispensing sites, mass vaccination clinics, and treatment centers. These materials will be accompanied with direct verbal consultation.
- Ensure optimal coordination, decision-making and communication between CDPH, local health departments in California, federal HHS and DHS by implementing the medical countermeasure protocol and maintaining regular communication with designated contacts.
- Empower the public to take appropriate actions to protect themselves by obtaining prophylaxis or vaccination at the POD sites if advised to do so and adhering to a treatment regimen for the prescribed period of time after the event.

Strategies

- Develop culturally sensitive communication resources and educational materials in multiple languages for use in medical countermeasure media materials, hotline, Web site and other social media.
- Pre-establish internal resources and processes to ensure consistent messaging and the most efficient communication system possible during a crisis.
- Gain public confidence in CDPH by providing information that is timely, accurate, empathetic and credible to target audiences.

Tactics/Activities

The following tactics, which are the responsibility of the risk communication leads, are consistent with CDPH's Crisis and Emergency Risk Communication Plan developed by the CDPH Bioterrorism Education Workgroup in 2004.

Pre-Event Phase

- Identify and communicate with crisis communication team, including:
 - Public Information Officer/Risk Communication Co-Leads
 - Content and Message Coordinator
 - Media Coordinator
 - Direct Public Outreach Coordinator
 - Partner/Stakeholder Coordinator
 - Rumor Control Analyst
 - California Emergency Management Agency/Joint Information Center (Cal EMA/JIC)
- Establish communication with SNS coordinator at appropriate level (federal, state, or local).
 - Share risk communication plan and discuss protocols for communicating if medical countermeasures are deployed.
- Ensure resources needed (including space, personnel and equipment) are in place at various locations including Emergency Operations Center; Joint Information Center; Receipt, Store and Stage (RSS) Warehouse site and POD sites.
- Secure and develop key messages to address medical countermeasures being deployed. Place in Crisis and Emergency Risk Communication Tool Kit for future activation.
- Ensure crisis protocol is in place and staff members are properly trained, including a semi-annual training exercise and annual review.
 - Utilize plans and protocols in exercises.
- Ensure a crisis hotline template is in place, including actions to take during a crisis event (at a minimum in both English and Spanish) with toll-free links to the Cal EMA Safety Information and Referral Line (800-550-5234) and the CDC's Public Hotline (888-232-4636/English or Spanish).
 - Ensure staff member is prepared to maintain and monitor the hotline in a crisis event: TBD

- Populate the CDPH Web site with pre-event public education materials regarding medical countermeasures.
 - Ensure CDPH crisis Web site template with information specific to medical countermeasures is in place, including actions to take during a crisis event (at a minimum in both English and Spanish) with links to additional resources, including CDPH, EPO and the CDC.
 - Ensure Web master is prepared to maintain and monitor the Web site in a crisis event.

- Ensure CDPH spokespersons are trained with an annual refresher and prepared to respond to a crisis event, including coaching on key messages, interview techniques and probable Questions and Answers (Q&A).
 - CDPH spokespersons include State Public Health Officer and Office of Public Affairs Deputy Director.

- Develop and gather template media materials and media contact lists, including:
 - Press statement by the Governor announcing the federal government making the resources available to California and impacted areas.
 - Press statement regarding CDPH deploying medical countermeasures (state assets)
 - Template news release and media advisory (in English and Spanish).
 - Medical countermeasures fact sheet.
 - Agent fact sheets.
 - Biography for spokespersons.
 - Contact information for local television stations, radio stations and newspapers.
 - Media call log to track inquiries during a crisis.

- Develop public education materials, including:
 - Template mass prophylaxis fact sheets and flyers (in English and Spanish).
 - B-roll for use at Point of Dispensing (POD) sites (in English and Spanish).
 - Signage for POD sites (in English and Spanish).
 - Consider securing Memorandum of Understanding (MOU) with vendor/partner agency for emergency printing of public information materials.

- Communicate with partners/stakeholders and community gatekeepers (hospitals, mental health, response agencies, Red Cross, community-based organizations, faith community).
 - Share public education materials and define roles of partners/stakeholders and community gatekeepers, per CDPH risk communication work plan.

- Ensure risk communication staff participation in medical countermeasure-related exercises.

Event Phase

Upon Recommendation to Governor to Request SNS

The activities in the event phase are based on prior notification of the emergency and implementation of the CDPH emergency response plan. Once CDPH, in coordination with Cal EMA, requests the SNS through the Governor’s office or authorized designee, the transition will be made from the CDPH emergency response plan to the medical countermeasure risk communication plan.

- Verify that the Governor or authorized designee has sent recommendation to CDC to request deployment of SNS assets to a CDPH designated location. Upon verification, transition to medical countermeasure risk communication plan and convey information to Cal EMA/JIC.
 - Continue communication via communication protocol and call-down lists.
 - Establish communication with SNS coordinator and confirm request for SNS assets, including:
 - What has been requested.
 - Location (county) to be deployed.
 - ETA for availability of assets to public.
 - Location of POD sites.

- Access demographics of affected areas and determine needs of special populations including translation, transportation and psychosocial. Utilize GIS mapping for visual characterization of affected area.
- Release pre-prepared SNS statement for the Governor to share with the public.
- Confer with LHD PIO on communication actions and collaboration.
- Activate spokesperson(s) including State Public Health Officer and Deputy Director of Office of Public Affairs. Provide spokesperson(s) with key messages.
- Continue media monitoring.
- Continue Internet monitoring.
- Continue communication with Risk Communication Leads and County PIOs for coordination of public messages at state and local levels. Monitor roles including:
 - Ensure locals have access to medical countermeasure risk communication plan and are prepared to follow checklist.
 - Ensure locals have designated staff as liaisons at POD site(s).
- Continued collaboration and coordination between state and local Emergency Operations Center (EOC) PIO functions to facilitate coordination of information and support local needs.
 - Ensure locals are coordinating information through local Joint Information Center (JIC).
- Activate appropriate medical countermeasure-related public information to the CDPH crisis Web site.
- Update information on dispensing of medications/vaccines via local health departments to state hotlines with local contact information.
- Distribute approved materials and basic information on SNS and other medical countermeasures being deployed.

Within Six Hours After Request for SNS or Decision to Deploy Medical Countermeasures

- With approval via pre-determined approval process and in collaboration with affected local health departments and the State Operations Center (SOC) JIC, release initial information to media, public and partners/stakeholders on distribution of prophylaxis and adherence to medication instructions through arranged channels and at POD sites.
 - Distribute news release and B-roll to media contacts via E-mail or blast fax.
 - Staff hotline.
 - Upload pre-produced media materials to the crisis Web site.
 - Upload information to CAHAN.
 - Ensure materials are available at POD sites.
 - Ensure spokesperson(s) are alerted and prepared for potential media inquiries.
 - Distribute media materials to partner/stakeholder organizations via blast fax or E-mail. 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 event 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.

Upon Opening of POD Sites

- Conduct news conference with state and local collaboration.
 - Secure place and determine time.
 - Notify media of scheduled news conference.
 - Gather information addressing unanswered journalist questions.

During Distribution of Assets at POD Sites and Prescribed Period of Follow-Up for Medicine

- Continue media outreach regarding distribution of prophylaxis to encourage attendance at POD sites and adherence to medication instructions.
- Assist local JIC with implementation of mini public information campaign utilizing all communication tools to include social media to stress medication adherence.
- Conduct periodic communication with media, partner/stakeholders and special population groups via E-mail, blast fax and/or town hall meetings to remind and encourage medication adherence in affected areas.
- Disseminate additional information.
 - Send additional information to media, as available.
 - Continue to monitor media coverage and respond to any rumors or inaccuracies.

Post-Event Phase

- Obtain feedback and conduct crisis evaluation.
 - Compile and analyze media coverage.
 - Conduct a “hot wash” within CDPH and with response partners (an immediate review of what went right and what went wrong) to capture lessons learned.
 - Determine need for changes to the crisis and emergency risk communication plan.
 - Determine need to improve policies and protocols.
 - Institutionalize changes with appropriate training.
 - Revise crisis plan policies and procedures based on lessons learned.
- Continue communication with response partners and partner/stakeholders.
 - Continue collaboration with state and local mental providers to facilitate recovery efforts.
- Conduct public education through revised messages.
 - Integrate mental health messages to assist community with recovery efforts.
 - Address special needs of children, parents, seniors, disabled, non-English speakers and other affected special populations.
 - Integrate occupational safety into recovery messages.
- Continue efforts until EOCs are de-activated.

Measurement

After the crisis, in order to determine if the goals and objectives of the plan were successfully met, CDPH will use the following measurement devices:

- 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.
- 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.

Key Messages for State and Federal Medical Countermeasure Deployment

1. Response

We are first and foremost concerned for the safety, health and well being of all Californians.

a. Empathy

Our thoughts are with all Californians who have been affected by this situation.

b. Scope

State and local officials are working with federal authorities to ensure that all who have been affected by the [insert crisis event] in the state receive appropriate treatment as soon as possible.

c. Health department actions

The Governor has requested the deployment of additional medical supplies from the federal government, including pharmaceuticals, vaccines and equipment.

The requested supplies will be arriving from federal authorities within the next 12 hours.

Once the supplies have been delivered, state and local officials will set up dispensing sites in all affected areas and will be notifying the public on the various locations of these dispensing sites.

2. Risk

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

3. Action

Residents should locate dispensing sites, receive appropriate medication and adhere to follow-up instructions.

a. Monitor information

Californians are urged to monitor the local news, visit the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov for regular updates on the situation and where to go for treatment.

b. Receive medication

Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones.

c. Follow all instructions

It is essential that affected individuals take the medication as indicated.

Medical Countermeasure Crisis Hotline Template Script (Public Dispensing Sites Using Federal Assets)

:60 SCRIPT

State and local officials are currently working with federal authorities to ensure that all who have been affected by the current health emergency in the state will receive the care they need as soon as possible. To meet the medical demands of those affected, additional supplies have been requested from the federal government.

Once the supplies have been delivered, local officials will set up dispensing sites in all affected areas and will be notifying the public on the various locations of these dispensing sites. Please monitor the local news media for regular updates on the situation and where to go for treatment.

Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones. It is essential that affected individuals follow instructions from health officials for **the entire time they take the medication.**

Seek medical treatment in case of exposure.

If you think you have been exposed to _____, and are showing symptoms such as, _____, _____, or _____, immediately contact your local health department, your doctor, or health clinic.

State and local officials will continue to provide updates as new information becomes available. For more information, please visit [County] Web site at [www.xxx.xx.xxx] or www.bepreparedca.ca.gov.

If you would like to hear your options again, please press 1.

Medical Countermeasure Crisis Hotline Template Script (Public Dispensing Sites Using State Assets)

:60 SCRIPT

State and local officials are currently working to ensure that all who have been affected by the current health emergency in the state will receive the care they need as soon as possible. To meet the medical demands of those affected, state caches have been deployed to the local areas.

Once the supplies have been delivered, local officials will set up dispensing sites in all affected areas and will be notifying the public on the various locations of these dispensing sites. Please monitor the local news media for regular updates on the situation and where to go for treatment.

Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones. It is essential that affected individuals follow instructions from health officials for **the entire time they take the medication.**

Seek medical treatment in case of exposure.

If you think you have been exposed to _____, and are showing symptoms such as, _____, _____, or _____, immediately contact your local health department, your doctor, or health clinic.

State and local officials will continue to provide updates as new information becomes available. For more information, please visit [County] Web site at [www.xxx.xx.xxx] or www.bepreparedca.ca.gov.

If you would like to hear your options again, please press 1.

Medical Countermeasure Crisis Hotline Template Script (Public is being asked to shelter in place and household delivery of medication is anticipated)

:60 SCRIPT

State and local officials are currently working to ensure that all who have been affected by the current health emergency in the state will receive the care they need as soon as possible. To meet the medical demands of those affected, the state and local government is working to deliver medications to the homes of all individuals affected.

Please remain in your homes and monitor the local news media for regular updates on the situation and when/how to expect your medications delivered.

Health officials will provide the public with additional instructions on how to best protect themselves and their loved ones. It is essential that affected individuals follow instructions from health officials for **the entire time they take the medication.**

Seek medical treatment in case of exposure.

If you think you have been exposed to _____, and are showing symptoms such as, _____, _____, or _____, immediately contact your local health department, your doctor, or health clinic.

State and local officials will continue to provide updates as new information becomes available. For more information, please visit [County] Web site at [www.xxx.xx.xxx] or www.bepreparedca.ca.gov.

If you would like to hear your options again, please press 1.

Draft Press Statement by the Governor (Public Dispensing Sites Using Federal Assets)

First and foremost, I want to emphasize that our most important priority is the safety and well being of all Californians. State and local officials are working with federal authorities to ensure that all who have been affected by the current health emergency in the state are receiving appropriate medication. To meet these demands, we are currently deploying medical supplies and have requested additional supplies from the federal government. The supplies should be arriving within the next 12 hours for shipment to all affected communities.

Once the supplies have been delivered, local officials will set up dispensing sites in all affected areas and will be notifying the public on the various locations of these dispensing sites. Please monitor the local news media for regular updates on the situation.

Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones. It is very important to not only receive your medication at the dispensing site but to also adhere to any instructions for their usage.

We will continue to provide you with updates as new information becomes available. I urge you to monitor the news and visit the California Department of Public Health's Web site at www.bepreparedca.ca.gov or the Cal EMA Safety Information and Referral Line at 800-550-5234 for more information.

Our thoughts are with all Californians who have been affected by this situation. We are working diligently to respond to public health needs and ensure public safety statewide and will continue in these efforts until the situation is resolved.

Draft Press Statement by the Governor (Public Dispensing Sites Using State Assets)

First and foremost, I want to emphasize that our most important priority is the safety and well being of all Californians. State and local officials are working to ensure that all who have been affected by the current health emergency in the state are receiving appropriate medication. To meet these demands, we are currently deploying medical supplies. The supplies should be arriving in the local communities within the next 12 hours.

Once the supplies have been delivered, local officials will set up dispensing sites in all affected areas and will be notifying the public on the various locations of these dispensing sites. Please monitor the local news media for regular updates on the situation.

Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones. It is very important to not only receive your medication at the dispensing site but to also adhere to any instructions for their usage.

We will continue to provide you with updates as new information becomes available. I urge you to monitor the news and visit the California Department of Public Health's Web site at www.bepreparedca.ca.gov or the Cal EMA Safety Information and Referral Line at 800-550-5234 for more information.

Our thoughts are with all Californians who have been affected by this situation. We are working diligently to respond to public health needs and ensure public safety statewide and will continue in these efforts until the situation is resolved.

Draft Press Statement by the Governor (Public is being asked to shelter in place and household delivery of medication is anticipated)

First and foremost, I want to emphasize that our most important priority is the safety and well being of all Californians. State and local officials are working to ensure that all who have been affected by the current health emergency in the state are receiving appropriate medication. To meet these demands, we are currently deploying medical supplies and have requested additional supplies from the federal government. The supplies should be arriving in the next 12 hours for shipment to all affected communities.

Once the supplies have been delivered, local officials will coordinate the delivery of medications directly to the homes of all affected populations. Please remain in your homes, stay calm, and monitor the local news media for regular updates on the situation.

Health officials will provide the public with instructions on how to best protect themselves and their loved ones. It is very important to not only receive your medication but to also adhere to any follow-up instructions for their usage.

We will continue to provide you with updates as new information becomes available. I urge you to monitor the news and visit the California Department of Public Health's Web site at www.bepreparedca.ca.gov or the Cal EMA Safety Information and Referral Line at 800-550-5234 for more information.

Our thoughts are with all Californians who have been affected by this situation. We are working diligently to respond to public health needs and ensure public safety statewide and will continue in these efforts until the situation is resolved.

Template News Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[County] Department of Public Health
Phone [(XXX) XXX-XXXX]

Federal Supplies from Strategic National Stockpile Arrive in California

Local Health Officials Begin Dispensing Medical Supplies to Exposed Individuals

[LOCATION] [Month Date, Year] — [County] health officials confirmed today that medical supplies from the Strategic National Stockpile (SNS) have arrived in California from the federal government. Dispensing sites are now open to provide medical supplies to protect Californians affected by the [emergency situation]. If you are exhibiting the following symptoms: [insert symptoms], immediately go to the nearest hospital.

Exposed individuals (without symptoms) can receive preventative medication at the following dispensing sites from [insert opening and closing times]: [insert dispensing site locations]

Please be prepared to supply health officials with a list of medications, pre-existing medical conditions and allergies for yourself and affected family members when you arrive at the dispensing site. Due to the large impact of the [emergency situation], health officials also emphasize that there may be delays in receiving medication. Please do not bring pets, animals or firearms/weapons to the dispensing sites.

To ensure you best protect yourself and your family, health officials urge that you must take the full course of medication as designated. “It is very important to not only receive your medication at the dispensing site but to also adhere to any follow-up instructions,” said [first and last name], [County] health official. “Individuals must be diligent in protecting themselves and their loved ones by following all instructions given and completing all cycles of prescribed medication.”

The SNS has provided these supplies to augment local materials and ensure there is ample medication for exposed populations. The Governor requested this deployment in response to the [emergency situation] at [time of deployment request].

Californians are urged to monitor the local news, visit the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health’s Web site at www.bepreparedca.ca.gov for regular updates on the situation.

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Template News Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[County] Department of Public Health
Phone [(XXX) XXX-XXXX]

Supplies from State Stockpile Arrive in California Communities

Local Health Officials Begin Dispensing Medical Supplies to Exposed Individuals

[LOCATION] [Month Date, Year] — [County] health officials confirmed today that medical supplies from the State Department of Public Health have arrived in [insert locations]. Dispensing sites are now open to provide medical supplies to protect Californians affected by the [emergency situation]. If you are exhibiting the following symptoms: [insert symptoms], immediately go to the nearest hospital.

Exposed individuals (without symptoms) can receive preventative medication at the following dispensing sites from [insert opening and closing times]: [insert dispensing site locations]

Please be prepared to supply health officials with a list of medications, pre-existing medical conditions and allergies for yourself and affected family members when you arrive at the dispensing site. Due to the large impact of the [emergency situation], health officials also emphasize that there may be delays in receiving medication. Please do not bring pets, animals or firearms/weapons to the dispensing sites.

To ensure you best protect yourself and your family, health officials urge that you must take the full course of treatment as designated. “It is very important to not only receive your medication at the dispensing site but to also adhere to any follow-up instructions,” said [first and last name], [County] health official. “Individuals must be diligent in protecting themselves and their loved ones by following all instructions given and completing all cycles of prescribed medication.”

The State has provided these supplies to augment local materials and ensure there is ample medication for exposed populations. The Governor requested this deployment in response to the [emergency situation] at [time of deployment request].

Californians are urged to monitor the local news, visit the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health’s Web site at www.bepreparedca.ca.gov for regular updates on the situation.

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Template News Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[County] Department of Public Health
Phone [(XXX) XXX-XXXX]

[Location] Residents Ordered to Stay Indoors After [Emergency Situation]

[LOCATION] [Month Date, Year] — [County] health officials have directed residents in [Area] to stay indoors where they are currently located because of [Describe Threat]. [Name], [County] health officer, said today that the residents should remain there and monitor local radio and TV broadcasts for emergency information until they are told that it is safe to go outdoors.

“As a precaution, I am urging residents of [Area] to temporarily shelter-in-place until we can confirm that [Describe Needed Change in Conditions],” said [Name].

In addition to staying indoors, residents of [Area] should do the following:

- Close all doors and windows to shut off outside air.
- Turn off heating and air conditioning units.
- Close the fireplace flue if it is not in use.

The shelter-in-place order follows the evacuation of approximately [Number] residents from [Area]. A reception center has been established at [Address] for individuals who do not have lodging outside of the affected area. Local and state health officials are monitoring the of [Describe Threat].

[Describe number of injured and their conditions]. Medical supplies from the Strategic National Stockpile (SNS) have arrived in California from the federal government. Dispensing sites are now open to provide medication to protect those affected by the [emergency situation]. If you are exhibiting the following symptoms: [insert symptoms], go to the nearest hospital immediately.

Exposed individuals (without symptoms) can receive preventative medication at the following dispensing sites from [insert opening and closing times]: [insert dispensing site locations]

Please be prepared to supply health officials with a list of medications, pre-existing medical conditions and allergies for yourself and affected family members when you arrive at the dispensing site. Due to the large impact of the [emergency situation], health officials also emphasize that there may be delays in receiving medication. Please do not bring pets, animals or firearms/weapons to the dispensing sites.

To ensure you best protect yourself and your family, health officials urge that you must take the full course of medication as instructed. “It is very important to not only receive your medication at the dispensing site but to also adhere to any follow-up instructions,” said [first and last name], [County] health official. “Individuals must be diligent in protecting themselves and their loved ones by following all instructions given and completing all cycles of prescribed medication.”

The SNS has provided these supplies to augment local materials and ensure there is ample medication for exposed populations. The Governor requested this deployment in response to the [emergency situation] at [time of deployment request].

Californians are urged to monitor the local news, visit the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.bepreparedca.ca.gov for regular updates on the situation.

###

Template Media Advisory

MEDIA ADVISORY

**OFFICIALS ANNOUNCE DETAILS OF CALIFORNIA'S REQUEST FOR
FEDERAL STRATEGIC NATIONAL STOCKPILE ASSETS**

WHAT: Governor [name] and [location] health officials will hold a press conference on [date] to provide details regarding the [date and type of event] that occurred in [location of event] and the request for supplies from the Strategic National Stockpile (SNS). Officials will announce when and where individuals can go for treatment and steps Californians can take to best protect themselves and their families.

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

WHEN: [Month Date, Year]
[Time]

WHERE: [Name of venue]
[Venue address]

CONTACT: [Name]
[County] Department of Public Health
Phone: [(XXX) XXX-XXXX]

MEDIA ADVISORY

OFFICIALS ANNOUNCE DETAILS OF REQUEST FOR STATE STOCKPILE ASSETS

WHAT: Governor [name] and [location] health officials will hold a press conference on [date] to provide details regarding the [date and type of event] that occurred in [location of event] and the request for supplies from the California Department of Public Health. Officials will announce when and where individuals can go for treatment and steps Californians can take to best protect themselves and their families.

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

WHEN: [Month Date, Year]
[Time]

WHERE: [Name of venue]
[Venue address]

CONTACT: [Name]
[County] Department of Public Health

Strategic National Stockpile (SNS) Medical Countermeasures Fact Sheet

Situation

- The [County] Department of Public Health is actively working with state and federal authorities to resolve the [emergency situation] and ensure that all who have been affected receive appropriate treatment.
- To meet the medical demands of those affected by the [emergency situation], the Governor has requested the deployment of federal SNS medical countermeasures.
- The SNS is designed to provide a back-up and continuous supply of large quantities of essential medical items during an emergency. It will arrive within 12 hours of the federal decision to deploy.
- Once the supplies have been delivered, local officials will set up dispensing sites in [areas] and will be notifying the public on the various locations of these dispensing sites via [specific information sources].

Action

- Californians should locate dispensing sites via [specific information sources], receive [appropriate treatment] and adhere to follow-up instructions.
- Californians are urged to monitor the local news and visit [County] at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.bepreparedca.ca.gov for regular updates on the situation and where to go for treatment.
- Health officials will be at each dispensing site to distribute medication and provide the public with instructions on how to best protect themselves and their loved ones.
- It is essential that affected individuals follow instructions from health officials for the entire duration of the treatment.

Follow Up

- California's health officials will continue to work diligently to resolve the situation, respond to public health needs and ensure public safety statewide.
- State and local officials will continue to provide updates as new information becomes available.

**Template Mass Prophylaxis Fact Sheet and
Sample Fact Sheet
[CITY OR COUNTY], CALIFORNIA**

There has been a confirmed case of [insert hazard] in [name of location]. We are working with federal, state and local authorities to ensure that all who have been affected are receiving the appropriate medicine. We are working diligently to ensure public safety statewide and will continue in these efforts until the situation is resolved.

Risk

Given current information, those at risk are [insert criteria for risk.]

If You Are Experiencing Symptoms

To receive medicine and instructions on how to protect yourself and your family, come to:

[Location predetermined by your SNS plan] on [date] at [time]

Parking is limited and the location may be crowded. We recommend you use the [local transportation service] available to you. [If transportation is being provided, include times and pick-up points on the following map.]

If you are using your own car, the following map will direct you to the dispensing location and available parking. Be prepared to wait for a parking space.

Medical professionals will decide if you have received exposure and may need treatment.

Bring a list of all medications, vitamins and/or homeopathic supplements you may be taking.

If You Need Medicine for Someone Else

Patients who wish to pick up medicine for children and family members who are homebound or are unable to come to dispensing sites must have enough information about the medical history to complete a form for each person and must know the weight of all children under five years.

Before arriving at the dispensing site, family members must have the following information for all members of their household:

- Names of all household members.
- Address and phone number (home, work and/or cell phone).
- Social security card and identification.
- Weights of all persons under 90 pounds.
- Medications, vitamins and/or homeopathic supplements they may be taking.
- Medication allergies.
- Known health conditions, such as epilepsy, liver or kidney disease, or if someone is pregnant or breast-feeding.

What You Can Do

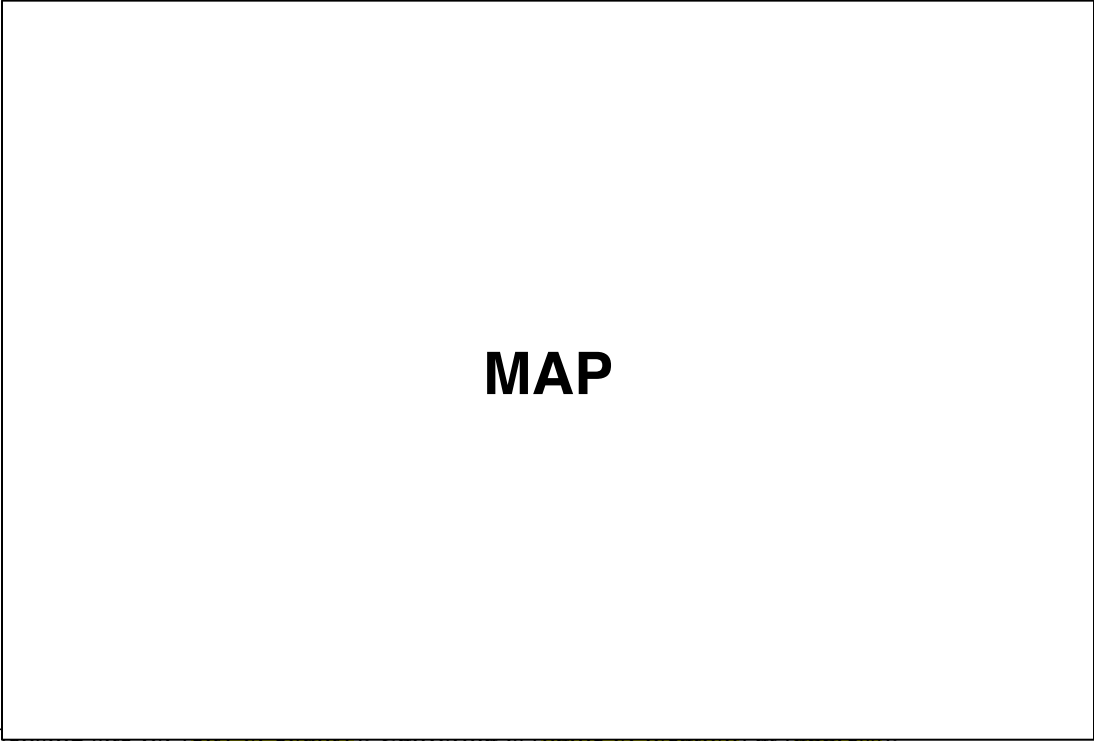
Be informed

For more information on [hazard] and other public health emergencies, visit [County] Web site at [www.xxx.xx.xxx] or www.bepreparedca.ca.gov.

For treatment, come to [LOCATION] on [DATE] at [TIME].



[CITY OR COUNTY], CALIFORNIA



The dis

You are encouraged to contact the [local transportation authority] by calling [phone number]. **[Name of Local Health Department] will pay for your bus ticket.** When you call [local transportation authority], tell them where you are going and why.

If you decide to drive, be aware parking is limited. Do not block the front or the back of the building. [Insert designated parking areas.]

You are encouraged to contact the [local transportation authority] by calling [phone number]. **[Name of Local Health Department] will pay for your bus ticket.** When you call [local transportation authority], tell them where you are going and why.

If you decide to drive, be aware parking is limited. Do not block the front or the back of the building. [Insert designated parking areas.]

For treatment, come to [LOCATION] on [DATE] at [TIME].

What You Can Do to Help Protect Yourself and Your Family

Remember to keep taking the medicine you were given at the Dispensing Site!

- n** Adults should take [insert medicine and usage]
- n** Do NOT take medicine with [insert any substances that could counteract the medicine]
- n** Side effects may include:
 - [Insert common side effects]

Risk

- [Insert risk of contracting illness]
- You have the medicine needed to fight off any sickness caused by [hazard].
- We understand it may seem like taking the medicine is interrupting your life. However, it is important to remember the medicine can be **life saving**.
- Taking the medicine, the way you were told, even if it makes you feel sick, **may save your life**.
- We recommend taking the papers you received at the Dispensing Site to your local doctor. All doctors in the area have been trained to give you the care you need.

Action

We are working with federal, state and local authorities to ensure that all who have been affected are receiving the appropriate treatment.

We are working diligently to ensure public safety statewide and will continue in these efforts until the situation is resolved.

For more information on [hazard] and other public health emergencies, visit [County] Web site at [www.xxx.xx.xxx] or www.bepreparedca.ca.gov.

What You Can Do to Help Protect Yourself and Your Family

Follow Up information for the Vaccination you were given at the Dispensing Site!

- n** Adults should monitor the injection site for any local signs of infection
- n** Watch for side effects from the vaccination.
- n** Side effects may include:
 - [Insert common side effects]

Risk

- [Insert risk of contracting illness]
- You have received a vaccine to prevent any sickness caused by [hazard].
- We understand it may seem like being vaccinated is interrupting your life. However, it is important to remember the vaccine can be **life saving**.
- We recommend taking the papers you received at the Dispensing Site to your local doctor. All doctors in the area have been trained to give you follow-up care if needed.

Action

We are working with federal, state and local authorities to ensure that all who are at risk of being affected are receiving the appropriate vaccines.

We are working diligently to ensure public safety statewide and will continue in these efforts until the situation is resolved.

For more information on [hazard] and other public health emergencies, visit [County] Web site at [www.xxx.xx.xxx] or www.bepreparedca.ca.gov.

Signage for Points of Dispensing (POD) Sites

All signs are two colors unless otherwise noted with a # sign. In order seen:

Sign#	Verbiage	Size	Holder*	Qty.
	Medication Center (banner*)	3' x 8' Vinyl One sided	Banner mounts Four grommets (or clips)	1
	Emergency Preparedness Drill (banner*)	3' x 8' Vinyl One sided	Banner mounts Four grommets (or clips)	1
	FRONT: Medication Center • Free medicine – large supply • Four simple steps • We are here to help BACK: Thank you for your cooperation 1. Read and follow your medication handout. 2. Regularly check for updates (radio, TV, newspaper, Internet). 3. Call area hotlines for more information.	22" x 28" Two sided Two prints (of back for sign 27)	A-frame holder (mount on PVC/two grommets)	1
	Prohibited Photography Smoking Weapons Alcohol Video or sound recording Pets (service animals allowed)	22" x 28" One sided	A-frame holder (mount on PVC/two grommets) Possibly tape to wall	1
	This is a medical services facility. Patient privacy is protected by state and federal law. Authorized personnel and patients only. The procedures inside this facility are private; no video/sound recording and no photography are allowed.	22" x 28" One sided	Metal stanchion Possibly tape to wall	1
	Anthrax Symptoms If you have recently developed the following symptoms, go to the hospital now: fever, cough, headache, chills, weakness, difficulty breathing, and chest discomfort.	22" x 28" One sided	A-frame holder (mount on PVC/two grommets)	1

Sign#	Verbiage	Size	Holder*	Qty.
	<p>Botulism Symptoms If you have recently developed the following symptoms, go to the hospital now: double or blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness (starts with shoulders and descends through body).</p>	<p>22" x 28" One sided</p>		
	<p>Plague Symptoms If you have recently developed the following symptoms, go to the hospital now: fever, headache, weakness and a bloody or watery cough due to infection of the lungs (pneumonia).</p>	<p>22" x 28" One sided</p>		
	<p>Smallpox Symptoms If you have recently developed the following symptoms, go to the hospital now: high fever, fatigue, headache, and backache, followed by a rash on face, arms, and legs.</p>	<p>22" x 28" One sided</p>		
	<p>Tularemia Symptoms If you have recently developed the following symptoms, go to the hospital now: fever, chills, headaches, body aches, and weakness.</p>	<p>22" x 28" One sided</p>		
	<p>Hemorrhagic Fever Symptoms If you have recently developed the following symptoms, go to the hospital now: marked fever, fatigue, dizziness, muscle aches, loss of strength, and exhaustion.</p>	<p>22" x 28" One sided</p>		
	Any staff person wearing a vest can assist you.	<p>14" x 11" One sided</p>	Top sign holder	1
	<p>FRONT: Entrance BACK: Entrance</p>	<p>22" x 28" Two sided Duplicate image</p>	A-frame holder (mount on PVC/two grommets)	2
	<p>Four Simple Steps 1. Fill Out Form 2. Show Form 3. Pick Up Medicine 4. Turn In Form & Exit</p>	<p>22" x 28" One sided</p>	Metal stanchion	1
	<p>Anthrax is not passed from person to person. You cannot catch it from someone else.</p>	<p>22" x 28" One sided</p>	Metal stanchion	1

Sign#	Verbiage	Size	Holder*	Qty.
	Botulism is not passed from person to person. You cannot catch it from someone else.	22" x 28" One sided		
	Plague can be passed from face-to-face contact when an infected person coughs or sneezes. Pick up a mask here!	22" x 28" One sided		
	Smallpox can be passed from face-to-face contact when an infected person coughs or sneezes. Pick up a mask here!	22" x 28" One sided		
	Tularemia is not passed from person to person. You cannot catch it from someone else.	22" x 28" One sided		
	Hemorrhagic fever can be passed from face-to-face contact when an infected person coughs or sneezes. Pick up a mask here!	22" x 28" One sided		
	Step 1: Fill In Form	36" x 48" Two sided	Ceiling mounts Two grommets	1
		22" x 28" Two sided	Metal stanchion	1
	Step 2: Show Form #	36" x 48" Two sided Three colors	Ceiling mounts Two grommets	1
		22" x 28" Two sided Three colors	Metal stanchion	1
	Help line	14" x 11" One sided	Top sign holder	1
	Family line	14" x 11" One sided	Top sign holder	1
	Adult line	14" x 11" One sided	Top sign holder	1
	Please Wait	14" x 11" One sided	Top sign holder	3
	Step 3: Pick Up Medicine #	36" x 48" Two sided Three colors	Ceiling mounts Two grommets	2

Sign#	Verbiage	Size	Holder*	Qty.
		22" x 28" Two sided Three colors	Metal stanchion	1
	Step 4: Turn In Form & Exit	36" x 48" Two sided	Ceiling mounts Two grommets	1
		22" x 28" Two sided	Metal stanchion	1
	Thank you for your cooperation 1. Read and follow your medication handout. 2. Regularly check for updates (radio, TV, newspaper, Internet). 3. Call area hotlines for more information.	22" x 28" One sided	Metal stanchion	1
	Medical Evaluation	14" x 11" One sided	Top sign holder	1
	Ambulance	14" x 11" One sided	Mount only on PVC stock	1
	First Aid (*)	14" x 11" One sided	Mount on foam core (no stand)	1
	Exit	14" x 11" One sided	Top sign holder or Tape on door	2
	No Exit	14" x 11" One sided	Mount on foam core (no stand)	2
	Sign language/assisted hearing device symbols (no text)	8.5" x 11" One sided	Acrylic	4
	Incident Command Post (*)	14" x 11" One sided	Mount on foam core (no stand)	1
	Break/Staging Room – Staff Only (*)	14" x 11" One sided	Mount on foam core (no stand)	1
	No entrance	14" x 11" One sided	Top sign holder or Tape on door	2

Sign#	Verbiage	Size	Holder*	Qty.
	Arrows	10.5" x 10.5" One sided	Top sign holder	10 ? 5
	Interpreter - Spanish	8.5" x 11" One sided	Acrylic	1
	Interpreter - Russian	8.5" x 11" One sided	Acrylic	1
	Interpreter - Vietnamese	8.5" x 11" One sided	Acrylic	1
	Interpreter - Chinese	8.5" x 11" One sided	Acrylic	1

* No translations

Main languages

- Russian
- Spanish
- Vietnamese
- Chinese

Additional languages

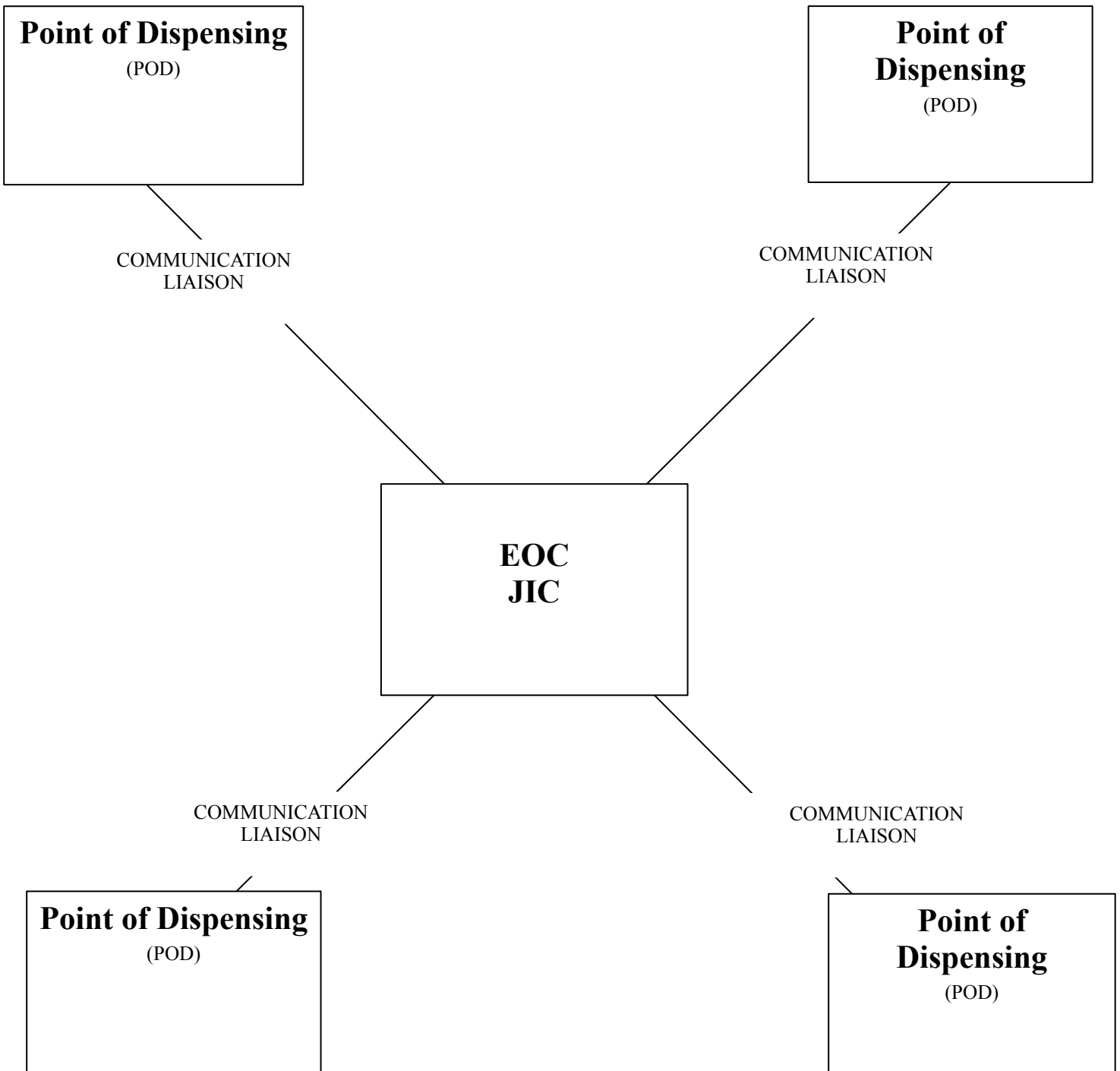
- Korean
- Japanese
- Tagalog

Hardware needs

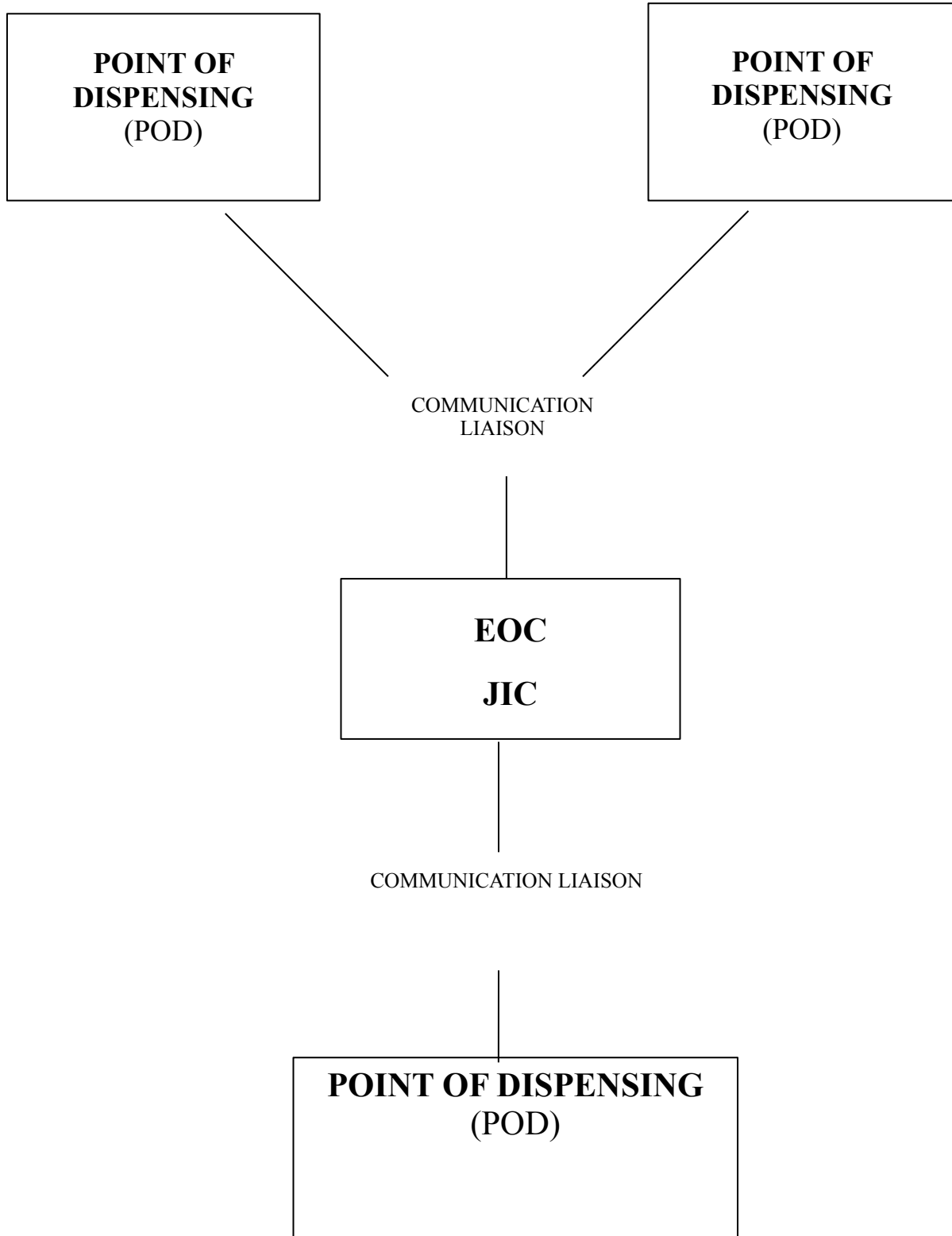
Item	Purchased from	Quantity	Approx. Cost (each)
PVC pipe holder 96" high x 54" wide Sign: 36" x 48"	Supplies from hardware store	5	\$30
Metal stanchions	www.siegeldisplay.com	8	47
A-Frame holder	www.speedpress.com	5	56 if by 2's
Alternate Top Sign Holder	www.merchinv.com (three parts)	13	19
Acrylic holders	www.displays2go.com	10	5
Ceiling mounts	www.merchinv.com	5 sets	.48
Banner mounts	www.merchinv.com	4 sets	2
11" cable ties	www.homedepot.com	5 sets	7 For 100

POD JIC Communication Schematic

COMMUNICATION OPTION 1 (Local)



COMMUNICATION OPTION 2



Medical Countermeasure Risk Communication Lead and LHD Public Information Officers (PIO) Checklist

In the event of a crisis event requiring deployment of state or federal medical countermeasures, use the checklist below as a guide to ensure that all necessary activities are completed. The activities in the checklist are based on prior notification of the emergency and implementation of the local crisis and emergency risk communication plan. Once the request for pharmaceutical supplies has been made, the transition will be made from the local crisis and emergency risk communication plan to the medical countermeasure risk communication plan.

Upon CDPH Recommendation to Governor Regarding the Deployment of State or Federal Medical Countermeasures

1. Transition to medical countermeasure risk communication plan.

- Continue communication via communication protocol and call-down lists.
- With CDPH, establish communication with local SNS coordinator to determine:
 - Location (county) to be deployed.
 - ETA for availability of assets to public.
 - Location of Points of Dispensing (POD) sites.
 - Location of Treatment Centers.
- Coordinate information between local Emergency Operations Center (EOC) and CDPH to support local needs.
 - Ensure state and local messages regarding medical countermeasures are consistent.
 - Coordinate all information through Joint Information Center (JIC).
- Coordinate with CDPH to access demographics of affected areas and determine needs of special populations including translation, transportation and psychosocial. Utilize GIS mapping for visual characterization of affected area.
- Coordinate with CDPH to release pre-prepared medical countermeasure statement for the Governor to share with the public.
- Determine staff to be liaisons at dispensing site(s).
- Activate local crisis Web site, hotlines and approved materials.
- Activate designated spokesperson(s) and provide each with key messages.
- Continue media monitoring.
- Continue Internet monitoring.

One Hour After Request for State or Federal Medical Countermeasures

2. With approval via pre-determined approval process and in conjunction with CDPH, release initial information to media, public and partners/stakeholders on distribution of prophylaxis and adherence to medication instructions through arranged channels and at POD sites.

- Distribute news release and B-roll to media contacts via E-mail or blast fax.
- Upload pre-prepared media materials to local crisis Web site.
- Ensure materials are available at POD sites.
- Ensure spokesperson(s) are alerted and prepared for potential media inquiries.
- Distribute media materials to partner/stakeholder organizations via blast fax or E-mail and establish regular briefing schedule and protocols with them.
- Establish regular briefing schedule and protocols for working with the media.

3. In coordination with CDPH, update media with new information.

- Send follow-up release with additional event information and details of any scheduled news conferences/media briefings.
- Ensure materials are available at POD sites.

- Create additional materials including fact sheet and media advisory for news conferences/media briefings, as necessary.

Upon Opening of POD Sites

4. Conduct news conference in collaboration with CDPH.

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

During Distribution of Assets at POD Sites and Prescribed Period of Follow-Up for Medicine

5. Continue outreach efforts in coordination with CDPH.

- Continue media outreach regarding distribution of prophylaxis to encourage attendance at dispensing sites and adherence to medication instructions.
- Conduct periodic communication with media, partner/stakeholders and special population groups via E-mail, blast fax and/or town hall meetings to remind and encourage medication adherence in affected areas.
- Disseminate additional information.
 - Send additional information to media, as available.
 - Continue to monitor media coverage.
 - Provide the public with instructions on adverse drug reactions and contacts for necessary follow-up.

Post-Event Phase

6. Obtain feedback and conduct crisis evaluation with CDPH.

- Compile and analyze media coverage.
- Conduct a “hot wash” (an immediate review of what went right and what went wrong) to capture lessons learned.
- 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.
- Share findings with CDPH.

7. Continue communication with response partners and partner/stakeholders.

- Continue collaboration with state and local mental providers to facilitate recovery efforts.

8. Conduct ongoing public education through updated messages.

- Integrate mental health messages to assist community with recovery efforts.
- Address special needs of children, parents, seniors, disabled, non-English speakers and other affected special populations.
- Integrate occupational safety into recovery messages.

9. Continue efforts until state and local EOCs are de-activated.

Mini Public Education Campaign Overview for State or Federal Medical Countermeasures

Objective

The objective of the mini public education campaign, coordinated by the local JIC, is to decrease the number of individuals who contract the illness outbreak by encouraging proper medication adherence following the community dispensing of vaccinations and prophylaxis.

Timeframe

The campaign should begin during the initiation of distribution of medication at the impacted community and should not end until all sectors of the population have completed taking the medication.

Strategies

- To frequently and periodically stage encouraging media and public messages during the course of treatment to encourage adherence.
- Messages should correspond to length of prescribed treatment (10 days, 30 days, 60 days, multiple vaccinations)
- Messages should correspond to stage of treatment (early in treatment focus on event, importance of prescribed treatment, symptoms of complications; mid treatment focus on making it this far and continuation of adherence; end of treatment should focus on how far they have come – no new cases and importance of finishing to protect self and family).
- For vaccinations requiring more than one series of shots, utilize strategies to ensure impacted community returns for additional series.
- Use community spokespeople and respected leaders, including ethnic leaders, to publicly model desired behavior.

Sample Campaign Methods

- Hand out mass prophylaxis flyer at POD sites in English and Spanish.
- Ask local businesses, community centers, schools and faith-based organizations to make announcements, post flyers and campaign messages in their establishments, on signs, or in other creative ways such as the church bulletin or on receipts and bills.
- Ask any local outlets covering the situation to stress medication adherence to ensure the message is conveyed to the public.
- Develop talking points, stressing medication adherence, for local spokespeople to use during media interviews.
- Create script radio PSAs based on the key messages and distribute to local stations for on-air announcers and identified spokespeople to read.
- Partner with local newspapers and ask them to include reminders to their readers regarding proper use of the medication and the importance of adherence.

While developing your campaign materials, be sure to include the following:

- Stress that medicine from the dispensing site will fight off any sickness caused by the agent to which individuals may have been exposed.
- Highlight the frequency and dosage that should be followed to ensure proper use of the medicine.
- Note what side effects may occur with the medicine and that it is imperative that individuals continue to take the medicine, even if it is an inconvenience.
- Emphasize that taking the medicine, the way officials instruct, even if it makes individuals feel sick, may be **life saving**.
- List what foods or drugs may interact with the medicine and urge individuals to be strict about their intake in order for the medicine to work properly or consult a designated hotline.

Hazards

Introduction to Hazards

California residents need to be prepared for many different types of public health emergencies. Local health departments, in conjunction with the California Department of Public Health, are responsible for educating the media and the public about natural and man-made disasters, and it is imperative that people know what to do to keep themselves and their families safe during an emergency.

The hazards section of this Tool Kit has been designed to provide tools to help communicate about a wide range of hazards, many of which occur on an annual basis in our state. The Tool Kit contains key messages for pre-event communication and messages that can be used whenever a public health emergency occurs. There are also press release templates, fact sheets and Q&A documents to help answer questions from the media and general public.

Hazards of all types – disease outbreaks, natural disasters, the threat of terrorism and bioterrorism events – are all part of living in California. This section contains tools to support planning, preparedness and response efforts for hazards most common to California or likely to occur in our state:

Disease Outbreaks

Pandemic Flu

An influenza pandemic is a global outbreak of disease that occurs when a new flu virus appears or “emerges” in the human population, causes serious illness in people and then spreads easily from person to person worldwide.

Bird Flu

Bird flu is an infection caused by influenza (flu) virus. Bird flu viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, bird flu is very contagious among birds and can make some domesticated birds, including chickens, ducks and turkeys, very sick and kill them.

H1N1 Flu

H1N1 flu, sometimes referred to as “swine flu” is a new influenza virus causing illness in people. The virus was first detected in the United States in April 2009. The H1N1 flu virus has spread worldwide from person-to-person in much the same way that regular seasonal influenza viruses spread.

West Nile Virus

West Nile Virus is a disease carried by mosquitoes that is common in African, west Asia, the Middle East and more recently North America. Human infection with West Nile Virus may result in serious illness. Experts believe West Nile Virus is established as a seasonal epidemic in North America that flares up in the summer and continues in the fall.

Natural Disasters

Earthquakes

Since 1906, California has experienced more than a dozen significant earthquakes, the most significant being the Northridge Earthquake in 1974. Earthquakes can cause millions of dollars in damage and result in serious injury and loss of life. The key to surviving an earthquake and lowering risk of injury is to plan and prepare for what to do when an earthquake happens.

Extreme Heat

Extreme heat conditions usually occur in the summertime and can be especially dangerous for infants and young children, people older than 65 years of age, overweight people, and those with chronic illness. This section provides tips and tools for preparing the general public and at-risk people with the information they need to safeguard their health and the health of others.

Wildfires

In the wilderness, wildfires can quickly burn thousands of square miles. In metropolitan cities such as Los Angeles, they can burn entire neighborhoods. Southern California is very prone to wildfires because of low annual rainfall, warm summers and dry vegetation.

Terrorism and Bioterrorism

The threat of a terror attack in California is very real. There are important differences among potential terrorist threats that will impact the decisions that your organization makes in an emergency. The three main classes of terrorist threats are 1) biological, 2) chemical, and 3) radiological.

Biological Threats

A biological attack is the deliberate release of germs or other biological substances that can make you sick. Examples of biological threats are anthrax, smallpox and salmonella.

Chemical Threats

A chemical attack is the deliberate release of toxic gas, liquid or solid that can poison people and the environment. Examples of chemical threats are sarin gas, arsenic, and mustard gas.

Radiological Threats

A radiological 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. While the blast will be immediately obvious, the presence of radiation will not be clearly defined until trained personnel with specialized equipment have detected it.

It is important to note that there are many other hazards, not listed in this Tool Kit, which may impact California communities. For information on other hazards, please visit www.bepreparedcalifornia.ca.gov, www.cdc.gov or www.redcross.org.

General Emergency Preparedness Pre-Event Key Messages

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

1. Protect

We are working with federal, state and local agencies to protect Californians in the event of a public health emergency.

- a. California has the essential building blocks in place to protect the public during an emergency. However, we must continue to strengthen our preparedness efforts.

2. Prepare

Everyone has a responsibility for preparedness. Individuals, communities, private industry and all levels of government need to actively prepare for an emergency.

- a. Public health emergencies are events or disasters that threaten the health of communities or groups of people. Some examples are:
 - Disease outbreaks such as West Nile Virus or pandemic flu.
 - Biological terrorist attacks such as an anthrax release.
 - Severe weather such as extreme heat.
 - Natural disasters such as earthquakes, floods or wildfires.
- b. Professionals from state and local public health departments, hospitals, clinics and community organizations are working together to prepare us for these types of emergencies.

3. Action

The best way to stay safe during a public health emergency is to plan ahead.

- a. Develop a plan for your family, practice the plan and make sure everyone understands what he or she must do in the event of an earthquake.
- b. Practice what to do when an emergency happens, which will increase your chances of staying safe during a crisis.

Disease Outbreaks

Introduction to Disease Outbreaks

Disease outbreaks threaten the health of individuals, groups of individuals and the communities in which we live. Planning ahead is essential to helping keep California's communities and residents safe.

This section provides tools for planning for the following disease outbreaks:

- Pandemic Flu
- Bird Flu
- H1N1 Flu
- West Nile Virus

The tools in this section will help local health departments conduct outreach to media and inform the public so that residents are prepared for the various types of disease outbreaks.

Pandemic Flu Definition

An influenza pandemic is a global outbreak of disease that occurs when a new flu virus appears or “emerges” in the human population, causes serious illness in people and then spreads easily from person to person worldwide.

Differences Between Seasonal Flu and Pandemic Flu

Seasonal Flu

- Caused by influenza viruses that are similar to those already affecting people.
- Symptoms include fever, cough, runny nose and muscle pain. Deaths can be caused by complications such as pneumonia.
- Healthy adults usually not at risk for serious complications (the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications).
- Generally causes modest impact on society (i.e., some school closings, encouragement of people who are sick to stay home).

Pandemic Flu

- Caused by a new influenza virus that people have not been exposed to before.
- Likely to be more severe, affect more people, and cause more deaths than seasonal flu because people will not have immunity to the new virus.
- Symptoms similar to the common flu may be more severe and complications more serious.
- Healthy adults may be at increased risk for serious complications.
- A severe pandemic could change the patterns of daily life for some time. People may choose to stay home to keep away from others who are sick. Also, people may need to stay home to care for ill family and loved ones. Travel and public gatherings could be limited. Basic services and access to supplies could be disrupted.

Preparing for Pandemic Influenza: What You Can Do

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. The federal government, states, communities and industry are taking steps to prepare for and respond to an influenza pandemic.

A pandemic is likely to be a prolonged and widespread outbreak that could require temporary changes in many areas of society, such as schools, work, transportation and other public services. An informed and prepared public can take appropriate actions to decrease their risk during a pandemic.

Communities, Businesses and Individuals Should:

- Develop preparedness plans as you would for other public health emergencies.
- Participate and promote public health efforts in California and your community.
- Talk with your local public health officials and health care providers; they can supply information about the signs and symptoms of a specific disease outbreak.
- Implement prevention and control actions recommended by your public health officials and providers.
- Adopt business/school practices that encourage sick employees/students to stay home.
- Anticipate how to function with a significant portion of the workforce/school population absent due to illness or caring for ill family members.
- Practice good health habits, including eating a balanced diet, exercising daily and getting sufficient rest. Take these common-sense steps to stop the spread of germs:
 - Wash hands frequently with soap and water.
 - Cover coughs and sneezes with tissues.
 - Stay away from others as much as possible if you are sick.
 - Stay informed about pandemic influenza and be prepared to respond.
- Consult www.flu.gov frequently for updates on national and international information on pandemic influenza.
- Use national and local pandemic hotlines that will be established in the eventuality of a global influenza outbreak.
- Listen to radio and television and read media stories about pandemic flu.

Pandemic Influenza Q&A

1. When will the next pandemic occur and how severe will it be?

It is impossible to predict when the next pandemic will occur, but many scientists believe it is only a matter of time. Historically, the 20th century saw three influenza pandemics:

- 1918 pandemic caused at least 675,000 U.S. deaths and nearly 50 million deaths worldwide.
- 1957 pandemic caused at least 70,000 U.S. deaths and one-two million deaths worldwide.
- 1968 pandemic caused at least 34,000 U.S. deaths and 700,000 deaths worldwide.

The severity of the next pandemic cannot be predicted, but studies suggest that the impact on the United States could be substantial. In the absence of vaccination or drugs, it has been estimated a moderately severe pandemic in the United States could impact 15% to 35% of the population and cause:

- 89,000 to 207,000 deaths;
- 314,000 to 734,000 persons to be hospitalized;
- 20 to 47 million people to be sick; and
- an economic impact between \$71 and \$167 billion.

2. How would an influenza pandemic affect communities and businesses?

If a severe influenza pandemic occurs, many people could become sick at the same time and be unable to go to work. Many people may have to stay at home to care for sick family members. Schools and businesses may close to try to prevent the disease from spreading. Large group gatherings may be canceled, and public transportation may be scarce. It will be important for communities, schools, businesses and civic organizations to work together to prepare for and respond to a pandemic.

3. What is the government doing to prepare for pandemic flu?

Federal, state and local health agencies are making plans to prepare for, respond to and contain an outbreak of pandemic flu, including:

- Supporting federal, state and local health agencies' efforts to prepare for and respond to a pandemic flu outbreak.
- Working with the World Health Organization (WHO) and other nations to help detect and contain outbreaks.
- Developing a national stockpile of antiviral drugs to help treat and control the spread of disease.
- Supporting the manufacture and testing of possible vaccines, including finding more reliable and quicker ways to make large quantities of vaccines.
- Working with other state and federal agencies to prepare and to encourage communities, businesses and organizations to plan for a pandemic influenza outbreak.

4. Is there a pandemic influenza vaccine?

A vaccine probably would not be available in the early stages of a pandemic. Large amounts of vaccine cannot be made before knowing exactly which virus is causing a pandemic. Production of a new vaccine takes approximately six months. If a pandemic occurs, the U.S. government will work with partner groups to make recommendations guiding the early use of available vaccine.

5. Will the seasonal flu vaccine protect people against pandemic flu?

No. Flu vaccines are designed to protect against specific viruses that have already been identified, so a pandemic vaccine cannot be produced until a new flu virus emerges and starts to cause a significant number of human illnesses. A virus that could cause a pandemic would be very different from the seasonal flu viruses for which there is already vaccine.

6. Are there medications to treat or prevent pandemic flu?

There are prescription drugs, called antiviral medications, that can reduce flu symptoms and shorten the length of time people are sick. The drugs may also make a person less likely to spread the flu to others. To be effective, they must be taken within two days of becoming sick. Some antiviral medications may also be used to prevent the flu if they are taken over a long period of time.

Currently, four influenza antiviral medications are approved by the U.S. Food and Drug Administration for the treatment and/or prevention of influenza (amantadine, rimantadine, oseltamivir and zanamivir). The effectiveness of these antivirals would vary depending on the level of resistance a flu virus may have to one or more of these medications. At this time, Tamiflu® and Relenza® are the most likely antivirals to be used in a pandemic.

7. Are there enough antiviral medications for everyone if a pandemic occurred now, and if not, who will get them?

California has stockpiled enough antiviral medications for nearly one-fourth of the population, enough to treat everyone who may need them.

8. How can people protect themselves?

There are many steps people can take to help reduce the spread of germs and prepare for a pandemic:

- Wash your hands often with soap and water or alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your upper sleeve.
- Try to stay away from people who are sick.
- Always wash your hands after being in contact with an ill person or soiled materials, such as tissues.
- Stay at home when you are sick, wear a mask and keep your children home from school or daycare when they are sick. Watch for these symptoms:
 - Fever
 - Cough
 - Runny nose
 - Muscle pain
- If you go to the doctor's office or emergency department when you are sick, ask for a mask.
- Store non-perishable food, water, health supplies and other essential household items to reduce trips to the store and other crowded places.
- Stay informed.

Community Hardiness and Personal Resilience

The following section, “Community Hardiness and Personal Resilience” was taken from the book, “Crisis and Emergency Risk Communication, Pandemic Influenza,” by Barbara Reynolds. For additional information on this subject, and for a complete list of references, please go to <http://emergency.cdc.gov/cerc/pdf/CERC-PandemicFlu-OCT07.pdf>.

Crises, emergencies and disasters happen. Disasters are inherently different from daily emergencies and the difference is more than just one of magnitude. Experts state that the majority of people in the United States will experience at least one traumatic event outside the range of normal human experience sometime within their lives. How well we cope with those traumatic events will depend, in great part, on our community’s hardiness and our own personal resilience.

Measuring community hardiness

The measure of a community’s hardiness stem from its socioeconomic status (e.g., income levels, unemployment rates, education levels and health-related behaviors), community-based organizations, non-governmental organizations, neighborhood associations, places of worship, and its political and governmental structures. Key findings regarding community resiliency include:

- Group potency (the amount of belief among the group that they can succeed) actually affects group performance. The shared belief in the group’s ability to be effective is critically important for complex tasks that require the combined efforts of all group members.
- Key factors that could contribute or detract from group success include leadership style, task definition and training, and level of cohesion.
- In a dire emergency such as severe pandemic influenza, threatened people or groups may exaggerate their responses as they revert to more rudimentary or instinctual fight or flight reasoning.

Personal resilience

Personal resilience is a person’s ability to maintain their equilibrium in the face of trauma and loss. Resilience is often described as the protective factors that help humans thrive after extreme disasters and foster positive outcomes.

- Studies show that having a sense of direction during a crisis increases survival because people who could focus on a goal or action such as “helping their family survive” gave the individual’s mind relief from thoughts of the threat.

Group worldview

Possible threats to community hardiness may depend on groups’ “worldview.” If group members share an “injustice” worldview, the group’s persistent belief will be that they have significant and legitimate grievances against another group. Such a world view can be especially important in regard to distributions of scarce resources and the belief that other people receive resources because their powerful group “rigged the system.”

Leader's Role in Building Hardiness

Generally, leadership is described as the process of influencing others to achieve goals. Leaders may influence goal achievement by providing direction, through charisma, and by example. Before, during, and after a severe influenza pandemic, community leaders will have tremendous potential to positively influence community outcomes. Therefore, broad community involvement is critical in finding the best solutions for anticipated challenges *before a pandemic occurs*. When the pandemic occurs, the leader must assume a greater role in decision-making or risk a sense of chaos and uncertainty overwhelming the community, shaking its group-efficacy.

Stakeholder expectations

The public and stakeholders want to accomplish the following five things with the information they get from their leaders during a severe pandemic:

1. Gain the wanted facts needed to protect them, their families and their pets from the dangers they are facing.
2. Make well-informed decisions using all available information.
3. Have an active, participatory role in the response and recovery.
4. Act as a “watch-guard” over resources, both public and donated.
5. Recover or preserve well-being and normalcy, including economic security.

Successful Pandemic Communication

In a crisis, individuals will immediately judge the content of official messages by the speed of communication and the trust and credibility of the messenger. The speed with which information is shared with the public during a severe influenza pandemic will indicate to the public how prepared officials are to respond to the emergency, that there is a response system in place, and that needed action is being taken.

Understanding Loss and Grief

The following section, “Understanding Loss, Grief and Cultural Bereavement Rituals” was taken from the book, Crisis and Emergency Risk Communication, Pandemic Influenza, by Barbara Reynolds. For additional information on this subject, and for a complete list of references, please go to, <http://emergency.cdc.gov/cerc/pdf/CERC-PandemicFlu-OCT07.pdf>.

Severe Pandemic: What is Different?

- The sheer magnitude of predicted deaths for the United States and the world.
- The certainty of deaths combined with greater uncertainty during planning regarding who is at risk because of nearly universal susceptibility to the virus and unknown virus characterizations.
- The potential for key members of the society to die, leaving critical gaps in community infrastructures and social frameworks.

During the next severe influenza pandemic, modeling estimates indicate that nearly 2 million people in the *United States alone* are expected to die if conditions remain as they are today (i.e., limited ability to produce vaccine early in the pandemic, limited supplies or efficacy of antivirals, and limited community mitigation measures taken).

During seasonal influenza epidemics, approximately 36,000 deaths occur, of which 95% occur among persons 65 years of age or older, usually from complications of secondary bacterial pneumonia. In a severe influenza pandemic, that may not be the case. Communities and the nation will face what experts call “death out of time,” as large numbers of healthy adults and children also die from the disease.

Compassionate communication

Importantly, those who communicate about the number of deaths in their community should be cautious about the wording of their reports. They must show a level of sensitivity regarding the individuals who constitute the total number of deaths. As the first deaths occur, people will expect more information to characterize the deaths (e.g., age, role in the community, gender).

- They will be trying to assess their own risk according to the types of people who are dying. After all, there’s nothing like someone who is one’s age to die from a heart attack, to make one consider his or her own vulnerability.
- As the death toll increases, reports to the community should provide the total number, but should also continue to acknowledge the loss of vital members of the community in general statements.
- Communicators must be sensitive to the “look” of the report. If reports are posted to an Internet site, the page should be respectful of the human loss, ensuring that reports of human loss come before mention of economic loss; how one enters the site and gets to the official report should also be considered.
- The page should be less bureaucratic looking than a county’s tax adjustor numeric page. It will be important that nothing on or around the page is commercial or of light humor. Respecting the dead from a response organization’s perspective must include respecting that the number reported is more than a number, it represents community members.

Understanding the grief and mourning process and the cultural realities of bereavement rituals will be critical to ensuring communication is empathetic and respectful. The reality is that the public health and response officials charged with supporting the community through the pandemic may also be experiencing loss in their family, workplace, or immediate community.

Communicating About Death

One-on-One

In a catastrophic event, as many people are ill, dying, or in need of treatment, it may be your job to talk to individuals about what is happening.

Empathize with the patient and family.

- People only engage in serious, meaningful communication for short spans of time.
- Small talk and chitchat can be a treasure trove of meaningful “hints” about what a person is worried about or may want to talk about.
- Privacy is important. Assure that information shared will be kept private.
- Allow communication free from interruptions (i.e., crying shouldn’t be interrupted).
- Try not to answer questions outside your area of expertise. Get permission from the individual to refer him or her to an expert.

Listen carefully.

- Place the speaker’s needs above your own.
- Use open and accepting body language (e.g., no crossed arms).
- Always be honest in responding.
- Try not to interrupt or give advice.
- Accept moments of silence.
- As much as 90% of all communication is nonverbal. Look for cues in body language.

Be careful.

- Try not to misinterpret the meaning of words and gestures.
- Value judgments hinder communication. Validate what the person is saying but remain neutral in conversation.
- Teasing belittles the individual.
- Blame cuts off communication.
- Use the person’s name in the conversation.
- Ask a clarifying question: “Can you help me understand?”
- Allow the conversation to evolve—don’t push it where you hope it will go.
- Allow for silence.
- Be sensitive to nationality, ethnicity, religion, age, and feelings.
- When possible, use the same language (words) as the other person.
- When responding to someone, say “you’re crying” instead of “you’re sad” to allow the person to express the feeling behind the action.
- How something is said is often more important than what is said.

When speaking to grieving family members:

Your presence is more important than conversation. Family members may voice feelings with such strong emotion as “I don’t know how I’m going to live without my husband,” or “Why would God allow this to happen?” Short statements of condolence, such as “I’m so sorry,” “This is a sad time,” or “You’re in my prayers,” are enough of a response. If a person tenses at your touch, withdraw.

Conclusion

Every society has rituals and traditions associated with loss which serve valuable functions. A major concern for response and community leaders must be the needs of those bereaved. If ignored, “the total cost of these unmet needs from human suffering, chronic health problems, and economic losses are incalculable.” There is no single formula for understanding any cultural group and, while generalizations can be helpful, they are not substitutes for individual consideration.

- Displays of emotion such as crying, fear, and anger are nearly universally accepted in all societies among mourners, except Western society which is, in fact, highly deviant.
- But among any population, losses can lead to mental and emotional problems if the grief process does not occur. Individuals from different ethnic groups or cultures may manifest symptoms of grief and undertake the grief process differently.

Communication professionals should understand these differences and make allowances for them in messages related to death, grief, loss, and mourning.

Pandemic Flu – Mini Public Education Campaign Overview

Objective

The objective of a mini public education campaign, coordinated by the local JIC, is to decrease the number of individuals who contract the flu virus during a pandemic by encouraging protective health measures and proper adherence to medication.

Timeframe

The campaign should begin when an influenza pandemic is declared and should not end until the pandemic is declared over.

Strategies

- To educate the media and public about the importance of protective health measures and proper adherence to medication.
- Messages should correspond to stage of pandemic and subsequent treatment:
 - Early stage: Focus on event, importance of protective measures and prescribed treatment, symptoms of complications.
 - Middle stage: Focus on making it this far with medication and continuation of protection measures and medication adherence.
 - End stage: Focus on how far they have come with medication and the importance of finishing all medications to protect self and family.
- For medications requiring more than one series of shots, ensure affected persons return for additional series.
- Use community spokespeople and respected leaders, including ethnic leaders, to communicate messages and model desired behavior.

Sample Campaign Methods

- Ask local businesses, community centers, schools and faith-based organizations to make announcements and post flyers or posters in their establishments that include campaign messages. Messages can also be incorporated into church bulletins and school or business newsletters.
- Ask local media covering the situation to stress protective measures and adherence to medication to ensure the message is conveyed to the public.
- Develop talking points, stressing protective measures and adherence to medication, for local spokespeople to use during media interviews.
- Use template broadcast PSA scripts based on the key messages and distribute to local stations for on-air announcers and identified spokespeople to read.
- Partner with local newspapers and ask them to include reminders to their readers regarding protective measures, proper use of the medication and the importance of adherence.
- Post educational materials including fact sheets, questions and answers, flyers and posters on Web site.

While developing your campaign materials, be sure to utilize the key messages, which vary depending on the stage of the pandemic.

Pandemic Influenza Preparedness Checklists

The following checklists will help individuals and families, businesses, schools (K-12), and faith-based and community organizations prepare for an influenza pandemic. The checklists were developed by the U.S. Department of Health and Human Services and the Centers for Disease Control. To learn more and find other checklists, please visit <http://www.flu.gov/plan/checklists.html>.

Individuals & Families Influenza Planning Checklist

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- Store a two-week supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.
- Periodically check your regular prescription drugs to ensure a continuous supply in your home.
- Have nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.
- Volunteer with local groups to prepare and assist with emergency response. Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model that behavior.
- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.
- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

3. Items to have on hand for an extended stay at home:

Examples of food and non-perishables

- Ready-to-eat canned meats, fish, fruits, vegetables, beans and soups.
- Protein or fruit bars.
- Dry cereal or granola.
- Peanut butter or nuts.
- Dried fruit.
- Crackers.
- Canned juices.
- Bottled water.
- Canned or jarred baby food and formula.
- Pet food.
- Other non-perishable foods.

Examples of medical, health, and emergency supplies

Prescribed medical supplies such as glucose and blood-pressure monitoring equipment.
Soap and water, or alcohol-based (60-95%) hand wash.
Medicines for fever, such as acetaminophen or ibuprofen.
Thermometer.
Anti-diarrheal medication.
Vitamins.
Fluids with electrolytes.
Cleansing agent/soap.
Flashlight.
Batteries.
Portable radio.
Manual can opener.
Garbage bags.
Tissues, toilet paper, disposable diapers.

School District (K-12) Influenza Planning Checklist

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and families. The following checklist has been created to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (*Practical Information on Crisis Planning: A Guide For Schools and Communities* <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

1. Planning and Coordination:			
Activity	Completed	In Progress	Not Started
Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.			
Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care and mutual aid.			
As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (i.e. lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.			
Work with local and/or state health departments and other community partners to establish organizational structures, such as the Event Command System, to manage the execution of the district's pandemic flu plan. An Event Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an event.			
Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS.			
Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.			
Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.			

1. Planning and Coordination (cont.):			
Activity	Completed	In Progress	Not Started
Test the linkages between the district’s Event Command System and the local/state health department’s and state education department’s Event Command System.			
Contribute to the local health department’s operational plan for surge capacity of healthcare and other services to meet the needs of the community (i.e. schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA’s healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.			
Incorporate into the pandemic influenza plan the requirements of students with special needs (i.e. low income students who rely on the school food service for daily meals), those in special facilities (i.e. juvenile justice facilities) as well as those who do not speak English as their first language.			
Participate in exercises of the community’s pandemic plan.			
Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.			
Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.			
Implement an exercise/drill to test your pandemic plan and revise it periodically.			
Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.			
2. Continuity of Student Learning and Core Operations:			
Activity	Completed	In Progress	Not Started
Develop scenarios describing the potential impact of a pandemic on student learning (i.e. student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.			
Develop alternative procedures to assure continuity of instruction (i.e. web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.			
Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.			

3. Infection Control Policies and Procedures:			
Activity	Completed	In Progress	Not Started
Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (i.e. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.			
Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.			
Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (i.e. non-punitive, liberal leave).			
Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.			
Establish policies for transporting ill students.			
Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).			
4. Communication Planning:			
Activity	Completed	In Progress	Not Started
Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing and updating of communication plans.			
Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.			
Ensure language, culture and reading level appropriateness in communication by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.			
Develop and test platforms (i.e. hotlines, telephone trees, dedicated websites and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.			
Develop and maintain up-to-date communication contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.			

Assure the provision of redundant communication systems/ channels that allow for the expedited transmission and receipt of information.			
4. Communication Planning (cont.):			
Activity	Completed	In Progress	Not Started
Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.			
Disseminate information about the LEA's pandemic influenza preparedness and response plan (i.e. continuity of instruction, community containment measures).			
Disseminate information from public health sources covering routine infection control (i.e. hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (i.e. signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (i.e. guidance for the at-home care of ill students and family members).			
Anticipate the potential fear and anxiety of staff, students and families as a result of rumors and misinformation and plan communication accordingly.			

Businesses Pandemic Influenza Planning Checklist

In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical. The following checklist identifies important, specific activities large businesses can do now to prepare, many of which will also help you in other emergencies. Further information can be found at www.flu.gov and www.cdc.gov/business.

1. Plan for the Impact of a Pandemic on Your Business:			
Activity	Completed	In Progress	Not Started
Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning. The planning process should include input from labor representatives.			
Identify essential employees and other critical inputs (i.e. raw materials, suppliers, sub-contractor services/products and logistics) required to maintain business operations by location and function during a pandemic.			
Train and prepare ancillary workforce (i.e. contractors, employees in other job titles/descriptions, retirees).			
Develop and plan for scenarios likely to result in an increase or decrease in demand for your products and/or services during a pandemic (i.e. effect of restriction on mass gatherings, need for hygiene supplies).			
Determine potential impact of a pandemic on company business financials using multiple possible scenarios that affect different product lines and/or production sites.			
Determine potential impact of a pandemic on business-related domestic and international travel (i.e. quarantines, border closures).			
Find up-to-date, reliable pandemic information from community public health, emergency management, and other sources and make sustainable links.			
Establish an emergency communication plan and revise periodically. This plan includes identification of key contacts (with back-ups), chain of communication (including suppliers and customers), and processes for tracking and communicating business and employee status.			
Implement an exercise/drill to test your plan, and revise periodically.			
2. Plan for the Impact of a Pandemic on Your Employees and Customers:			
Activity	Completed	In Progress	Not Started
Forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures and public transportation closures.			

Implement guidelines to modify the frequency and type of face-to-face contact (i.e. hand-shaking, seating in meetings, office layout, shared workstations) among employees and between employees and customers (refer to CDC recommendations).			
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2. Plan for the Impact of a Pandemic on Your Employees and Customers (cont.):

Activity	Completed	In Progress	Not Started
Encourage and track annual influenza vaccination for employees.			
Evaluate employee access to and availability of healthcare services during a pandemic and improve services as needed.			
Evaluate employee access to and availability of mental health and social services during a pandemic, including corporate, community and faith-based resources, and improve services as needed.			
Identify employees and key customers with special needs and incorporate the requirements of such persons into your preparedness plan.			

3. Establish Policies to be Implemented During a Pandemic:

Activity	Completed	In Progress	Not Started
Establish policies for employee compensation and sick-leave absences unique to a pandemic (i.e. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.			
Establish policies for flexible worksite (i.e. telecommuting) and flexible work hours (i.e. staggered shifts).			
Establish policies for preventing influenza spread at the worksite (i.e. promoting respiratory hygiene/cough etiquette and prompt exclusion of people with influenza symptoms).			
Establish policies for employees who have been exposed to pandemic influenza, are suspected to be ill, or become ill at the worksite (i.e. infection control response, immediate mandatory sick leave).			
Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins and guidance for employees returning from affected areas (refer to CDC travel recommendations).			
Set up authorities, triggers and procedures for activating and terminating the company’s response plan, altering business operations (i.e. shutting down operations in affected areas) and transferring business knowledge to key employees.			

4. Allocate Resources to Protect your Employees and Customers during a Pandemic:

Activity	Completed	In Progress	Not Started

Provide sufficient and accessible infection control supplies (i.e. hand-hygiene products, tissues and receptacles for their disposal) in all business locations.			
Enhance communication and information technology infrastructures as needed to support employee telecommuting and remote customer access.			
Ensure availability of medical consultation and advice for emergency response.			

5. Communicate to and Educate your Employees:

Activity	Completed	In Progress	Not Started
Develop and disseminate programs and materials covering pandemic fundamentals (i.e. signs and symptoms of influenza, modes of transmission), personal and family protection and response strategies (i.e. hand hygiene, coughing/sneezing etiquette, contingency plans).			
Anticipate employee fear and anxiety, rumors and misinformation, and plan communication accordingly.			
Ensure that communication are culturally and linguistically appropriate.			
Disseminate information to employees about your pandemic preparedness and response plan.			
Provide information for the at-home care of ill employees and family members.			
Develop platforms (i.e. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.			
Identify community sources for timely and accurate pandemic information (domestic and international) and resources for obtaining counter-measures (i.e. vaccines and antivirals).			

6. Coordinate with External Organizations and Help Your Community:

Activity	Completed	In Progress	Not Started
Collaborate with insurers, health plans and major local healthcare facilities to share your pandemic plans and understand their capabilities and plans.			
Collaborate with federal, state and local public health agencies and/or emergency responders to participate in their planning processes, share your pandemic plans, and understand their capabilities and plans.			

<p>Communicate with local and/or state public health agencies and/or emergency responders about the assets and/or services your business could contribute to the community.</p>			
<p>Share best practices with other businesses in your communities, chambers of commerce and associations to improve community response efforts.</p>			

Faith-Based and Community Organizations Pandemic Influenza Planning Checklist

The collaboration of Faith-Based and Community Organizations with public health agencies will be essential in protecting the public's health and safety if and when an influenza pandemic occurs. This checklist provides guidance for religious organizations (churches, synagogues, mosques, temples, etc.), social service agencies that are faith-based and community organizations in developing and improving influenza pandemic response and preparedness plans. Many of the points suggested here can improve your organization's ability to protect your community during emergencies in general.

1. Plan for the Impact of a Pandemic on Your Organization and its Mission:			
Activity	Completed	In Progress	Not Started
Assign key staff with the authority to develop, maintain and act upon an influenza pandemic preparedness and response plan.			
Determine the potential impact of a pandemic on your organization's usual activities and services.			
Plan for situations likely to require increasing, decreasing or altering the services your organization delivers.			
Determine the potential impact of a pandemic on outside resources that your organization depends on to deliver its services (i.e. supplies, travel).			
Outline what the organizational structure will be during an emergency and revise periodically. The outline should identify key contacts with multiple back-ups, role and responsibilities and who is supposed to report to whom.			
Identify and train essential staff (including full-time, part-time and unpaid or volunteer staff) needed to carry on your organization's work during a pandemic. Include back up plans, cross-train staff in other jobs so that if staff are sick, others are ready to come in to carry on the work.			
Test your response and preparedness plan using an exercise or drill, and review and revise your plan as needed.			
2. Communicate with and Educate your Staff, Members and Persons in the Communities That You Serve:			
Activity	Completed	In Progress	Not Started
Find up-to-date, reliable pandemic information and other public health advisories from state and local health departments, emergency management agencies and CDC. Make this information available to your organization and others.			
Distribute materials with basic information about pandemic influenza: signs and symptoms, how it is spread, ways to protect yourself and your family (i.e. respiratory hygiene and cough etiquette), family preparedness plans and how to care for ill persons at home.			

When appropriate, include basic information about pandemic influenza in public meetings (i.e. sermons, classes, trainings, small group meetings and announcements).			
Share information about your pandemic preparedness and response plan with staff, members and persons in the communities that you serve.			
2. Communicate with and Educate Your Staff, Members and Persons in the Communities That You Serve (cont.):			
Activity	Completed	In Progress	Not Started
Develop tools to communicate information about pandemic status and your organization’s actions. This might include websites, flyers, local newspaper announcements, pre-recorded widely distributed phone messages, etc.			
Consider your organization’s unique contribution to addressing rumors, misinformation, fear and anxiety.			
Advise staff, members, and persons in the communities you serve to follow information provided by public health authorities – state and local health departments, emergency management agencies and CDC.			
Ensure that what you communicate is appropriate for the cultures, languages and reading levels of your staff, members and persons in the communities that you serve.			
Identify employees and key customers with special needs and incorporate the requirements of such persons into your preparedness plan.			
3. Plan for the Impact of a Pandemic on your Staff, Members and Persons in the Communities that You Serve:			
Activity	Completed	In Progress	Not Started
Plan for staff absences during a pandemic due to personal and/or family illnesses, quarantines, and school, business and public transportation closures. Staff may include full-time, part-time and volunteer personnel.			
Work with local health authorities to encourage yearly influenza vaccination for staff, members and persons in the communities that you serve.			
Evaluate access to mental health and social services during a pandemic for your staff, members, and persons in the communities that you serve; improve access to these services as needed.			

Identify persons with special needs (i.e. elderly, disabled, limited English speakers) and be sure to include their needs in your response and preparedness plan. Establish relationships with them in advance so they will expect and trust your presence during a crisis.			
4. Set Up Policies to Follow During a Pandemic:			
Activity	Completed	In Progress	Not Started
Set up policies for non-penalized staff leave for personal illness or care for sick family members during a pandemic.			
Set up mandatory sick-leave policies for staff suspected to be ill, or who become ill at the worksite. Employees should remain at home until their symptoms resolve and they are physically ready to return to duty. (Know how to check up-to-date CDC recommendations.)			
Set up policies for flexible work hours and working from home.			
4. Set Up Policies to Follow During a Pandemic (cont.):			
Activity	Completed	In Progress	Not Started
Evaluate your organization's usual activities and services (including rites and religious practices if applicable) to identify those that may facilitate virus spread from person to person. Set up policies to modify these activities to prevent the spread of pandemic influenza (i.e. guidance for respiratory hygiene and cough etiquette and instructions for persons with influenza symptoms to stay home rather than visit in person.)			
Follow CDC travel recommendations during an influenza pandemic. Recommendations may include restricting travel to affected domestic and international sites, recalling non-essential staff working in or near an affected site when an outbreak begins and distributing health information to persons who are returning from affected areas			
Set procedures for activating your organization's response plan when an influenza pandemic is declared by public health authorities and altering your organization's operations accordingly.			
5. Allocate Resources to Protect Your Staff, Members and Persons in the Communities That You Serve During a Pandemic:			
Activity	Completed	In Progress	Not Started
Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained.			

Consider focusing your organization’s efforts during a pandemic to providing services that are most needed during the emergency (i.e. mental/spiritual health or social services).			
6. Coordinate with External Organizations and Help Your Community:			
Activity	Completed	In Progress	Not Started
Understand the roles of federal, state, and local public health agencies and emergency responders and what to expect and what not to expect from each in the event of a pandemic.			
Work with local and/or state public health agencies, emergency responders, local healthcare facilities and insurers to understand their plans and what they can provide. Share your preparedness and response plan and what your organization is able to contribute; take part in planning.			
Assign a point of contact to maximize communication between your organization and your state and local public health systems.			
Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members and persons in the communities that you serve.			
Share what you’ve learned from developing your preparedness and response plan with other faith-based and community organizations to improve community response efforts.			
Work together with other faith-based and community organizations in your local area and through networks (i.e. denominations, associations) to help your communities prepare for pandemic influenza.			

Bird Flu Definition

Bird flu is an infection caused by influenza (flu) virus. These flu viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, bird flu is very contagious among birds and can make some domesticated birds, including chickens, ducks and turkeys, very sick and kill them.

Bird Flu Key Messages

First Bird with H5N1 in the U.S.

1. **There has been a confirmed case of H5N1 (avian flu/bird flu) in a bird in [location].**
 - a. Avoid contact with sick or dead birds.
 - b. Bird flu does not usually infect humans, but it can cause people to become sick and die.
 - c. [County] is coordinating disease surveillance and response efforts with the state and federal governments.

2. **Person-to-person transmission of bird flu has been extremely rare.**
 - a. Most human cases have been due to direct contact with infected poultry or an infected person.
 - b. Public health officials around the world are watching for changes in the virus that would make person-to-person transmission easier.
 - c. Local and state governments are improving and testing their plans for pandemic influenza.

3. **As usual, take steps to control the spread of germs from poultry.**
 - a. It is safe to eat properly cooked poultry. Cooking destroys germs, including the bird flu virus.
 - b. Be sure to keep hands, utensils and food preparation surfaces clean.

First Human Case in North America/the U.S. (outside of California)

1. The first case of bird flu in a human in the U.S. has been confirmed.

- a. No human cases of bird flu have been reported in California.
- b. The [County] Department of Public Health is working with state and federal authorities to determine if there are any human cases in California.

2. Person-to-person transmission of bird flu is rare.

- a. Public health officials around the world are watching for changes in the virus that would make person-to-person transmission easier.
- b. Individuals who may have been exposed to the virus through close contact with this individual are being tested.
- c. A pandemic has not begun.

3. People should stay informed about bird flu and prepare for a possible emergency.

- a. Wash your hands frequently, cover coughs and sneezes with tissues and stay home when you're sick.
- b. Keep a two-week supply of food, water and medicine.
- c. Do not handle sick or dead birds. Monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.beprepedcalifornia.ca.gov.

First Human Case in California

1. The first case of bird flu in a human in California has been confirmed.

- a. A [age] year-old [County] [man/woman/child] has tested positive for bird flu.
- b. No other human cases of bird flu in California have been reported.
- c. Individuals who may have been exposed to the virus through close contact with this individual are being tested.
- d. The [County] Department of Public Health is working with state and federal authorities to identify other cases

2. Person-to-person transmission of bird flu is rare.

- a. Public health officials around the world are watching for changes in the virus that would make person-to-person transmission easier.
- b. Individuals who may have been exposed to the virus through close contact with this individual are being tested.
- c. A pandemic has not begun, but the federal government is working with states and communities to prepare for a possible influenza pandemic.

3. People should stay informed about bird flu and prepare for a possible emergency.

- a. Wash your hands regularly, use hand sanitizers and use a tissue to cover coughs and sneezes.
- b. Do not handle sick or dead birds.
- c. Monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.beprepedcalifornia.ca.gov.

First Human Death in California

1. The first death from bird flu has been confirmed in California.

- a. A [age] year-old [County] [man/woman/child] is the first person in California to die from bird flu.
- b. Individuals who may have been exposed to the virus through close contact with this individual are being tested.
- c. We are aggressively working to prevent the disease from infecting others.

2. Person-to-person transmission is rare.

- a. Public health officials around the world are watching for changes in the virus that would make person-to-person transmission easier.
- b. Individuals who may have been exposed to the virus through close contact with this individual are being tested.
- c. The federal government has been working with states and communities to prepare for a possible influenza pandemic.

3. People should stay informed about bird flu and prepare for a possible emergency.

- a. Wash your hands regularly, use hand sanitizers and use a tissue to cover coughs and sneezes.
- b. Do not handle sick or dead birds.
- c. Monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.beprepedcalifornia.ca.gov.

Bird Flu Fact Sheet

This fact sheet provides general information about bird flu and information about one type of bird flu, called bird flu A (H5N1) that is infecting birds in Asia and has infected some humans.

Bird flu

Bird flu is an infection caused by influenza (flu) virus. These flu viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, bird flu is very contagious among birds and can make some domesticated birds, including chickens, ducks and turkeys, very sick and kill them.

The risk to humans

The risk from bird flu is generally low to most people, because the viruses do not usually infect humans. H5N1 is one of the few bird flu viruses to infect humans, and it is the most deadly of those that have crossed the barrier.

So far, the spread of H5N1 virus from person to person has been limited and has not continued beyond one person. Nonetheless, because all influenza viruses have the ability to change, scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another.

Differing from human viruses

There are many different subtypes of type A influenza viruses. When we talk about “bird flu” viruses, we are referring to influenza A subtypes chiefly found in birds. They do not usually infect humans, even though we know they can. When we talk about “human flu viruses” we are referring to those subtypes that occur widely in humans. Influenza A viruses are constantly changing, and they can adapt over time to infect and spread among humans.

Symptoms

Symptoms of bird flu in humans have ranged from typical flu-like symptoms (fever, cough, sore throat and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress) and other severe and life-threatening complications. The symptoms of bird flu may depend on which virus caused the infection.

How bird flu spreads

Infected birds shed flu virus in their saliva, nasal secretions and feces. Susceptible birds become infected when they have contact with contaminated excretions or surfaces that are contaminated with excretions. It is believed that most cases of bird flu infection in humans have resulted from contact with infected poultry or contaminated surfaces. The spread of bird flu viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person.

Treating bird flu

Studies done in laboratories suggest that the prescription medicines approved for human flu viruses should work in preventing bird flu infection in humans. Flu viruses can become resistant to these drugs, so these medications may not always work. Additional studies are needed to prove the effectiveness of these medicines.

Risk to Humans

The risk from bird flu is generally low to most people because the viruses occur mainly among birds and do not usually infect humans. However, during an outbreak of bird flu among poultry (domesticated chickens, ducks and turkeys), there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with excretions from infected birds. The current outbreak of bird influenza A (H5N1) among poultry in Asia and Europe is an example of a bird flu outbreak that has caused human infections and deaths. In such situations, people should avoid contact with infected birds or contaminated surfaces, and should be careful when handling and cooking poultry.

Bird influenza A (H5N1) virus

Influenza A virus – also called “H5N1 virus” – is an influenza A virus subtype that occurs mainly in birds. It was first isolated from birds (terns) in South Africa in 1961. Like all bird flu viruses, H5N1 virus circulates among birds worldwide, is very contagious among birds and can be deadly.

Treating H5N1 virus in humans

The H5N1 virus currently infecting birds in Asia that has caused human illness and death is resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. Two other antiviral medications, oseltamavir and zanamavir, would probably work to treat flu caused by the H5N1 virus, but additional studies still need to be done to prove their effectiveness.

H5N1 Vaccine

There currently is no commercially available vaccine to protect humans against the H5N1 virus that is being seen in Asia and Europe. However, vaccine development efforts are taking place. Research studies to test a vaccine to protect humans against H5N1 virus began in April 2005, and a series of clinical trials is underway. For more information about the H5N1 vaccine development process, visit the National Institutes of Health Web site at www.nih.gov.

Risk to U.S.

The current risk to Americans from the H5N1 bird flu outbreak in Asia is low. The strain of H5N1 virus found in Asia and Europe has not been found in the United States. There have been no human cases of H5N1 flu in the United States. It is possible that travelers returning from affected countries in Asia could be infected if they were exposed to the virus. Since February 2004, medical and public health personnel have been watching closely to find any such cases.

Recommendations

In February 2004, CDC provided U.S. health departments with recommendations for enhanced surveillance and detection in the U.S. of bird influenza A (H5N1). State and local governments are developing, improving, and testing their plans for pandemic influenza. The U.S. Department of Health and Human Services, and other federal agencies are providing funding, advice, and other support. The CDC currently advises that travelers to countries with known outbreaks of influenza A (H5N1) avoid poultry farms, contact with animals in live food markets and any surfaces that appear to be contaminated with feces from poultry or other animals. The CDC does not recommend any travel restrictions to affected countries at this time.

Bird Flu Q&A

1. **How is bird flu detected in humans?**

Bird flu cannot be diagnosed by symptoms alone, so a laboratory test is required. Bird flu is usually diagnosed by collecting a swab from the nose or throat during the first few days of illness. This swab is then sent to a laboratory, where they will either look for bird flu virus using a molecular test, or they will try to grow the virus. Growing bird flu viruses should only be done in laboratories with high levels of protection. If it is late in the illness, it may be difficult to find a bird flu virus directly using these methods. If this is the case, it may still be possible to diagnose bird flu by looking for evidence of the body's response to the virus. This is not always an option because it requires two blood specimens (one taken during the first few days of illness and another taken some weeks later), and it can take several weeks to verify the results.

2. **What are the implications of bird flu to human health?**

Two main risks for human health from bird flu are 1) the risk of direct infection when the virus passes from the infected bird to humans, sometimes resulting in severe disease; and 2) the risk that the virus – if given enough opportunities – will change into a form that is highly infectious for humans and spreads easily from person to person.

3. **How is bird flu in humans treated?**

Studies done in laboratories suggest that the prescription medicines approved for human influenza viruses should work in treating bird flu infection in humans. However, influenza viruses can become resistant to these drugs, so these medications may not always work. Additional studies are needed to determine the effectiveness of these medicines.

4. **Does seasonal influenza vaccine protect against bird flu infection in people?**

No. Seasonal influenza vaccine does not provide protection against bird flu.

5. **Should I wear a surgical mask to prevent exposure to bird flu?**

Currently, wearing a mask is not recommended for routine use (e.g., in public) for preventing influenza exposure. In the United States, disposable surgical and procedure masks have been widely used in health-care settings to prevent exposure to respiratory infections, but the masks have not been used commonly in community settings, such as schools, businesses, and public gatherings.

6. **Can I get bird flu from eating or preparing poultry or eggs?**

You cannot get bird flu from properly handled and cooked poultry and eggs. There currently is no scientific evidence that people have been infected with bird flu by eating safely handled and properly cooked poultry or eggs.

Most cases of bird flu infection in humans have resulted from direct or close contact with infected poultry or surfaces contaminated with secretions and excretions from infected birds. Even if poultry and eggs were to be contaminated with the virus, proper cooking would kill it. In fact, recent studies have shown that the cooking methods that are already recommended by the U.S. Department of Agriculture (USDA) and the Food and Drug Administration (FDA) for poultry and eggs to prevent other infections will destroy influenza viruses as well.

So to stay safe, the advice is the same for protecting against any infection from poultry:

- Wash your hands with soap and warm water for at least 20 seconds before and after handling raw poultry and eggs.
- Clean cutting boards and other utensils with soap and hot water to keep raw poultry from contaminating other foods.
- Use a food thermometer to make sure you cook poultry to a temperature of at least 165 degrees Fahrenheit. Consumers may wish to cook poultry to a higher temperature for personal preference.
- Cook eggs until whites and yolks are firm.

The U.S. government carefully controls domestic and imported food products, and in 2004 issued a ban on importation of poultry from countries affected by bird flu viruses, including the H5N1 strain. This ban still is in place.

7. We have a small flock of chickens. Is it safe to keep them?

Yes. In the United States there is no need at present to remove a flock of chickens because of concerns regarding bird flu. The U.S. Department of Agriculture monitors potential infection of poultry and poultry products by bird flu viruses and other infectious disease agents.

8. What is the bird flu A (H5N1) virus that has been reported in Africa, Asia, Europe, and the Near East?

Influenza A (H5N1) virus – also called “H5N1 virus” – is an influenza A virus subtype that occurs mainly in birds, is highly contagious among birds, and can be deadly to them.

Outbreaks of bird flu H5N1 occurred among poultry in eight countries in Asia (Cambodia, China, Indonesia, Japan, Laos, South Korea, Thailand, and Vietnam) during late 2003 and early 2004. At that time, more than 100 million birds in the affected countries either died from the disease or were killed in order to try to control the outbreaks. By March 2004, the outbreak was reported to be under control.

Beginning in June 2004, however, new outbreaks of influenza H5N1 among poultry and wild birds were reported in Asia. Since that time, the virus has spread geographically. Reports of H5N1 infection in wild birds in Europe began in mid-2005. In early 2006, influenza A H5N1 infection in wild birds and poultry were reported in Africa and the Near East.

Human cases of influenza A (H5N1) infection have been reported in Azerbaijan, Bangladesh, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Lao People's Democratic Republic, Myanmar, Nigeria, Pakistan, Thailand, Turkey and Vietnam.

9. What are the risks to humans from the current H5N1 outbreak?

H5N1 virus does not usually infect people, but since November 2003, nearly 400 cases of human infection with highly pathogenic bird flu A (H5N1) viruses have been reported by more than a dozen countries in Asia, Africa, the Pacific, Europe and the Near East. Highly pathogenic bird flu A (H5N1) viruses have never been detected among wild birds, domestic poultry, or people in the United States. Most of these cases have occurred from direct or close contact with infected poultry or contaminated surfaces; however, a few cases of human-to-human spread of H5N1 virus have occurred.

So far, spread of H5N1 virus from person to person has been rare, limited and unsustainable. Nonetheless, because all influenza viruses have the ability to change, scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population.

If H5N1 virus were to gain the capacity to spread easily from person to person, an influenza pandemic (worldwide outbreak of disease) could begin. No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation very closely and are preparing for the possibility that the virus may begin to spread more easily from person to person.

10. How is infection with H5N1 virus in humans treated?

Most H5N1 viruses that have caused human illness and death appear to be resistant to amantadine and rimantadine, two antiviral medications commonly used for treatment of patients with influenza. Two other antiviral medications, oseltamivir and zanamivir, would probably work to treat influenza caused by H5N1 virus, but additional studies are needed to demonstrate their current and ongoing effectiveness.

11. Is there a vaccine to protect people from some strains of the H5N1 virus?

Yes. On April 17, 2007, the U.S. Food and Drug Administration (FDA) announced its approval of the first vaccine to prevent human infection with one strain of the bird flu H5N1 virus. The vaccine, produced by Sanofi Pasteur, Inc., has been purchased by the federal government for the U.S. Strategic National Stockpile; it will be distributed by public-health officials if needed. This vaccine will not be made commercially available to the general public. Other H5N1 vaccines are being developed by other companies against different H5N1 strains.

12. What does CDC recommend regarding H5N1 virus?

In February 2004, CDC provided U.S. public health departments with recommendations for enhanced surveillance (“detection”) of H5N1 influenza in the country. Follow-up messages, distributed via the Health Alert Network, were sent to the health departments on August 12, 2004, February 4, 2005, and June 7, 2006; all three notices reminded public health departments about recommendations for detecting (domestic surveillance), diagnosing, and preventing the spread of H5N1 virus. The notices also recommended measures for laboratory testing for H5N1 virus.

13. Does CDC recommend travel restrictions to areas with known H5N1 outbreaks?

CDC does not recommend any travel restrictions to affected countries at this time. However, CDC currently advises that travelers to countries with known outbreaks of H5N1 influenza avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animals.

14. Is there a risk to importing pet birds that come from countries experiencing outbreaks of bird flu A (H5N1)?

The U.S. government has determined that there is a risk to importing pet birds from countries experiencing outbreaks of H5N1 influenza. CDC and USDA have both taken action to ban the importation of birds from areas where H5N1 has been documented. There is currently a ban on the importation of birds and bird products from H5N1-affected countries in Africa, Asia, and Europe. The regulation states that no person may import or attempt to import any birds (Class Aves), whether dead or alive, or any products derived from birds (including hatching eggs), from the specified countries.

15. What changes are needed for H5N1 or another bird flu virus to cause a pandemic?

Three conditions must be met for a pandemic to start: 1) a new influenza virus subtype must emerge for which there is little or no human immunity; 2) it must infect humans and causes illness; and 3) it must spread easily and sustainably (continue without interruption) among humans. The H5N1 virus in Asia and Europe meets the first two conditions: it is a new virus for humans (H5N1 viruses have never circulated widely among people), and it has infected more than 190 humans, killing over half of them.

However, the third condition, the establishment of efficient and sustained human-to-human transmission of the virus, has not occurred. For this to take place, the H5N1 virus would need to improve its transmissibility among humans. This could occur either by “reassortment” or adaptive mutation.

Reassortment occurs when genetic material is exchanged between human and avian viruses during co-infection (infection with both viruses at the same time) of a human or another mammal. The result could be a fully transmissible pandemic virus – that is, a virus that can spread easily and directly between humans. A more gradual process is adaptive mutation, where the capability of a virus to bind to human cells increases during infections of humans.

16. What animals can be infected with bird flu A (H5N1) viruses?

In addition to humans and birds, we know that pigs, tigers, leopards, ferrets and domestic cats can be infected with bird flu A (H5N1) viruses. In addition, in early March 2006, Germany reported H5N1 infection in a stone marten (a weasel-like mammal). The bird flu A (H5N1) virus that emerged in Asia in 2003 is evolving and it’s possible that other mammals may be susceptible to infection as well. CDC is working closely with domestic and international partners to continually monitor this situation and will provide additional information to the public as it becomes available.

Bird Flu Crisis Hotline Script

Script to be used in the event of a bird flu outbreak (no human cases).

:60 SCRIPT

[County] officials are currently working with state and federal authorities to ensure the safety of our residents during this bird flu outbreak. [County] is coordinating disease surveillance and response efforts with the state and federal governments.

Person-to-person transmission of bird flu has been extremely rare. Most human cases have been due to direct contact with infected poultry or an infected person.

Stay informed about bird flu and prepare for a possible emergency.

- Wash your hands frequently, cover coughs or sneezes and stay home when you are ill.
- Do not handle sick or dead birds.
- It is safe to eat properly cooked poultry. Cooking destroys germs, including the bird flu virus.
- Be sure to keep hands, utensils and food preparation surfaces clean.

[County] officials will continue to provide updates as new information becomes available. For more information, please visit the [County] at www.xxx.xx.xxx or the California Department of Public Health's Web site at www.beprepedcalifornia.ca.gov.

If you would like to hear your options again, please press 1.

Bird Flu Broadcast PSA Script Templates

No Pandemic/Preparation

:60 SECOND PSA

You have probably heard of bird flu. The bird flu virus that has killed birds and humans in Asia and other parts of the world is not in the United States. Public health officials are working to keep it that way. However, seasonal flu is here. There are some steps that you can take to stay healthy and be prepared.

Wash your hands frequently, cover coughs or sneezes and stay home when you are ill. It is also a good idea to get an annual flu shot.

If you think you may have been exposed to bird flu and are showing symptoms such as fever, headache, nausea or vomiting, fatigue, shortness of breath, sore throat and cough, contact your doctor or health clinic.

Staying informed and practicing prevention will keep [County] healthy. For more information, call [(XXX) XXX-XXXX] or visit the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.beprepedcalifornia.ca.gov.

First Human Case in California

:60 SECOND PSA

Recently, the first human case of bird flu was confirmed in California. While the virus is found mostly among wild birds, California is taking every measure to limit the spread of this disease among people.

Local, state and federal health agencies have increased surveillance and monitoring for this type of bird flu. It has sickened and killed birds and people in Asia and many other parts of the world.

Bird flu has rarely been passed from human to human – but it is very contagious among birds and can be deadly to humans.

There are a few easy ways to keep you and your loved ones safe. Wash your hands frequently, cover coughs or sneezes and stay home when you are ill. Also, avoid contact with sick or wild birds, report any dead birds immediately and make sure any poultry you eat is fully cooked.

If you think you may have been exposed to bird flu and are showing symptoms such as fever, headache, nausea or vomiting, fatigue, shortness of breath, sore throat and cough, immediately contact your doctor or health clinic.

Staying informed and practicing prevention will keep [County] healthy. For more information, call [(XXX) XXX-XXXX] or visit the [County] Web site at [www.xxx.xx.xxx] or the California Department of Public Health's Web site at www.beprepedcalifornia.ca.gov.

Bird Flu Template Press Releases

First Bird with H5N1 in California

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
[number]

CONTACT: [Name]
[Phone]

[COUNTY] Health Officer Urges Good Hygiene After Bird Flu Detected

County working with state officials to prevent infections

[CITY OR COUNTY] – [County] Health Officer [name of health officer] today urged all local residents – especially those with poultry or pet birds – to take precautions following the discovery of a bird in [County] that is sick with a type of bird flu that has sickened and killed birds and people in Asia and other parts of the world. The type of bird flu, known as the H5N1 virus is very contagious among birds, but not among humans. However, public health officials are concerned that the virus could mutate into a type that is easily spread from person-to person and cause severe illness and death across the nation.

“No human illnesses from bird flu have been reported in California,” said [name]. “Public health officials are currently identifying and testing those who may have been exposed to the bird and aggressively working to prevent the virus from infecting anyone.”

Tests conducted by the California Department of Food and Agriculture confirmed that the bird was infected to the H5N1 flu virus.

Bird flu viruses are found naturally among birds and usually do not affect people. However, the H5N1 bird flu virus has been passed from birds to humans and, in some cases, has resulted in death. So far, the virus has rarely passed from human to human.

“It’s important for everyone to protect themselves and their families by practicing good hand and respiratory hygiene,” said [name]. “This includes frequent hand washing, regular use of hand sanitizers, and covering coughs and sneezes with tissues. If you are sick, stay home. In addition, avoid contact with sick or dead birds.”

Bird flu is a viral disease that is characterized by fever, headache, fatigue, shortness of breath, sore throat and cough, and can result in death. Nausea and vomiting may also be common among children. The disease is spread by direct contact with germs from an infected person, from either uncovered coughs or sneezes, by touching something the infected person has handled or by handling birds infected with the virus. People experiencing influenza-like symptoms, particularly individuals who have recently traveled to countries with confirmed cases, should call their health care provider for advice on whether to stay home or seek professional care.

If you have poultry or keep birds on your property, monitor your birds closely and contact your veterinarian or the California Department of Food and Agriculture if you suspect illness. Symptoms include:

- Lack of energy and appetite.
- Nasal discharge, coughing and sneezing.
- Sudden death without clinical symptoms.

Most cases of bird flu infection in humans have resulted from contact with infected poultry. It is safe to eat properly cooked poultry because cooking destroys the bird flu virus. The Centers for Disease Control and Prevention (CDC) advises that travelers to countries with known outbreaks of H5N1 avoid poultry

farms, contact with animals in live food markets and areas that are contaminated with feces from poultry or other animals.

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.beprepedcalifornia.ca.gov and www.flu.gov for more information.

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First Human Case in the U.S. (outside of California)

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
number]

CONTACT: [Name]
[Phone

[COUNTY] Health Officer Urges Precautions Following Report of Bird Flu
California to implement immediate surveillance and containment measures

[CITY OR COUNTY] – [County] Health Officer [name of health officer] today urged all local residents to strictly follow good hygiene practices following the discovery that a [state] [gender] is sick with a type of bird flu that has sickened and killed birds and people in Asia and other parts of the world. The type of bird flu, known as the H5N1 virus, is very contagious among birds, but not among humans. However, public health officials are concerned that the virus could mutate into a type that is easily spread from person-to-person and cause illness and death across the nation.

“It’s important for everyone to protect themselves and their families by practicing good hand and respiratory hygiene,” said [name]. “This includes frequent hand washing, regular use of hand sanitizers, and covering coughs and sneezes with tissues. In addition, people should stay home when they are sick.”

The [County] Department of Public Health is coordinating with state and federal agencies to implement activities to stop the spread of the virus.

Bird flu is a viral disease that is characterized by fever, headache, fatigue, shortness of breath, sore throat and cough, and can result in death. Nausea and vomiting may also be common among children. The disease is spread by direct contact with germs from an infected person, from either uncovered coughs or sneezes, by touching something the infected person has handled or by handling birds infected with the virus. People experiencing influenza-like symptoms, particularly individuals who have recently traveled to countries with confirmed cases, should call their health care provider for advice on whether to stay home or seek professional care.

Most cases of bird flu infection in humans have resulted from contact with infected poultry. The spread of bird flu viruses from one ill person to another has been reported rarely, and transmission has not been observed to continue beyond one person. It is safe to eat properly cooked poultry because cooking destroys the bird flu virus. The Centers for Disease Control and Prevention (CDC) advises that travelers to countries with known outbreaks of H5N1 avoid poultry farms, contact with animals in live food markets and areas that are contaminated with feces from poultry or other animals.

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.beprepedcalifornia.ca.gov and www.flu.gov for more information.

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DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
number]

CONTACT: [Name]
[Phone

[COUNTY] Health Officer Urges Residents to Guard Against Bird Flu

Local officials working with state to prevent further infection

[CITY OR COUNTY] – [County] Health Officer [Name of health officer] today urged all local residents to follow good hygiene practices following confirmation that a [County] [gender] is sick with a type of bird flu that has sickened and killed birds and people in Asia and other parts of the world. The type of bird flu, known as the H5N1 virus, is very contagious among birds. Public health officials are concerned that the virus could mutate into a type that is easily spread from person-to-person and cause illness and death across the nation.

“No other human illnesses from bird flu have been reported in California,” said [Name]. “However, it is critically important for everyone to protect themselves and their families by practicing good hand and respiratory hygiene.” “This includes frequent hand washing, regular use of hand sanitizers, and covering coughs and sneezes with tissues. In addition, you should stay home when you are sick and maintain a two-week supply of food and water.”

Bird flu is a viral disease that is characterized by fever, headache, fatigue, shortness of breath, sore throat and cough, and can result in death. Nausea and vomiting may also be common among children. The disease is spread by direct contact with germs from an infected person, from either uncovered coughs or sneezes, by touching something the infected person has handled or by handling birds infected with the virus. People experiencing influenza-like symptoms, particularly individuals who have recently traveled to countries with confirmed cases, should call their health care provider for advice on whether to stay home or seek professional care.

Most cases of bird flu infection in humans have resulted from contact with infected poultry. The spread of bird flu viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person. It is safe to eat properly cooked poultry because cooking destroys the bird flu virus. The Centers for Disease Control and Prevention (CDC) advises that travelers to countries with known outbreaks of H5N1 avoid poultry farms, contact with animals in live food markets and areas that are contaminated with feces from poultry or other animals.

[County] Department of Public Health is coordinating with state and federal agencies to implement immediate influenza surveillance and containment measures.

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.beprepedcalifornia.ca.gov and www.flu.gov for more information.

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First Human Death in California

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
[number]

CONTACT: [Name]
[Phone]

[COUNTY] Health Officer Announces First Death from Bird Flu

Local officials working with state to prevent further infection

[CITY OR COUNTY] – Bird flu has claimed the life of a [age] year-old [County] [gender], [County] Health Officer [Name of health officer] announced today. The type of bird flu, known as the H5N1 virus, has sickened and killed birds and people in Asia and other parts of the world. It is very contagious among birds. Public health officials are concerned that it could mutate into a type that is easily spread from person-to-person and cause illness and death across the nation.

“Our hearts and sympathies go out to the victim’s family, [Name] said. “[His/Her] death is a sad reminder that we all need to take extra precautions to protect ourselves and our families by practicing good hand and respiratory hygiene. This includes frequent hand washing, regular use of hand sanitizers, and covering coughs and sneezes with tissues. Maintain a two-week supply of food and water. If you are sick, please stay home.”

Bird flu is a viral disease of the respiratory tract that is characterized by fever, headache, fatigue, shortness of breath, sore throat and cough, and can result in death. Nausea and vomiting may also be common among children. The disease is spread by direct contact with germs from an infected person, from either uncovered coughs or sneezes, by touching something the infected person has handled or by handling birds infected with the virus. People experiencing influenza-like symptoms, particularly individuals who have recently traveled to countries with confirmed cases, should call their health care provider for advice on whether to stay home or seek professional care.

Most cases of bird flu infection in humans have resulted from contact with infected poultry. The spread of bird flu viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person. It is safe to eat properly cooked poultry because cooking destroys the bird flu virus. The Centers for Disease Control and Prevention (CDC) advises that travelers to countries with known outbreaks of H5N1 avoid poultry farms, contact with animals in live food markets and areas that are contaminated with feces from poultry or other animals.

The [County] Department of Public Health department is coordinating with state and federal agencies, including hospitals, to conduct influenza surveillance and containment measures. Individuals who came in close contact with the victim [have been/are being] tested for the virus.

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.beprepedcalifornia.ca.gov and www.flu.gov for more information.

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School, Business and Transportation Closures

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
number]

CONTACT: [Name]
[Phone]

[COUNTY] Health Officer Urges Residents to Stay Home to Stop Pandemic Flu Illnesses *Schools, Businesses and Public Transportation to Close*

[CITY OR COUNTY] – In an effort to contain the spread of pandemic flu in [County], Health Officer [name of health officer] today urged all residents to stay home from [date] to [date]. The action is designed to prevent healthy individuals from coming in contact with those who are sick with the H5N1 virus and may or may not yet have symptoms of the disease. All offices, schools and businesses that do not provide essential services will be closed and public transportation systems will be shut down.

“We are trying to save lives by preventing exposure to the H5N1 bird flu,” said [Name]. “[Number] cases of bird flu have been reported in [County], and [number] people have died. Our best tool to prevent more illnesses and deaths is for residents to stay home and for visitors not providing essential services to stay away. Only hospitals and agencies that provide emergency services will remain open.”

In anticipation of potential closures, the [County] Department of Public Health, as well as state and federal agencies, has been advising the public to create and maintain family emergency preparedness kits. Households should have a minimum of two weeks’ worth of food, water, medicine and emergency supplies sufficient for the entire family.

The [County] Department of Public Health is coordinating with state and federal agencies to implement immediate influenza surveillance and containment measures.

Bird flu is a viral disease that is characterized by fever, headache, fatigue, shortness of breath, sore throat and cough, and can result in death. Nausea and vomiting may also be common among children. The disease is spread by direct contact with germs from an infected person, from either uncovered coughs or sneezes, by touching something the infected person has handled or by handling birds infected with the virus. People experiencing influenza-like symptoms, particularly individuals who have recently traveled to countries with confirmed cases, should call their health care provider for advice on whether to stay home or seek professional care.

Most cases of pandemic flu infection in humans have resulted from contact with infected poultry. The spread of bird flu viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person. It is safe to eat properly cooked poultry because cooking destroys the bird flu virus. The Centers for Disease Control and Prevention advises that travelers to countries with known outbreaks of H5N1 avoid poultry farms, contact with animals in live food markets and areas that are contaminated with feces from poultry or other animals.

“It’s imperative that the public stay as informed as possible,” [Name] said. “We cannot be certain what course this virus will take or if our containment efforts will be successful. We may be asking residents to take additional protective measures down the road.”

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.beprepedcalifornia.ca.gov and www.flu.gov for more information.

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Plantilla de comunicados de prensa sobre la influenza pandémica

Primera ave con el virus H5N1 en California

FECHA: [Month Day, Year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

Un funcionario de salud pública del Condado de [COUNTY] insta que se practique buena higiene por haberse detectado la gripe aviar

El condado está trabajando con funcionarios del estado para prevenir infecciones [CITY OR COUNTY] – [County] El funcionario de salud pública [Name of health officer] hoy instó a todos los residentes locales –especialmente a los que tienen aves de corral o aves mascotas– a que tomen precauciones por haberse detectado un ave en el Condado de [County] enferma con el tipo de gripe aviar que enfermó y mató aves y personas en Asia y otras partes del mundo. El tipo de gripe aviar, conocido como el virus H5N1, es muy contagioso entre las aves, pero no entre los seres humanos. Sin embargo, a los funcionarios de salud pública les preocupa que el virus pueda mutarse en un tipo que se contagie fácilmente de persona a persona y cause una enfermedad grave y un gran número de muertes en todo el país.

“No se ha informado ningún caso de gripe aviar en un ser humano en California”, dijo [Name]. “En la actualidad los funcionarios de salud pública están identificando y sometiendo a prueba a los que hayan podido estar expuestos al ave y están trabajando energicamente para prevenir que otras personas sean infectadas por el virus”.

Las pruebas realizadas por el Departamento de Alimentos y Agricultura de California confirmaron que el ave estaba infectada por el virus H5N1 de la gripe aviar. Los virus de la gripe aviar se encuentran de manera natural entre las aves y por lo general no afectan a las personas. Sin embargo, el virus H5N1 de la gripe aviar ha sido transmitido de aves a seres humanos y, en algunos casos, ha causado la muerte. Hasta ahora, el virus raramente ha pasado de un ser humano a otro.

“Es muy importante que todos se protejan a sí mismos y protejan a sus familias al practicar buena higiene de las manos y respiratoria”, dijo [Name]. “Esto incluye lavarse las manos con frecuencia, usar gel antiséptico para las manos regularmente y usar pañuelitos de papel para taparse la boca y la nariz al toser y estornudar. Quédense en casa si están enfermos. Además, eviten el contacto con aves enfermas o muertas”.

La gripe aviar es una enfermedad viral caracterizada por fiebre, dolor de cabeza, fatiga, falta de aire, dolor de garganta y tos, y puede ser mortal. Las náuseas y vómitos también pueden ser comunes en los niños. La enfermedad se contagia mediante el contacto directo con los gérmenes de una persona infectada, ya sea cuando la persona no se tapa la boca o la nariz al toser o estornudar, al tocar algo que tocó la persona infectada o si se tocan aves infectadas por el virus.

Las personas que tengan síntomas parecidos a los de la influenza, o gripe, especialmente las que hayan viajado recientemente a países con casos confirmados, deben llamar a sus profesionales de la salud para que les indiquen si se deben quedar en casa u obtener atención profesional.

Entre las aves la gripe aviar tiene síntomas característicos:

- Falta de energía y apetito.
- Goteo nasal, tos y estornudos.
- Muerte repentina sin síntomas clínicos.

Si tiene aves de corral o tiene aves en su propiedad présteles mucha atención y comuníquese con su veterinario o el Departamento de Alimentos y Agricultura de California si sospecha que están enfermas.

La mayoría de los casos de infección por gripe aviar en seres humanos resultaron del contacto con aves de corral infectadas. Es seguro comer aves bien cocidas porque la cocción destruye el virus de la gripe aviar. Los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) aconsejan que los que viajen a países con epidemias conocidas del H5N1 eviten las granjas avícolas, el contacto con animales en mercados en los que se vendan animales vivos y los lugares contaminados con excrementos de aves y otros animales.

[Name] aconsejó a los residentes que estén pendientes de las noticias y que consulten el sitio web del Condado de [County], en [[www.xxx.xx.xxx](#)], [www.beprepedcalifornia.ca.gov](#) o [www.flu.gov](#) para obtener más información.

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Primer caso humano en EE UU (fuera de California)

FECHA: [Month Day, Year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

Un funcionario de salud pública del Condado de [COUNTY] insta que se tomen precauciones tras un informe de gripe aviar

California pondrá en práctica medidas de vigilancia y contención inmediatas

[CITY OR COUNTY] – [County] El funcionario de salud pública [Name of health officer] hoy instó a todos los residente locales a que sigan estrictamente buenas prácticas de higiene tras el descubrimiento de que [m. - un hombre] [f. - una mujer] de [state] se ha enfermado por un tipo de gripe aviar que enfermó y mató aves y personas en Asia y otras partes del mundo. El tipo de gripe aviar, conocido como el virus H5N1, es muy contagioso entre las aves, pero no entre los seres humanos. Sin embargo, a los funcionarios de salud pública les preocupa que el virus pueda mutarse en un tipo que se contagie fácilmente de persona a persona y cause una enfermedad grave y un gran número de muertes en todo el país.

“Es muy importante que todos se protejan a sí mismos y protejan a sus familias al practicar buena higiene de las manos y respiratoria”, dijo [Name]. “Esto incluye lavarse las manos con frecuencia, usar desinfectantes de manos regularmente y usar pañuelitos de papel para taparse la boca y la nariz al toser y estornudar. Además, las personas deben quedarse en casa cuando estén enfermas”.

El Departamento de Salud Pública del Condado de [County] está trabajando conjuntamente con las agencias estatales y federales para poner en práctica actividades dirigidas a parar la diseminación del virus.

La gripe aviar es una enfermedad viral caracterizada por fiebre, dolor de cabeza, fatiga, falta de aire, dolor de garganta y tos, y puede ser mortal. Las náuseas y vómitos también pueden ser comunes en los niños. La enfermedad se contagia mediante el contacto directo con los gérmenes de una persona infectada, ya sea cuando la persona no se tapa la boca o la nariz al toser o estornudar, al tocar algo que tocó la persona infectada o si se tocan aves infectadas por el virus.

Las personas que tengan síntomas parecidos a los de la influenza, o gripe, especialmente las que hayan viajado recientemente a países con casos confirmados, deben llamar a sus profesionales de la salud para que les indiquen si se deben quedar en casa u obtener atención profesional.

La mayoría de los casos de infección por gripe aviar en seres humanos resultaron del contacto con aves de corral infectadas. Raramente se ha informado que el virus de la gripe aviar se diseminó de una persona a otra y no se ha observado que la transmisión continúe más allá de una persona. Es seguro comer aves bien cocidas porque la cocción destruye el virus de la gripe aviar. Los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) aconsejan que los que viajen a países con epidemias conocidas del H5N1 eviten las granjas avícolas, el contacto con animales en mercados en los que se vendan animales vivos y los lugares contaminados con excrementos de aves y otros animales.

[Name] aconsejó a los residentes que estén pendientes de las noticias y que consulten el sitio web del Condado de [County], en [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov o www.flu.gov para obtener más información.

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FECHA: [Month Day, Year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

Un funcionario de salud pública del Condado de [COUNTY] insta a los residentes a que se protejan contra la gripe aviar

Los funcionarios locales trabajan con el estado para prevenir más infecciones

[CITY OR COUNTY] – [County] El funcionario de salud pública [Name of health officer] hoy instó a todos los residentes locales a que sigan buenas prácticas de higiene tras la confirmación de que [m. - un hombre] [f. - una mujer] del Condado de [County] se ha enfermado por un tipo de gripe aviar que enfermó y mató aves y personas en Asia y otras partes del mundo. El tipo de gripe aviar, conocido como el virus H5N1, es muy contagioso entre las aves. A los funcionarios de salud pública les preocupa que el virus pueda mutarse en un tipo que se contagie fácilmente de persona a persona y cause una enfermedad grave y un gran número de muertes en todo el país.

“No se ha informado ningún otro caso de gripe aviar en un ser humano en California”, dijo [Name]. “Sin embargo, es imperativo que todos se protejan a sí mismos y protejan a sus familias al practicar buena higiene de las manos y respiratoria”. “Esto incluye lavarse las manos con frecuencia, usar desinfectantes de manos regularmente y usar pañuelitos de papel para taparse la boca y la nariz al toser y estornudar. Además, deben quedarse en casa cuando estén enfermos y mantener un suministro de alimentos y agua suficiente para dos semanas”.

La gripe aviar es una enfermedad viral caracterizada por fiebre, dolor de cabeza, fatiga, falta de aire, dolor de garganta y tos, y puede ser mortal. Las náuseas y vómitos también pueden ser comunes en los niños. La enfermedad se contagia mediante el contacto directo con los gérmenes de una persona infectada, ya sea cuando la persona no se tapa la boca o la nariz al toser o estornudar, al tocar algo que tocó la persona infectada o si se tocan aves infectadas por el virus.

Las personas que tengan síntomas parecidos a los de la influenza, o gripe, especialmente las que hayan viajado recientemente a países con casos confirmados, deben llamar a sus profesionales de la salud para que les indiquen si se deben quedar en casa u obtener atención profesional.

La mayoría de los casos de infección por gripe aviar en seres humanos resultaron del contacto con aves de corral infectadas. Raramente se ha informado que el virus de la gripe aviar se diseminó de una persona a otra y no se ha observado que la transmisión continúe más allá de una persona. Es seguro comer aves bien cocidas porque la cocción destruye el virus de la gripe aviar.

Los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) aconsejan que los que viajen a países con epidemias conocidas del H5N1 eviten las granjas avícolas, el contacto con animales en mercados en los que se vendan animales vivos y los lugares contaminados con excrementos de aves y otros animales.

El Departamento de Salud Pública del Condado de [County] está trabajando en colaboración con las agencias estatales y federales para poner en práctica medidas de vigilancia y contención inmediatas contra la gripe aviar.

[Name] aconsejó a los residentes que estén pendientes de las noticias y que consulten el sitio web del Condado de [County], en [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov o www.flu.gov para obtener más información.

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FECHA: [Month Day, Year]
PARA DIFUSIÓN INMEDIATA
number]

CONTACTO: [Name]
[Phone

**Un funcionario de salud pública del Condado de [COUNTY] anuncia
la primera muerte de gripe aviar**

Los funcionarios locales trabajan con el estado para prevenir más infecciones

[CITY OR COUNTY] – La gripe aviar ha cobrado la vida de [m. - un hombre] [f. - una mujer] de [age] años de edad del Condado de [County], anunció hoy el funcionario de salud pública

[name of health officer]. El tipo de gripe aviar, conocido como el virus H5N1, ha enfermado y matado aves y personas en Asia y otras partes del mundo. Es muy contagioso entre las aves. A los funcionarios de salud pública les preocupa que el virus pueda mutarse en un tipo que se contagie fácilmente de persona a persona y cause una enfermedad grave y un gran número de muertes en todo el país.

“Deseamos expresar nuestras condolencias a la familia de la víctima”, dijo [Name]. “Su muerte es un triste recordatorio de que todos debemos tomar precauciones adicionales para protegernos a nosotros mismos y proteger a nuestras familias al practicar buena higiene de las manos y respiratoria. Esto incluye lavarse las manos con frecuencia, usar desinfectantes de manos regularmente y usar pañuelitos de papel para taparse la boca y la nariz al toser y estornudar. Mantengan un suministro de alimentos y agua suficiente para dos semanas y quédense en casa si están enfermos”.

La gripe aviar es una enfermedad viral caracterizada por fiebre, dolor de cabeza, fatiga, falta de aire, dolor de garganta y tos, y puede ser mortal. Las náuseas y vómitos también pueden ser comunes en los niños. La enfermedad se contagia mediante el contacto directo con los gérmenes de una persona infectada, ya sea cuando la persona no se tapa la boca o la nariz al toser o estornudar, al tocar algo que tocó la persona infectada o si se tocan aves infectadas por el virus.

Las personas que tengan síntomas parecidos a los de la influenza, o gripe, especialmente las que hayan viajado recientemente a países con casos confirmados, deben llamar a sus profesionales de la salud para que les indiquen si se deben quedar en casa u obtener atención profesional.

La mayoría de los casos de infección por gripe aviar en seres humanos resultaron del contacto con aves de corral infectadas. Raramente se ha informado que el virus de la gripe aviar se diseminó de una persona a otra y no se ha observado que la transmisión continúe más allá de una persona. Es seguro comer aves bien cocidas porque la cocción destruye el virus de la gripe aviar. Los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) aconsejan que los que viajen a países con epidemias conocidas del H5N1 eviten las granjas avícolas, el contacto con animales en mercados en los que se vendan animales vivos y los lugares contaminados con excrementos de aves y otros animales. El Departamento de Salud Pública del Condado de [County] está trabajando en colaboración con las agencias estatales y federales, incluyendo hospitales, para poner en práctica medidas de vigilancia y contención inmediatas contra la gripe aviar. Las personas que estuvieron en contacto cercano con la víctima [han sido/están siendo] [have been/are being] sometidas a pruebas de detección del virus.

[Name] aconsejó a los residentes que estén pendientes de las noticias y que consulten el sitio web del Condado de [County], en [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov o www.flu.gov para obtener más información.

-###-

FECHA: [Month Day, Year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

Un funcionario de salud pública del Condado de [COUNTY] insta enfáticamente a los residentes a que se queden en casa para parar la diseminación de la gripe pandémica

Cierre de escuelas, empresas y transporte

[CITY OR COUNTY] – En un esfuerzo para contener la diseminación de la gripe pandémica en el Condado de [County], el funcionario de salud pública [Name of health officer] hoy instó a todos los residentes a que se queden en casa desde el [date] hasta el [date]. La medida está diseñada para prevenir que las personas sanas entren en contacto con las personas con el virus H5N1, que pueden o no tener síntomas todavía de la enfermedad. Todas las oficinas, escuelas y empresas que no presten servicios esenciales estarán cerradas y no habrá ningún tipo de transporte público.

“Estamos tratando de salvar vidas al prevenir la exposición al virus H5N1 de la gripe aviar”, dijo [Name]. “Se han informado [Number] casos de gripe aviar en el Condado de [County], y han muerto [number] personas. El mejor instrumento para prevenir más enfermedades y muertes es que los residentes se queden en sus casas y que aquellos visitantes que no presten servicios esenciales no vengán. Nuestros hospitales y las agencias que prestan servicios de emergencia permanecerán abiertas”.

En anticipación a posibles cierres el Departamento de Salud Pública del Condado de [County], así como las agencias estatales y federales, han estado aconsejando a los residentes que preparen y almacenen suministros de preparación para emergencia para sus familias. Deben contar con alimentos, agua, medicamentos y suministros de emergencia suficientes para dos semanas para toda la familia.

El Departamento de Salud Pública del Condado de [County] está trabajando en colaboración con las agencias estatales y federales para poner en práctica medidas de vigilancia y contención inmediatas contra la gripe aviar.

La gripe aviar es una enfermedad viral caracterizada por fiebre, dolor de cabeza, fatiga, falta de aire, dolor de garganta y tos, y puede ser mortal. Las náuseas y vómitos también pueden ser comunes en los niños. La enfermedad se contagia mediante el contacto directo con los gérmenes de una persona infectada, ya sea cuando la persona no se tapa la boca o la nariz al toser o estornudar, al tocar algo que tocó la persona infectada o si se tocan aves infectadas por el virus.

Las personas que tengan síntomas parecidos a los de la influenza, o gripe, especialmente las que hayan viajado recientemente a países con casos confirmados, deben llamar a sus profesionales de la salud para que les indiquen si se deben quedar en casa u obtener atención profesional.

La mayoría de los casos de infección por gripe aviar en seres humanos resultaron del contacto con aves de corral infectadas. Raramente se ha informado que el virus de la gripe aviar se diseminó de una persona a otra y no se ha observado que la transmisión continúe más allá de una persona. Es seguro comer aves bien cocidas porque la cocción destruye el virus de la gripe aviar. Los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) aconsejan que los que viajen a países con epidemias conocidas del H5N1 eviten las granjas avícolas, el contacto con animales en mercados en los que se vendan animales vivos y los lugares contaminados con excrementos de aves y otros animales.

“Es imperativo que el público permanezca lo más informado posible”, dijo [Name]. “No sabemos con certeza qué curso tomará este virus ni tampoco sabemos si nuestros esfuerzos de contención darán resultado. Es posible que pidamos a los residentes que tomen otras medidas de protección más adelante”.

[Name] aconsejó a los residentes que estén pendientes de las noticias y que consulten el sitio web del Condado de [County], en [[www.xxx.xx.xxx](#)], [www.bepreparedcalifornia.ca.gov](#) o [www.flu.gov](#) para obtener más información.

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Bird Flu Resources

U.S. Resources:

- **Flu.gov**
<http://www.flu.gov>
- **HHS Congressional Testimony on Pandemic and Bird Flu**
<http://www.flu.gov/news/testimony.html>
- **Transcripts of HHS Press Conferences on Pandemic and Bird Flu**
<http://www.flu.gov/news/conferences.html>
- **HHS National Vaccine Program Office: Pandemic Influenza** <http://www.hhs.gov/nvpo/pandemics/>
- **USDA Bird Flu**
http://www.usda.gov/wps/portal/usdahome?navtype=SU&navid=AVIAN_INFLUENZA
- **USDA Animal and Plant Health Inspection Service: Bird Flu**
http://www.usda.gov/wps/portal/usdahome?navtype=SU&navid=AVIAN_INFLUENZA
- **Ask a Food Safety Question (USDA Food Safety and Inspection Service)**
http://www.fsis.usda.gov/Food_Safety_Education/Ask_Karen/index.asp
- **USDA Meat and Poultry Hotline (English & Spanish):**
1-888-MPHotline (1-888-674-6854)
TTY: 1-800-256-7072
- **National Wildlife Health Center: Bird Flu** http://www.nwhc.usgs.gov/disease_information/avian_influenza/index.jsp
- **Protecting Poultry Workers at Risk**
<http://www.osha.gov/dts/shib/shib121304.pdf>
- **Human Cases of Bird Flu A (H7N7) Infection - The Netherlands 2003**
<http://www.cdc.gov/flu/avian/h7n7-netherlands.htm>
- **Bird Flu A (H5N1) in 10 Patients in Vietnam**
<http://content.nejm.org/cgi/content/abstract/NEJMoa040419>

International Resources:

- **World Health Organization Bird Flu**
http://www.who.int/csr/disease/avian_influenza/en/
- **World Organization for Animal Health**
http://www.oie.int/eng/en_index.htm
- **United Nations Food and Agriculture Organization: Bird Flu**
<http://www.fao.org/avianflu/en/index.html>
- **World Health Organization Pandemic Preparedness** <http://www.who.int/csr/disease/influenza/pandemic/en/>

H1N1 Flu Definition

H1N1 flu, sometimes referred to as “swine flu” is a new influenza virus causing illness in people. The virus was first detected in the United States in April 2009. Many other countries have reported people sick with the virus. The H1N1 flu virus is spreading from person-to-person in much the same way that regular seasonal influenza viruses spread.

H1N1 Flu Key Messages

- 1. Act now to reduce the spread of the H1N1 flu virus and protect yourself.**
 - d. Get vaccinated.
 - e. Wash your hands frequently with soap and water or use an alcohol-based hand cleaner.
 - f. Cover your mouth and nose with a tissue or your elbow when you cough or sneeze.
 - g. Avoid touching your eyes, nose and mouth.
 - h. Stay informed. Monitor the local news or visit (www.xxx.com) for updates on the influenza pandemic.
 - i. If you or your family are experiencing flu symptoms, call your doctor, go to (**NAME OF HOSPITAL OR CLINIC**) or call (**XXX-XXX-XXXX**) or visit (www.xxx.com). Please call 911 only in an emergency.

- 2. The H1N1 flu virus is contagious and can spread from person-to-person through coughing or sneezing.**
 - a. The symptoms of swine flu in people are similar to the symptoms of seasonal flu and include fever, lethargy, lack of appetite and coughing. Symptoms may also include runny nose, sore throat, nausea, vomiting and diarrhea.
 - b. Because people have little or no natural resistance to the H1N1 flu virus, it can cause more severe illnesses and deaths than regular seasonal flu.
 - c. Infected people may be able to transmit the flu one day before symptoms develop and up to seven or more days after becoming sick.

- 3. To avoid illness, limit your contact with others.**
 - a. Try to avoid close contact with sick people.
 - b. If someone in your household is sick, stay home, wear a mask and follow your doctor's orders.
 - c. Schools and businesses may be closed and services may be interrupted as needed to prevent the spread of disease.
 - d. Public gatherings may be canceled.
 - e. Businesses are encouraged to allow people to work from home or change their hours to limit contact with others.
 - f. Stockpile two weeks of food and essential supplies.

- 4. Preparing for pandemic influenza has been one of our highest priorities.**
 - a. [**County**], state and federal agencies have been on the frontlines of preparing for a potential pandemic.
 - b. Communication has been strengthened among public health, law enforcement and other public health officials.

- 5. The first death from the H1N1 flu virus has been confirmed in [**County**].**
 - a. A [**age**] year-old [**County**] [**man/woman/child**] is the first person in [**County**] to die from the H1N1 flu virus.
 - b. Our thoughts and condolences are with the individual(s) and his/her family.
 - c. We are working with federal and state authorities, as well as other counties, to protect the public from the H1N1 flu virus.

H1N1 Flu Fact Sheet

This fact sheet provides general information about H1N1 flu.

H1N1 Flu

H1N1 flu (referred to as “swine flu” early on) is a new influenza virus causing illness in people. The virus was first detected in people in the United States in April 2009. Many other countries have reported people sick with the virus. The H1N1 flu virus is spreading from person-to-person in much the same way that regular seasonal influenza viruses spread.

Symptoms

The symptoms of the H1N1 flu in people are similar to the symptoms of seasonal flu and include:

- Fever
- Cough
- Sore throat
- Body aches
- Headache
- Chills
- Fatigue
- Some people have reported diarrhea and vomiting associated with H1N1 flu

Like seasonal flu, H1N1 flu may cause a worsening of underlying chronic medical conditions.

Spreading H1N1 Flu

Spread of the H1N1 flu virus is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

Severity

It's not known at this time how severe the H1N1 flu virus will be in the general population. Early indications are that pregnancy and other previously recognized medical conditions that increase the risk of influenza-related complications, like asthma and diabetes, also appear to be associated with increased risk of complications from the H1N1 flu virus as well. One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of H1N1 flu virus-related complications thus far in the outbreak. CDC is conducting laboratory studies to see if certain people might have natural immunity to this virus, depending on their age. Catching H1N1 Flu

Risk

CDC has determined that the H1N1 flu virus is contagious and is spreading from human to human. However, at this time, it is not known how easily the virus spreads between people.

Treating H1N1 Flu

CDC recommends the use of oseltamivir (Tamiflu) or zanamivir (Relenza) for treatment and/or prevention of infection with these H1N1 flu viruses. Antiviral drugs are prescription medicines (pills, liquid or an inhaler) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications.

Protecting Yourself

A flu vaccine is the most important step in protecting against flu infection. In addition, there are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Try to avoid close contact with sick people.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Stay home if you are sick for seven days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer.

Taking Care of Yourself

If you become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea, you may want to contact your health care provider, particularly if you are worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed.

- If you are sick, you should stay home and avoid contact with other people as much as possible to keep from spreading your illness to others.
- If you become ill and experience any of the following warning signs, seek emergency medical care.

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing.
- Bluish skin color.
- Not drinking enough fluids.
- Not waking up or not interacting.
- Being so irritable that the child does not want to be held.
- Flu-like symptoms improve but then return with fever and worse cough.
- Fever with a rash.

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath.
- Pain or pressure in the chest or abdomen.
- Sudden dizziness.
- Confusion.
- Severe or persistent vomiting.

Protecting California

CDPH is working closely with CDC, the World Health Organization, local health departments, and community organizations to:

- Monitor the situation in California and worldwide carefully;
- Investigate persons with possible H1N1 flu virus infection;
- Assist local health departments, health care providers, and the public; and
- Provide important healthcare supplies and drugs to local health departments for use in your community.

Food Safety

H1N1 flu viruses are not spread by food. You cannot get H1N1 flu from eating pork or pork products. Eating properly handled and cooked pork products is safe.

H1N1 Flu Q&A

What is H1N1 (swine flu)?

H1N1 (referred to as “swine flu” early on) is a new influenza virus causing illness in people. The virus was first detected in people in the United States in April 2009. Many other countries have reported people sick with the virus. The H1N1 virus is spreading from person-to-person in much the same way that regular seasonal influenza viruses spread.

Why is the H1N1 virus sometimes called “swine flu”?

This virus was originally referred to as “swine flu” because laboratory testing showed that many of the genes in the virus were very similar to influenza viruses that normally occur in pigs in North America. But further study has shown that the H1N1 virus is very different from what normally circulates in North American pigs.

Is the H1N1 virus contagious?

CDC has determined that the H1N1 virus is contagious and is spreading from human to human. However, at this time, it is not known how easily the virus spreads between people.

What are the signs and symptoms of this virus in people?

The symptoms of the H1N1 virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Also, like seasonal flu, severe illnesses and death has occurred as a result of illness associated with this virus.

How severe is illness associated with the H1N1 virus?

It’s not known at this time how severe the H1N1 virus will be in the general population. In seasonal flu, there are certain people that are at higher risk of serious flu-related complications. This includes people 65 years and older, children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions. Early indications are that pregnancy and other previously recognized medical conditions that increase the risk of influenza-related complications, like asthma and diabetes, also appear to be associated with increased risk of complications from the H1N1 virus as well. One thing that appears to be different from seasonal influenza is that adults older than 64 years do not yet appear to be at increased risk of H1N1 virus-related complications thus far in the outbreak. CDC is conducting laboratory studies to see if certain people might have natural immunity to this virus, depending on their age.

How does the H1N1 virus spread?

Spread of the H1N1 virus is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

What can I do to protect myself from getting sick?

The H1N1 vaccine is currently available and [County] officials will be notifying the public about the various locations where it can be obtained. Other actions that people can take to help prevent the spread of germs are:

- Cough and sneeze into a tissue or into your elbow.
- Wash your hands often with soap and water and use hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Avoid close contact with sick people.
- Avoid attendance at large gatherings.
- Practice good emergency preparedness by storing a two-week supply of food, water, and medication. For a list of products to have at home, go to <http://www.pandemicflu.gov/plan/individual/checklist.html>

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

In adults:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improve but then return with fever and worse cough

Are there medicines to treat infection with this virus?

CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with the H1N1 virus. Antiviral drugs are prescription medicines that fight the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. During the current outbreak, the priority use for influenza antiviral drugs during is to treat severe influenza illness.

What is being done to protect Californians?

CDPH is working closely with CDC, the World Health Organization, local health departments, and community organizations to:

- Monitor the situation in California and worldwide carefully;
- Investigate persons with possible H1N1 virus infection;
- Assist local health departments, health care providers, and the public; and
- Provide important healthcare supplies and drugs to local health departments for use in your community.
- Promote influenza vaccination.

What is an influenza pandemic?

An influenza pandemic is a global outbreak of disease that occurs when a new flu virus appears or “emerges” in the human population, causes serious illness in people and then spreads easily from person to person worldwide. Past influenza pandemics have led to high levels of illness, death, social disruption and economic loss.

How does pandemic influenza differ from a seasonal influenza outbreak?

Influenza pandemics are caused by the emergence of a virus that is new or radically different from flu viruses that circulated previously. Because people have no or little natural resistance to a new virus and there is no readily-available vaccine, influenza pandemics often result in more severe illness and death.

Seasonal influenza outbreaks are caused by small changes in common flu viruses. Though these viruses may change slightly from one flu season to the next, many people develop some immunity. Because similar viruses have circulated previously, vaccines are more readily available.

H1N1 Flu Crisis Hotline Script

Script to be used in the event of a pandemic.

:60 SCRIPT

[County] officials are currently working with state and federal authorities to ensure that the H1N1 flu vaccine is available for all who need it.

As vaccine supplies are delivered, [County] officials will be notifying the public about the various locations where vaccines [treatments] may be obtained. Please monitor the local news media for regular updates on the situation and where to go for treatment.

If you think you have been exposed to the H1N1 virus and are showing symptoms such as fever, headache, fatigue, shortness of breath, nausea or vomiting, sore throat and cough, immediately contact your doctor or health clinic.

Protect yourself and your family from becoming ill by washing your hands frequently and covering coughs or sneezes. If you are ill, stay home.

[County] officials will continue to provide updates as new information becomes available. For more information, please visit our Web site at www.bepreparedcalifornia.ca.gov.

If you would like to hear your options again, please press 1.

H1N1 Flu Radio PSA Scripts

PSA 1 –: 30

The H1N1 flu virus spreads from person to person.

Here is what you can do to protect yourself and your family:

- Get vaccinated.
- Wash your hands often with soap and water, especially after you cough or sneeze.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it
- Avoid touching your eyes, nose or mouth.
- Avoid close contact with sick people.

For more information, call (###) or go to www.cdph.ca.gov.

Working together, we can reduce the spread of swine flu in our state and communities.

SPANISH

La influenza del virus H1N1 se transmite de persona a persona

Los siguientes pasos pueden ayudar a proteger a su familia y a usted mismo:

- Vacunarse
- Lávese las manos a menudo con agua y jabón, especialmente después de toser o estornudar.
- Cúbrase la nariz y la boca con un pañuelo desechable cuando tosa o estornude. Tire el pañuelo a la basura después de usarlo.
- Evite tocarse sus ojos, nariz y boca.
- Evite el contacto cercano con personas enfermas.

Para mas información sobre la influenza porcina, llame al 1-888-865-0564.

Si trabajamos juntos, podemos reducir la propagación de la influenza del virus H1N1 en nuestra comunidad.

PSA 2 –:30

Working together, we can reduce the spread of the H1N1 flu virus in our state and communities.

Its symptoms include fever, cough, sore throat, and runny nose.

- If you have these symptoms, stay home from work, school, and public events for at least 7 days.
- Don't send sick children to school or childcare.

Most people who become sick with the H1N1 virus recover fully without medical attention. Contact your doctor if you have severe or prolonged symptoms or if you are at high risk for severe flu-related complications.

For more information on swine flu, call (###) or go to www.cdph.ca.gov.

SPANISH

Si trabajamos juntos, podemos reducir la propagación de la influenza del virus H1N1 en nuestra comunidad.

Los síntomas incluyen fiebre, tos, dolor de garganta y moquera.

- Si tiene estos síntomas, no vaya al trabajo, la escuela ni a lugares públicos por lo menos 7 días.
- No mande a sus hijos a la escuela ni la guardería.

La mayoría de las personas que han contagiado la influenza porcina se han recuperado completamente sin haber obtenido atención médica. Consulte con su médico si tiene síntomas graves o prolongados o si corre peligro de tener complicaciones serias por la influenza.

Para más información sobre la influenza del virus H1N1, llame al 1-888-865-0564.

H1N1 Flu Template Press Releases

First Death in County

DATE: [month, day, year]
FOR IMMEDIATE RELEASE
[number]

CONTACT: [Name]
[Phone]

(COUNTY) Health Officer Announces First Death from H1N1 Virus (Swine Flu) *Local officials working with state to prevent further infection*

[CITY OR COUNTY] – The H1N1 virus (swine flu) has claimed the life of a [age] year-old [County] [gender], [County] Health Officer [name of health officer] announced today. There have been [#] confirmed illnesses from swine flu virus in California, including [x] illnesses in [County].

“Our hearts and sympathies go out to the victim’s family, [name] said. “[His/Her] death is a sad reminder of the serious threat posed by the H1N1 virus.”

The H1N1 vaccine is currently available and [County] officials will be notifying the public about the various locations where it can be obtained. Other actions that people can take to help prevent the spread of germs are:

- Cough and sneeze into a tissue or into your elbow.
- Wash your hands often with soap and water and use hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Avoid close contact with sick people.
- Avoid attendance at large gatherings.
- Practice good emergency preparedness by storing a two-week supply of food, water, and medication. For a list of products to have at home, go to <http://www.pandemicflu.gov/plan/individual/checklist.html>

People experiencing flu-like symptoms should stay home from work or school, limit contact with others and call their healthcare provider for advice and possible testing. Those who are ill with flu-like symptoms, but do not have healthcare coverage, should seek care at [Local Site(s)] or call the County toll-free hotline at [Number].

The [County] Department of Public Health is coordinating with state and federal agencies in conducting H1N1 virus surveillance and implementing measures to lessen its impact. [Name of health officer] advised residents to monitor news reports and check the [County] Web site at www.xxx.xx.xxx or www.bepreparedcalifornia.ca.gov for additional information.

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Public Event Suspension

DATE: [month, day, year]
FOR IMMEDIATE RELEASE
[number]

CONTACT: [Name]
[Phone]

[COUNTY] Health Officer Announces Suspension of Public Events to Limit H1N1 Virus (Swine Flu) Illnesses

[CITY OR COUNTY] – Citing the need to protect public health during the outbreak of H1N1 virus (swine flu), [County] Health Officer [Name of health officer] today announced that [insert types/names of events e.g., concerts, conferences, sporting events] will be suspended. The action is designed to prevent healthy individuals from coming in contact with those who are sick or infected with the H1N1 virus and may or may not have symptoms of the disease.

“We are trying to prevent further illness by limiting exposure to the H1N1 virus,” said [name]. “[x] cases of H1N1 virus have been reported in [County]. One of our best tools to prevent more illnesses is for residents to stay home and for visitors not providing essential services to stay away.”

The [County] Department of Public Health, as well as state and federal agencies, has been advising the public to create and maintain family emergency preparedness kits. Households should have a minimum of two week’s worth of food, water, medicine and emergency supplies sufficient for the entire family. For a list of products to have at home, go to <http://www.pandemicflu.gov/plan/individual/checklist.html>.

The H1N1 vaccine is currently available and [County] officials will be notifying the public about the various locations where it may be obtained. Other actions that people can take to help prevent the spread of germs are:

- Cough and sneeze into a tissue or into your elbow.
- Wash your hands often with soap and water and use hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Avoid close contact with sick people.
- Avoid attendance at large gatherings.

“It’s imperative that the public stay as informed as possible,” [name] said. “We cannot be certain what course this virus will take. We may ask residents to take additional protective measures down the road.”

People experiencing flu-like symptoms should stay home from work or school, limit contact with others and call their healthcare provider for advice and possible testing. Those who are ill with flu-like symptoms, but do not have healthcare coverage, should seek care at [Local Site(s)] or call the County toll-free hotline at [Number].

The [County] Department of Public Health is coordinating with state and federal agencies in conducting H1N1 virus surveillance and implementing measures to lessen its impact. [Name] advised residents to monitor news reports and check the [County] Web site at www.xxx.xx.xxx or www.bepreparedcalifornia.ca.gov for additional information.

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School Closures

DATE: [month, day, year]
FOR IMMEDIATE RELEASE
number]

CONTACT: [Name]
[Phone]

[COUNTY] Health Officer Announces School Closures to Limit the Spread of H1N1 Virus (Swine Flu)

[CITY OR COUNTY] – Citing the need to protect the public’s health during the outbreak of H1N1 virus (swine flu), [County] Health Officer [Name of health officer], along with the District Superintendent of Schools [Name of superintendent] today announced that the following schools in [County] will be closed until further notice: [Names of schools]. The action is designed to prevent healthy students and school personnel from coming in contact with those who are sick with the H1N1 virus and who may or may not yet have symptoms of the disease.

“We are trying to prevent further illness by limiting exposure to the H1N1 flu virus,” said [name]. “[x] confirmed cases of H1N1 virus have been reported in [County] and [x] of those cases are students who attend [School(s)]. One of our best tools to curtail further spread of illness is for students and staff to stay at home.”

Symptoms of the H1N1 virus in people are similar to symptoms of seasonal flu and may include fever, fatigue, headache, body aches, chills and cough. The disease is spread by direct contact with germs from an infected person, from either uncovered coughs or sneezes, or by touching something the infected person has handled and then touching one’s nose or mouth.

The H1N1 vaccine is currently available and [County] officials will be notifying the public about the various locations where it may be obtained. Other actions that people can take to help prevent the spread of germs are:

- Cough and sneeze into a tissue or into your elbow.
- Wash your hands often with soap and water and use hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Avoid close contact with sick people.
- Avoid attendance at large gatherings.
- Practice good emergency preparedness by storing a two-week supply of food, water, and medication. For a list of products to have at home, go to <http://www.pandemicflu.gov/plan/individual/checklist.html>

“It’s imperative that the public stay as informed as possible,” [name] said. “We cannot be certain what course this virus will take. We may ask residents to take additional protective measures down the road.”

People experiencing flu-like symptoms should stay home from work or school, limit contact with others and call their healthcare provider for advice and possible testing. Those who are ill with flu-like symptoms, but do not have healthcare coverage, should seek care at [Local Site(s)] or call the County toll-free hotline at [Number].

The [County] Department of Public Health is coordinating with state and federal agencies in conducting H1N1 virus surveillance and implementing measures to lessen its impact. [Name of health officer] advised residents to monitor news reports and check the [County] Web site at www.xxx.xx.xxx or www.bepreparedcalifornia.ca.gov for additional information.

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*Ejemplar de comunicado de prensa de la gripe porcina
Primera muerte en el condado*

FECHA: [month, day, year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

Funcionario de Salud Pública del Condado de (COUNTY) Anuncia la Primera Muerte por el Virus H1N1 (Gripe Porcina)

Funcionarios Locales Están Trabajando con el Estado para Prevenir Infección a Mayor Escala

[CITY OR COUNTY] – El virus H1N1 (gripe porcina) cobró la vida de un (una) [gender] de [age] años de edad del condado de [County], anunció hoy [name of health officer], funcionario de salud pública del condado de [County]. En California hay [#] casos confirmados de personas infectadas por el virus de la gripe porcina, incluyendo [x] en el condado de [County]. El virus se disemina de persona a persona y a los funcionarios de salud pública les preocupa que pueda infectar a más personas y causar más muertes. El gobernador Arnold Schwarzenegger ha declarado estado de emergencia por el brote de gripe, lo que permite la rápida asignación de fondos y personal para luchar contra la enfermedad.

“Queremos dar nuestro más sentido pésame a la familia de víctima de la gripe”, dijo [name]. “Su muerte es un triste recordatorio de lo peligrosa que puede ser el virus H1N1”.

La vacuna para la influenza H1N1 esta disponible y oficiaos del condado [name] notificaran al publico acerca de varios lugares donde obtener la vacuna. Hay cosas que puede hacer para ayudar a prevenir la diseminación de los gérmenes:

- Vacunarse.
- Tosa y estornude en un pañuelito de papel o en el codo.
- Lávese las manos a menudo con agua y jabón y use un desinfectante de manos.
- Evite tocarse los ojos, la nariz y la boca.
- Evite el contacto estrecho con personas enfermas.
- Evite ir a lugares en los que haya mucha gente.
- Prepárese para las emergencias almacenando un suministro de dos semanas de alimentos, agua y medicamentos. Para obtener una lista de los productos que debe tener en su hogar visite: www.pandemicflu.gov/plan/individual/checklist.html.

Las personas con síntomas similares a los de la gripe deben quedarse en su casa (no ir al trabajo ni a la escuela), limitar el contacto con otras personas y llamar a su profesional de la salud para que las asesore y tal vez hacerse una prueba de detección. Los que tienen síntomas similares a los de la gripe y no tienen seguro médico deben obtener atención en [Local Site(s)] o llamar a la línea especial sin cargo del condado, al [Number].

El Departamento de Salud Pública del condado de [County] está trabajando conjuntamente con entidades estatales y federales para tomar medidas de vigilancia del virus H1N1 y para reducir el impacto del virus de la gripe. [Name of health officer] aconsejó a los habitantes del condado que se mantengan al tanto de las noticias y que visiten el sitio web del condado de [County], en www.xxx.xx.xxx o www.bepreparedcalifornia.ca.gov para obtener más información.

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*Ejemplar de comunicado de prensa sobre la gripe porcina
Suspensión de evento público*

FECHA: [month, day, year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

Funcionario de Salud Pública del Condado de [COUNTY] Anuncia Suspensión de Eventos Públicos para Limitar Enfermedades Causadas por el Virus H1N1 (Gripe Porcina)

[CITY OR COUNTY] – Citando la necesidad de proteger al público durante el brote del virus H1N1 (gripe porcina), el funcionario de salud pública del condado de [County], [Name of health officer], anunció hoy que se suspenderán los siguientes eventos: [insert types/names of events e.g., concerts, conferences, sporting events]. La medida está diseñada para prevenir que personas sanas entren en contacto con personas enfermas o infectadas por el virus H1N1 que puedan o no tener síntomas de la enfermedad.

“Estamos tratando de prevenir que se siga diseminando la enfermedad limitando la exposición al virus H1N1”, dijo [name]. “Se han informado [x] casos del virus H1N1 en el condado de [County]. Uno de los mejores medios para prevenir el contagio es que los habitantes del condado se queden en casa y que los visitantes que no estén proporcionando servicios esenciales no vengan”.

El Departamento de Salud Pública del condado de [County], así como entidades estatales y federales, han estado aconsejando al público que preparen y mantengan materiales para emergencias para la familia. Todos los hogares deben contar con alimentos, agua, medicamentos y suministros de emergencia para toda la familia suficientes para un mínimo de dos semanas. Para obtener una lista de los productos que debe tener en su hogar, visite www.pandemicflu.gov/plan/individual/checklist.html.

La vacuna para la influenza H1N1 esta disponible y oficioas del condado [name] notificaran al publico acerca de varios lugares donde obtener la vacuna. Hay cosas que puede hacer para ayudar a prevenir la diseminación de los gérmenes:

- Vacunarse.
- Tosa y estornude en un pañuelito de papel o en el codo.
- Lávese las manos a menudo con agua y jabón y use un desinfectante de manos.
- Evite tocarse los ojos, la nariz y la boca.
- Evite el contacto estrecho con personas enfermas.
- Evite ir a lugares en los que haya mucha gente.

“Es imperativo que el público permanezca lo más informado posible”, dijo [name]. “No sabemos con certeza qué curso tomará este virus. Es posible que en el futuro cercano tengamos que pedir a los habitantes que tomen más medidas de protección”.

Las personas con síntomas similares a los de la gripe deben quedarse en su casa (no ir al trabajo o a la escuela), limitar el contacto con otras personas y llamar a su profesional de la salud para que las asesore y tal vez hacerse una prueba de detección. Los que tienen síntomas similares a los de la gripe y no tienen seguro médico deben obtener atención medica en [Local Site(s)] o llamar a la línea especial sin cargo del condado, al [Number].

El Departamento de Salud Pública del condado de [County] está trabajando conjuntamente con entidades estatales y federales para tomar medidas de vigilancia del virus H1N1 y para reducir el impacto del virus. [Name] aconsejó a los habitantes del condado que se mantengan al tanto de las noticias y que visiten el sitio web del condado de [County], en www.xxx.xx.xxx o www.bepreparedcalifornia.ca.gov para obtener más información.

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*Ejemplar de comunicado de prensa de la gripe porcina
Cierres de escuelas*

FECHA: [month, day, year]
PARA DIFUSIÓN INMEDIATA
[number]

CONTACTO: [Name]
[Phone]

**Funcionario de Salud Pública del Condado de [COUNTY] Anuncia Cierres de Escuela para
Limitar la Propagación del Virus H1N1 (Gripe Porcina)**

[CITY OR COUNTY] – Citando la necesidad de proteger la salud del público durante el brote del virus H1N1 (gripe porcina), [Name of health officer], funcionario de salud pública del condado de [County], junto con [Name of superintendent], superintendente de escuelas del distrito, anunció hoy que las siguientes escuelas del condado de [County] estarán cerradas hasta próximo aviso: [Names of schools]. La medida está diseñada para prevenir que estudiantes y personal escolar sanos entren en contacto con personas enfermas o infectadas por el virus de la gripe porcina que puedan o no tener síntomas de la enfermedad.

“Estamos tratando de prevenir que se siga diseminando la enfermedad limitando la exposición al virus H1N1”, dijo [name]. “Se han informado [x] casos de la gripe H1N1 en el condado de [County] y [x] de esos casos son estudiantes que asisten a [School(s)]. Uno de nuestros mejores medios para prevenir el contagio es que los estudiantes y el personal se queden en casa”.

Los síntomas del virus H1N1 son similares a los síntomas de la gripe estacional y pueden incluir fiebre, cansancio, dolores de cabeza y del cuerpo, escalofríos y tos. La enfermedad se contagia por contacto directo con los gérmenes de una persona infectada, ya sea por una tos o estornudos que no se cubren o tocando algo que tocó la persona infectada y después tocándose la nariz o la boca.

La vacuna para la influenza H1N1 esta disponible y oficiales del condado [name] notificaran al publico acerca de varios lugares donde obtener la vacuna. Hay cosas que puede hacer para ayudar a prevenir la diseminación de los gérmenes: Tosa y estornude en un pañuelito de papel o en el codo.

- Vacunarse.
- Lávese las manos a menudo con agua y jabón y use un desinfectante de manos.
- Evite tocarse los ojos, la nariz y la boca.
- Evite el contacto estrecho con personas enfermas.
- Evite ir a lugares en los que haya mucha gente.
- Prepárese para las emergencias almacenando un suministro de dos semanas de alimentos, agua y medicamentos. Para obtener una lista de los productos que debe tener en su hogar visite: www.pandemicflu.gov/plan/individual/checklist.html.

“Es imperativo que el público permanezca lo más informado posible”, dijo [name]. “No sabemos con certeza qué curso tomará este virus. Es posible que en el futuro cercano tengamos que pedir a los habitantes que tomen más medidas de protección”.

Las personas con síntomas similares a los de la gripe deben quedarse en su casa (no ir al trabajo o a la escuela), limitar el contacto con otras personas y llamar a su profesional de la salud para que las asesore y tal vez hacerse una prueba de detección. Los que tienen síntomas similares a los de la gripe y no tienen seguro médico deben obtener atención médica en [Local Site(s)] o llamar a la línea especial sin cargo del condado, al [Number].

El Departamento de Salud Pública del condado de [County] está trabajando conjuntamente con entidades estatales y federales para tomar medidas de vigilancia del virus H1N1 y para reducir el impacto del virus de la gripe. [Name of health officer] aconsejó a los habitantes del condado que se mantengan al tanto de

las noticias y que visiten el sitio web del condado de [County], en www.xxx.xx.xxx o en www.bepreparedcalifornia.ca.gov para obtener más información.

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H1N1 Flu Resources

- **State Health Department Websites**
http://www.cdc.gov/H1N1_Fluflu/states.html
- **Flu.gov**
<http://www.flu.gov/>
- **World Health Organization (WHO): Influenza A(H1N1)** <http://www.who.int/csr/disease/swineflu/en/index.html>
- **FDA: FDA Authorizes Emergency Use of Influenza Medicines, Diagnostic Test in Response to Swine Flu Outbreak in Humans** <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/default.htm>
- **GenBank Influenza Virus Resource (swine influenza A [H1N1 Flu] sequences)** <http://www.ncbi.nlm.nih.gov/genomes/FLU/SwineFlu.html>
- **New England Journal of Medicine: H1N1 Flu Influenza Center**
http://H1N1_Flu.nejm.org/
- **WHO: Reducing excess mortality from common illnesses during severe pandemic** http://www.who.int/csr/resources/publications/swineflu/commonillnesses_pandemic/en/index.html
- **WHO: Pandemic flu preparedness & mitigation in refugee & displaced populations** http://www.who.int/csr/resources/publications/swineflu/pandemic_preparedness_refugee/en/index.html
- **WHO: Protocol for antiviral susceptibility testing by pyrosequencing**
http://www.who.int/csr/resources/publications/swineflu/pyrosequencing_protocol/en/index.html
- **WHO: Sequencing primers & protocol** http://www.who.int/csr/resources/publications/swineflu/sequencing_primers/en/index.html
- **WHO: CDC protocol of realtime RTPCR for swine influenza A(H1N1 Flu)** <http://www.who.int/csr/resources/publications/swineflu/realtimeptpcr/en/index.html>
- **WHO: Additional Guidance** <http://www.who.int/csr/disease/swineflu/guidance/en/index.html>
- **U.S. Department of Veterans Affairs**
http://www.publichealth.va.gov/H1N1_Fluflu/

West Nile Virus Definition

West Nile Virus (WNV) is a disease carried by mosquitoes that is common in Africa, west Asia, the Middle East and more recently North America. Human infection with West Nile Virus may result in serious illness. Experts believe West Nile Virus is established as a seasonal epidemic in North America that flares up in the summer and continues in the fall.

West Nile Virus Pre-Event Key Messages

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

1. Protect

California is well prepared to detect, monitor and respond to West Nile Virus (WNV) through ongoing collaboration between more than 100 public agencies.

- a. The California surveillance system includes human and horse case detection and testing of mosquitoes, chicken flocks and dead birds for West Nile Virus.
- b. California conducts targeted public education, emphasizing the importance of personal protective measures.
- c. We maintain an information Web site for clinicians, the public, local agencies and others at <http://www.westnile.calgov/clinician.htm>.

2. Risk

Most people do not get ill from West Nile virus infection and less than one percent of individuals infected with West Nile Virus will develop severe illness.

3. Action

The public can assist in detecting West Nile Virus by reporting dead birds. Mosquitoes acquire the virus from infected birds and then transmit the virus to people.

- a. Stay alert. If you see a dead bird, you can report it via the Web site <http://vector.ucdavis.edu/cfm/deadbirds.cfm>, or by calling the hotline at 1-877-WNV-BIRD or 1-877-966-2473.

West Nile Virus Key Messages

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

1. Response

[Name, chief health officer] has confirmed [# of cases] of West Nile Virus in [name of county]. Confirmed cases include [# of serious illness, # of hospitalized patients, #of deaths] in [name of county] and [neighboring counties, or statewide].

- a. Local public health officials are working with state and local agencies to prevent further spread of the disease.
- b. Officials are conducting ongoing surveillance for mosquito breeding sources and are targeting areas for mosquito prevention and control.

2. Risk

Most people do not get ill from West Nile Virus infection and less than one percent of individuals infected with West Nile Virus will develop severe illness.

- a. West Nile Virus is a disease spread by the bite of an infected mosquito. West Nile Virus is not spread through casual contact such as kissing or touching a person with the virus or by breathing in the virus.
- b. Severe symptoms can include high fever, headache, neck stiffness, stupor disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis.
- c. Milder West Nile Virus illness improves without treatment, and people do not necessarily need to seek medical attention for this infection, though they may choose to do so.
- d. In more severe cases, people may need to go to the hospital where they can receive supportive treatment including intravenous fluids, and help with breathing and nursing care.

3. Action

Protect yourself and report any dead birds. Mosquitoes acquire the virus from infected birds and then transmit the virus to people.

- a. Be careful of mosquitoes outside, especially during dawn or dusk when mosquitoes are most commonly found.
- b. Remove any standing water around your home as it can attract mosquitoes.
- c. Call the California Department of Public Health's hotline at 1-877-WNV-BIRD, OR 1-877-966-2473, to report a dead bird.
- d. Stay informed. Monitor the local news or visit the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

West Nile Virus Fact Sheet

West Nile Virus

West Nile Virus (WNV) is a disease carried by mosquitoes that is common in Africa, west Asia, the Middle East and more recently North America. Human infection with West Nile Virus may result in serious illness. Experts believe West Nile Virus is established as a seasonal epidemic in North America that flares up in the summer and continues in the fall.

History

West Nile Virus was first detected in the United States in New York in 1999. Since then, West Nile Virus has spread to 48 states, Canada and Mexico. Last year there were 2,448 human cases of West Nile Virus detected in the United States, including 84 deaths. This is much lower than in 2003 when there were more than 10,000 human cases of West Nile Virus detected, including 262 deaths.

California history

West Nile Virus first appeared in California in 2002 with the identification of one human case. In 2003, three human cases occurred in California and West Nile Virus activity was detected in six Southern California counties. By 2004, West Nile Virus activity was observed in all 58 counties in California and 830 human infections were identified.

Detection

California is well prepared to detect, monitor and respond to West Nile Virus through ongoing collaboration between more than 100 public agencies. The California surveillance system includes human and horse case detection and testing of mosquitoes, sentinel chicken flocks and dead birds for West Nile Virus.

Transmission

- **Infected Mosquitoes.** Most often, West Nile Virus is spread by the bite of an infected mosquito. Mosquitoes are West Nile Virus carriers that become infected when they feed on infected birds. Infected mosquitoes can then spread West Nile Virus to humans and other animals when they bite.
- **Transfusions, Transplants and Mother-to-Child.** All donated blood is checked for WNV before being used. The risk of getting West Nile Virus through blood transfusions and organ transplants is very small, and should not prevent people who need surgery from having it. Transmission during pregnancy from mother to baby or transmission to an infant via breastfeeding is extremely rare.
- **Not Through Touching.** West Nile Virus is not spread through casual contact such as touching or kissing a person with the virus or by breathing in the virus.

Infection period

People typically develop symptoms from 3 to 14 days after they are bitten by an infected mosquito.

Symptoms

West Nile Virus affects the central nervous system. However, symptoms vary:

- **Serious Symptoms in Few People.** Less than one percent (about one in 150) of individuals infected with West Nile Virus will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks, and neurological effects may be permanent.
- **Milder Symptoms in Some People.** Up to 20 percent (about one in five) of the people who become infected will display symptoms which can include fever, headache, body aches, nausea, vomiting and sometimes swollen lymph glands or a skin rash on the chest, stomach and back. Symptoms generally last for just a few days, although some people have been sick for several weeks.
- **No Symptoms in Most People.** Approximately 80 percent of people (about four in five) who are infected with West Nile Virus will not have any symptoms at all.

Treatment

There is no specific treatment for West Nile Virus infection. In cases with milder symptoms, people experience fever and aches that pass on their own. In more severe cases, people may need to go to the hospital where they can receive supportive treatment including intravenous fluids, help with breathing and nursing care.

What to do if you think you have West Nile Virus

Milder West Nile Virus illness improves without treatment, and people do not necessarily need to seek medical attention for this infection, though they may choose to do so. If you develop symptoms of severe West Nile Virus illness, such as unusually severe headaches or confusion, seek medical attention immediately. Pregnant women and nursing mothers are encouraged to talk to their doctor if they develop symptoms that could be West Nile Virus.

Immunity

It is thought that once a person has recovered from West Nile Virus, they are immune for life to future infection with West Nile Virus. This immunity may decrease over time or with health conditions that compromise the immune system.

Greatest risk

Most people do not get ill from West Nile Virus infection. People over the age of 50 should take special care to avoid mosquito bites since serious symptoms of West Nile Virus are more likely to develop in this age group. In addition, people who have compromised immune systems are at increased risk.

Being outside, especially at dawn or dusk, means you're at risk of being bitten by an infected mosquito. Pay attention to avoid mosquito bites if you spend a lot of time outside, either working or playing.

Animals

Some species of wild birds, particularly crows and jays, are very susceptible to West Nile Virus and can die from the infection.

Horses are very susceptible to West Nile Virus and approximately one in three horses that become ill die or are euthanized. An effective vaccine is available for horses and horse-owners should consult with a veterinarian about West Nile Virus vaccine and other vaccines against mosquito-borne viruses.

Dogs and cats rarely become ill when infected with West Nile Virus

Prevention

The best way to avoid becoming sick from West Nile Virus is to prevent mosquito bites.

- When outdoors, use insect repellents containing DEET (N, N-diethyl-metatoluamide). Follow the directions on the package.
- In addition to DEET-based products, insect repellents containing Picaridin or oil of lemon eucalyptus have recently been recommended by the federal Centers for Disease Control and Prevention.
- Mosquitoes that carry West Nile Virus are most active at dawn and dusk, especially during the two hours after sunset. Be sure to use insect repellent and wear long sleeves and pants if engaging in outdoor activities at these times.
- Make sure that doors and windows have tight fitting screens. Repair or replace screens that have tears or holes.
- Get rid of mosquito breeding sites by emptying standing water from flower pots, buckets, barrels and other containers.
- Change the water in pet dishes and replace the water in bird baths weekly. Drill holes in tire swings so water drains out.
- Keep children's wading pools empty and on their sides when they aren't being used.

Reporting Dead Birds

The public is encouraged to report dead birds because it helps the state monitor West Nile Virus activity. Birds play an important role in maintaining and spreading this virus. Mosquitoes acquire the virus from infected birds, and then transmit the virus to people. Evidence of the virus in dead birds is often the first indication that West Nile Virus has been introduced into a new region, or that transmission risk is high. Public reports of dead birds are provided to local mosquito control agencies that use this information to target West Nile Virus surveillance and control efforts. Some dead birds are tested for West Nile Virus. Dead birds can be reported via the Web site <http://vector.ucdavis.edu/cfm/deadbird2.cfm> or by calling the hotline: **1-877-WNV-BIRD**.

State and Local Agencies

State and local agencies conduct the following activities or provide the following services in conjunction with the statewide West Nile Virus prevention, surveillance and control program:

- Ongoing surveillance for mosquito breeding sources.
- Ongoing, targeted mosquito prevention and control.
- A toll-free information and dead bird reporting hotline: **1-877-WNV-BIRD**.
- Targeted public education, emphasizing the importance of personal protective measures.
- Rapid and comprehensive communication with the medical community and veterinarians.
- Rapid response testing by the West Nile Virus laboratory network for timely and accurate human case determinations.

West Nile Virus Q&A

Overview of West Nile Virus

1. **What are West Nile encephalitis, West Nile meningitis and “neuroinvasive disease” and West Nile fever?**

The most severe type of disease due to a person being infected with West Nile Virus is sometimes called “neuroinvasive disease” because it affects a person’s nervous system. Specific types of neuroinvasive disease include: West Nile encephalitis, West Nile meningitis or West Nile meningoencephalitis. Encephalitis refers to an inflammation of the brain, meningitis is an inflammation of the membrane around the brain and the spinal cord, and meningoencephalitis refers to inflammation of the brain and the membrane surrounding it. West Nile Fever is another type of illness that can occur in people who become infected with the virus. It is characterized by fever, headache, tiredness, aches and sometimes rash. Although the illness can be as short as a few days, even healthy people have been sick for several weeks.

2. **Is West Nile Virus now established in the Western Hemisphere?**

The continued expansion of West Nile Virus in the United States indicates that it is permanently established in the Western Hemisphere.

3. **Is the disease seasonal in its occurrence?**

In the temperate zone of the world (i.e., between latitudes 23.5° and 66.5° north and south), West Nile encephalitis cases occur primarily in the late summer or early fall. In the southern climates where temperatures are milder, West Nile Virus can be transmitted year round.

Cases of West Nile Human Disease

4. **How many cases of West Nile disease in humans have occurred in the U.S.?**

Our Statistics, Surveillance, and Control page contains maps showing the distribution of West Nile Virus-related human disease cases, by state, in the United States.

No reliable estimates are available for the number of cases of West Nile encephalitis that occur worldwide.

5. **What proportion of people with severe illness due to West Nile Virus die?**

Among those with severe illness due to West Nile Virus, case-fatality rates range from 3% to 15% and are highest among the elderly. Less than 1% of people who become infected with West Nile Virus will develop severe illness -- most people who get infected do not develop any disease at all.

6. **How can a person test positive for West Nile Virus infection at a blood bank, but not be considered a "case" by CDC?**

A West Nile Virus "case" is a person who has become ill and been confirmed to have West Nile Virus infection. This infection might be either West Nile Fever, a mild illness with fever, or West Nile encephalitis or meningitis, more severe illnesses. Blood donors who do not become ill and do not develop symptoms are counted in a separate category because they are not considered "cases."

West Nile Virus and Dead Birds

7. What should I do if I find a dead bird?

Check with your local or state health department for instructions on reporting and disposing of a dead bird. If you need to pick up a dead bird, or local authorities tell you to simply dispose of it: Avoid bare-handed contact with any dead animals, and use gloves or an inverted plastic bag to place the bird carcass in a garbage bag and dispose of it with your routine trash.

8. Do birds infected with West Nile Virus die or become ill?

In the 1999 New York area epidemic, there was a large die-off of American crows. Since then, West Nile Virus has been identified in more than 200 species of birds found dead in the United States. Most of these birds were identified through reporting of dead birds by the public.

9. How can I report a sighting of dead bird(s) in my area?

A. State and local health departments start collecting reports of dead birds at different times in the year. Some wait until the weather becomes warm before initiating their surveillance (disease monitoring) program. For information about reporting dead birds in your specific area, please contact your state or local health department.

10. Why do some areas stop collecting dead birds?

A. Some states and jurisdictions are no longer collecting dead birds because they have sufficiently established that the virus is in an area, and additional testing will not reveal any more information. Shifting resources away from testing of dead birds allows those resources to be devoted elsewhere in surveillance and control.

Transmission

11. How do people get infected with West Nile Virus?

The main route of human infection with West Nile Virus is through the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds, which may circulate the virus in their blood for a few days. The virus eventually gets into the mosquito's salivary glands. During later blood meals (when mosquitoes bite), the virus may be injected into humans and animals, where it can multiply and possibly cause illness.

Additional routes of human infection became apparent during the 2002 West Nile epidemic. It is important to note that these other methods of transmission represent a very small proportion of cases. Investigations have identified West Nile Virus transmission through transplanted organs and through blood transfusions.

There is one reported case of transplacental (mother-to-child) West Nile Virus transmission. This case is detailed in MMWR Dec 20, 2002. There is also one reported case of transmission of West Nile Virus through breast-milk. See Questions and Answers concerning West Nile Virus and breastfeeding for more information on this topic.

Although transmission of West Nile Virus and similar viruses to laboratory workers is not a new phenomenon, two recent cases of West Nile Virus infection of laboratory workers have been reported. These cases are detailed in MMWR Dec 20, 2002.

12. What is the basic transmission cycle of West Nile Virus?

Mosquitoes become infected when they feed on infected birds, which may circulate the virus in their blood for a few days. Infected mosquitoes can then transmit West Nile Virus to humans and animals while biting to take blood. The virus is located in the mosquito's salivary glands. During blood feeding, the virus may be injected into the animal or human, where it may multiply, possibly causing illness.

13. If I live in an area where birds or mosquitoes with West Nile Virus have been reported and a mosquito bites me, am I likely to get sick?

No. Even in areas where the virus is circulating, very few mosquitoes are infected with the virus. Even if the mosquito is infected, less than 1% of people who get bitten and become infected will get severely ill. The chances you will become severely ill from any one mosquito bite are extremely small.

14. Is a woman's pregnancy at risk if she gets infected with West Nile Virus?

There is one documented case of transplacental (mother-to-child) transmission of West Nile Virus in a human. Although the newborn in this case was infected with West Nile Virus at birth and had severe medical problems, it is unknown whether the West Nile Virus infection itself caused these problems or whether they were covental. More research will be needed to improve our understanding of the relationship - if any - between West Nile Virus infection and adverse birth outcomes.

Nevertheless, pregnant women should take precautions to reduce their risk for West Nile Virus and other arboviral infections by avoiding mosquitoes, using protective clothing, and using repellents containing DEET. When West Nile Virus transmission is occurring in an area, pregnant women who become ill should see their health care provider, and those whose illness is consistent with acute West Nile Virus infection, should undergo appropriate diagnostic testing.

15. Besides mosquitoes, can you get West Nile Virus directly from other insects or ticks?

Infected mosquitoes are the primary source for West Nile Virus. Although ticks infected with West Nile Virus have been found in Asia and Africa, their role in the transmission and maintenance of the virus is uncertain. However, there is no information to suggest that ticks played any role in the cases identified in the United States.

16. How many types of animals have been found to be infected with West Nile Virus?

Although the vast majority of infections have been identified in birds, West Nile Virus has been shown to infect horses, cats, bats, chipmunks, skunks, squirrels, and domestic rabbits.

17. Can you get West Nile Virus directly from birds?

There is no evidence that a person can get the virus from handling live or dead infected birds. However, persons should avoid bare-handed contact when handling *any* dead animals and use gloves or double plastic bags to place the carcass in a garbage can.

18. Can you get infected with West Nile Virus by caring for an infected horse?

West Nile Virus is transmitted by infectious mosquitoes. There is no documented evidence of person-to-person or animal-to-person transmission of West Nile Virus. Normal veterinary infection control precautions should be followed when caring for a horse suspected to have this or any viral infection.

19. Can you get WNV from eating game birds or animals that have been infected?

There is no evidence that West Nile Virus can be transmitted to humans through consuming infected birds or animals. In keeping with overall public health practice, and due to the risk of known food-borne pathogens, people should always follow procedures for fully cooking meat from either birds or mammals.

20. How does West Nile Virus actually cause severe illness and death in humans?

Following transmission by an infected mosquito, West Nile Virus multiplies in the person's blood

system and crosses the blood-brain barrier to reach the brain. The virus interferes with normal central nervous system functioning and causes inflammation of brain tissue.

21. How long does the West Nile Virus remain in a person's body after they are infected?

There is no scientific evidence indicating that people can be chronically infected with West Nile Virus. What remain in a person's body for long periods of time are antibodies and "memory" white blood cells (T-lymphocytes) that the body produces to the virus. These antibodies and T-lymphocytes last for years, and may last for the rest of a person's life. Antibodies are what many diagnostic tests look for when clinical laboratories testing is performed. Both antibodies and "memory" T-lymphocytes provide future protection from the virus.

22. If a person contracts West Nile Virus, does that person develop a natural immunity to future infection by the virus?

It is assumed that immunity will be lifelong; however, it may wane in later years.

Symptoms of West Nile Virus

23. What are the symptoms of West Nile Virus infection?

Infection with West Nile Virus can be asymptomatic (no symptoms), or can lead to West Nile fever or severe West Nile disease. It is estimated that about 20% of people who become infected with West Nile Virus will develop West Nile fever. Symptoms include fever, headache, tiredness, and body aches, occasionally with a skin rash (on the trunk of the body) and swollen lymph glands. While the illness can be as short as a few days, even healthy people have reported being sick for several weeks.

The symptoms of severe disease (also called neuroinvasive disease, such as West Nile encephalitis or meningitis or West Nile poliomyelitis) include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis. It is estimated that approximately 1 in 150 persons infected with the West Nile Virus will develop a more severe form of disease. Serious illness can occur in people of any age, however people over age 50 and some immunocompromised persons (for example, transplant patients) are at the highest risk for getting severely ill when infected with West Nile Virus.

Most people (about 4 out of 5) who are infected with West Nile Virus will not develop any type of illness (an asymptomatic infection), however you cannot know ahead of time if you'll get sick or not when infected.

24. What is the incubation period in humans (i.e., time from infection to onset of disease symptoms) for West Nile disease?

Usually 2 to 15 days.

25. How long do symptoms last?

Symptoms of West Nile fever will generally last a few days, although even some healthy people report having the illness last for several weeks. The symptoms of severe disease (encephalitis or meningitis) may last several weeks, although neurological effects may be permanent.

Prevention

26. What can I do to reduce my risk of becoming infected with West Nile Virus?

Here are preventive measures that you and your family can take:

Protect yourself from mosquito bites:

- Apply insect repellent to exposed skin. Generally, the more active ingredient a repellent contains the longer it can protect you from mosquito bites. A higher percentage of active ingredient in a repellent does not mean that your protection is better—just that it will last longer. Choose a repellent that provides protection for the amount of time that you will be outdoors.
 - Repellents may irritate the eyes and mouth, so avoid applying repellent to the hands of children.
 - *Whenever you use an insecticide or insect repellent, be sure to read and follow the manufacturer's DIRECTIONS FOR USE, as printed on the product.*
- Spray clothing with repellents containing permethrin or another EPA-registered repellent since mosquitoes may bite through thin clothing. Do not apply repellents containing permethrin directly to exposed skin. Do not apply repellent to skin under your clothing.
- When weather permits, wear long-sleeved shirts and long pants whenever you are outdoors.
- Place mosquito netting over infant carriers when you are outdoors with infants.
- Consider staying indoors at dawn, dusk, and in the early evening, which are peak mosquito biting times.
- Install or repair window and door screens so that mosquitoes cannot get indoors.

Help reduce the number of mosquitoes in areas outdoors where you work or play, by draining sources of standing water. In this way, you reduce the number of places mosquitoes can lay their eggs and breed.

- At least once or twice a week, empty water from flower pots, pet food and water dishes, birdbaths, swimming pool covers, buckets, barrels, and cans.
- Check for clogged rain gutters and clean them out.
- Remove discarded tires, and other items that could collect water.
- Be sure to check for containers or trash in places that may be hard to see, such as under bushes or under your home.

Note: Vitamin B and "ultrasonic" devices are NOT effective in preventing mosquito bites.

27. How else can I protect children from mosquito bites?

Using repellents on the skin is not the only way to avoid mosquito bites. Children (and adults) can wear clothing with long pants and long sleeves while outdoors. DEET or other repellents such as permethrin can also be applied to clothing (but is not registered for use on skin), as mosquitoes may bite through thin fabric. Mosquito netting can be used over infant carriers.

Finally, it may be possible to reduce the number of mosquitoes in the area by getting rid of containers with standing water that provide breeding places for mosquitoes.

28. Can insect repellents be used by pregnant or nursing women?

Other than the routine precautions noted earlier, EPA does not recommend any additional precautions for using registered repellents on pregnant or lactating women. Consult your health care provider if you have questions.

Insect Repellents containing DEET and Sunscreen More Information

29. Where can I get more information about repellents?

For more information about using repellents, please consult the Environmental Protection Agency (EPA) Web site or consult the National Pesticide Information Center (NPIC), which is cooperatively sponsored by Oregon State University and the U.S. EPA. NPIC can be reached at: npic.orst.edu or 1-800-858-7378.

West Nile Virus Vaccine

30. Is there a vaccine available to protect humans from West Nile Virus?

No. Currently there is no West Nile Virus vaccine available for humans. Many scientists are working on this issue, and there is hope that a vaccine will become available in the next few years.

31. Should people take the West Nile Virus vaccine that is licensed for use in horses?

No. This vaccine has not been studied in humans and could be harmful. The effectiveness of this vaccine in preventing West Nile Virus infections in horses has yet to be fully evaluated, and its effectiveness in humans is completely unknown. Veterinary vaccines are not manufactured with the same rigorous quality and purity standards required of human vaccines, nor are they required to undergo the extensive field testing required of human vaccines before they are licensed. For these reasons, veterinary vaccines and other veterinary drugs should never be used in humans.

West Nile Virus, Pregnancy and Breastfeeding

32. What risk does West Nile Virus illness during pregnancy present to an unborn child?

Based on the limited number of cases studied so far, it is not yet possible to determine what percentage of West Nile Virus infections during pregnancy result in infection of the unborn child or medical problems in newborns.

In 2002, one case of transplacental (mother-to-child) transmission of West Nile Virus was reported. In this case, the infant was born with West Nile Virus infection and severe medical problems. However, it is unclear whether West Nile Virus infection caused these problems or whether they were due to other causes.

After the report of this case, CDC and state and local health departments started a registry to monitor birth outcomes among women with West Nile Virus illness in pregnancy. Three additional pregnancies in which the expectant mother became infected with West Nile Virus were detected and evaluated in 2002; none of these 3 resulted in fetal infection. In one additional case it remains unclear whether the fetus was infected because testing was incomplete.

In 2003 and 2004, the registry identified 77 women who acquired West Nile Virus illness while pregnant. Seventy-one of these women delivered live infants, 2 had elective abortions, and 4 miscarried in the first trimester.

From 2005 through 2008, CDC will continue to gather clinical and laboratory information on birth outcomes of women with West Nile Virus illness during pregnancy. Pregnant women who think they may have become infected with West Nile Virus should contact their private health care providers. Clinicians who are aware of West Nile Virus infections of pregnant women are encouraged to report such cases by calling their state or local health departments, or by contacting CDC, telephone 970-221-6400.

Due to concerns that mother-to-child West Nile Virus transmission can occur with possible adverse health effects, pregnant women should take precautions to reduce their risk for West Nile Virus and other mosquito-borne infections. This can be done by avoiding mosquitoes, using protective clothing, and using an EPA-registered repellent (one that has been reviewed for safety and efficacy by the US

EPA). CDC recommends repellents containing DEET or picaridin on skin and clothing, and permethrin on clothing. Oil of lemon eucalyptus (active ingredient: p-menthane-3,8-diol [PMD]) is another recommended option, but is not as long-lasting.

Pregnant women who become ill should see their health care provider, and those who have an illness consistent with acute West Nile Virus infection should undergo appropriate diagnostic testing.

Additional clinical information on West Nile Virus infection during pregnancy can be found in these recent publications:

- O'Leary DR, Kuhn S, Kniss KL, Hinckley AF, Pape WJ, Kightlinger LK, Beecham BD, Miller TK, Neitzel DF, Michaels SR, Campbell GL, Rasmussen SA, Hayes EB. Birth Outcomes Following West Nile Virus Infection of Pregnant Women, United States, 2003-2004. *Pediatrics* 2006; 117(3): e537-45.
- Paisley J, Hinckley AF, O'Leary DR, Kramer WC, Lanciotti RS, Campbell GL, Hayes EB. West Nile Virus Infection among Pregnant Women in a Northern Colorado Community, 2003-2004. *Pediatrics* 2006; 117(3): 814-20.
- Hayes EB and O'Leary DR. West Nile Virus infection: a pediatric perspective. *Pediatrics*. 5 May 2004; 113(5): 1375-81.
- Alpert SG, Ferguson J, Noel LP. Intrauterine West Nile Virus: ocular and systemic findings. *American Journal of Ophthalmology*. 2003 Oct;136(4):733-5.
- Chapa JB, Ahn JT, DiGiovanni LM, Ismail MA. West Nile Virus Encephalitis During Pregnancy. *Obstetrics and Gynecology*. 2003 Aug; 102(2):229-31.

33. Where can I get more detailed clinical information about West Nile Virus in pregnancy?

More information on issues that may be helpful to clinicians working with West Nile Virus can be found on the [Clinical Guidance page](#).

34. Are infants at higher risk than other groups for illness with West Nile Virus?

No. West Nile Virus illnesses in children younger than 1 year old are infrequent. Since 1999 only 18 of the 15,401 cases reported to CDC were in children younger than one year of age.

Breastfeeding

35. Can West Nile Virus be transmitted through breast milk?

Based on a 2002 case in Michigan, it appears that West Nile Virus can be transmitted through breast milk. A new mother in Michigan contracted West Nile Virus from a blood transfusion shortly after giving birth. Laboratory analysis showed evidence of West Nile Virus in her breast milk. She breastfed her infant, and three weeks later, her baby's blood tested positive for West Nile Virus. Because of the infant's minimal outdoor exposure, it is unlikely that infection was acquired from a mosquito. The infant was most likely infected through breast milk. The child was healthy, and did not have symptoms of West Nile Virus infection.

36. If I am pregnant or breastfeeding, should I use insect repellents containing DEET or picaridin?

Yes. Insect repellents help people reduce their exposure to mosquito bites that may carry potentially serious viruses such as West Nile Virus, and allow them to continue to play and work outdoors. In pregnant or breastfeeding women, there are no reported adverse events following use of repellents containing DEET or picaridin.

37. Should I continue breastfeeding if I am symptomatic for West Nile Virus?

Because the health benefits of breastfeeding are well established, and the risk for West Nile Virus transmission through breastfeeding is unknown, the new findings do not suggest a change in breastfeeding recommendations. Lactating women who are ill or who are having difficulty breastfeeding for any reason should, as always, consult their physicians.

38. Should I continue breastfeeding if I live in an area of West Nile Virus transmission?

Yes. Because the health benefits of breastfeeding are well established, and the risk for West Nile Virus

transmission through breastfeeding is unknown, the new findings do not suggest a change in breastfeeding recommendations.

39. If I am breastfeeding, should I be tested for West Nile Virus?

No. There is no need to be tested just because you are breastfeeding.

West Nile Virus and Dogs and Cats

*A recent article (Austgen *et al.* [Experimental Infection of Cats and Dogs with West Nile Virus](#), EID, Vol. 10, no.1 Jan 2004) in the journal **Emerging Infectious Diseases** discusses West Nile Virus infection in dogs and cats in detail.

40. Can West Nile Virus cause illness in dogs or cats?

A relatively small number of West Nile Virus infected dogs (<40) and only 1 West Nile Virus infected cat have been reported to CDC during 2003. Experimentally infected dogs* showed no symptoms after infection with West Nile Virus. Some infected cats exhibited mild, nonspecific symptoms during the first week after infection--for the most part only showing a slight fever and slight lethargy.

It is unlikely that most pet owners would notice any unusual symptoms or behavior in cats or dogs that become infected with West Nile Virus.

41. How can my veterinarian treat my cat or dog if they are/may be infected with West Nile Virus?

There is no specific treatment for West Nile Virus infection. Full recovery from the infection is likely. Treatment would be supportive (managing symptoms, if present) and consistent with standard veterinary practices for animals infected with a viral agent.

42. Does my dog/cat becoming infected pose a risk to the health of my family or other animals?

There is no documented evidence of dog or cat-to-person transmission of West Nile Virus. The evidence suggests that dogs do not develop enough virus in their bloodstream to infect more mosquitoes. Cats develop slightly higher levels of virus in their bloodstream, but it is unclear if this would be enough to infect mosquitoes. It is very unlikely that cats would be important in furthering the spread of the virus. *

If your animal becomes infected with West Nile Virus, this suggests that there are infected mosquitoes in your area. You should take measures to prevent mosquitoes from biting you (use repellent and wear protective clothing.)

Veterinarians should take normal infection control precautions when caring for any animal (Including birds) suspected to have this or any viral infection.

43. How do cats and dogs become infected with West Nile Virus?

Dogs and cats become infected when bitten by an infected mosquito. There is also evidence that cats can become infected with the virus after eating experimentally infected mice. *

44. Can I become infected with West Nile Virus if a dog with the virus bites me?

Preliminary studies have not been able to detect virus in the saliva of infected dogs. This suggests that dog bites pose a low risk, if any, of transmission of WNV from dogs to other animals or people.

45. Is there a vaccine for cats or dogs?

No.

46. Should a dog or cat infected with West Nile Virus be destroyed?

No. There is no reason to destroy an animal just because it has been infected with West Nile Virus. Full recovery from the infection is likely. Treatment would be supportive and consistent with standard veterinary practices for animals infected with a viral agent.

47. Can I use insect repellent on my pets?

DEET-based repellents, which are recommended for humans, are **not** approved for veterinary use (largely because animals tend to ingest them by licking.) Talk with your veterinarian for advice about the appropriate product for use on your pet.

West Nile Virus and Dead Birds

48. What should I do if I find a dead bird?

Check with your local or state health department for instructions on reporting and disposing of a dead bird. If you need to pick up a dead bird, or local authorities tell you to simply dispose of it: Avoid bare-handed contact with any dead animals, and use gloves or an inverted plastic bag to place the bird carcass in a garbage bag and dispose of it with your routine trash.

49. Do birds infected with West Nile Virus die or become ill?

In the 1999 New York area epidemic, there was a large die-off of American crows. Since then, West Nile Virus has been identified in more than 200 species of birds found dead in the United States. Most of these birds were identified through reporting of dead birds by the public.

50. How can I report a sighting of dead bird(s) in my area?

State and local health departments start collecting reports of dead birds at different times in the year. Some wait until the weather becomes warm before initiating their surveillance (disease monitoring) program. For information about reporting dead birds in your specific area, please contact your state or local health department.

51. Why do some areas stop collecting dead birds?

Some states and jurisdictions are no longer collecting dead birds because they have sufficiently established that the virus is in an area, and additional testing will not reveal any more information. Shifting resources away from testing of dead birds allows those resources to be devoted elsewhere in surveillance and control.

West Nile Virus and Wild Game/Meat

52. Is there a risk of getting infected with West Nile Virus if I eat turkey or another animal that has been infected with the virus?

There is no evidence that people can become infected with West Nile Virus from eating infected meat. The small, theoretical risk of infection can be eliminated by proper handling and thorough cooking of meat before it is consumed.

Several well-known and potentially serious food-borne illnesses can occur when turkey and other meats are improperly handled or undercooked. For more information on food safety, please see: <http://www.cdc.gov/foodsafety/>.

53. What is known about the risk of West Nile Virus infection from dried, uncooked meat (jerky)?

There are no published studies that directly address this question. Most studies indicate that while mammals can become infected with West Nile Virus, they do not develop high concentrations of virus in their blood or tissues. Although it is unlikely that dried meat from mammals would have much virus present, and probable that gastrointestinal digestion would further limit the possibility of infectiousness, there is insufficient evidence to determine whether dried meat presents a risk of West Nile Virus infection to humans or other animals.

If you have questions about this topic it may be advisable to contact local wildlife authorities and/or health authorities to find out whether the area where the animal was harvested has West Nile Virus activity, and whether animals of the species in question were affected.

54. Are duck and other wild game hunters at risk for West Nile Virus infection?

Because of their outdoor exposure, game hunters may be at risk if they are bitten by mosquitoes in areas with West Nile Virus activity. The extent to which West Nile Virus may be present in wild game is unknown.

55. What should wild game hunters do to protect against West Nile Virus infection?

Hunters should follow the usual precautions when handling wild animals. If they anticipate being exposed to mosquitoes, they should apply insect repellent to clothing and skin, according to label instructions, to prevent mosquito bites. Hunters should wear gloves when handling and cleaning animals to prevent blood exposure to bare hands and meat should be cooked thoroughly.

56. Who should wild game hunters contact for information about the risk for West Nile Virus infection in specific geographic areas?

Hunters should check with their local area department of wildlife and naturalist resources, state epidemiologist at the state health department, or the US Geological Survey (USGS) National Wildlife Health Center, Madison, WI, 608-270-2400 for information on local area risk.

West Nile Template Press Release

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
number]

CONTACT: [Name]
[Phone]

[Location] County Public Health Officials Issue West Nile Virus Advisory to Residents

Confirmed cases include [# of serious illness, # of hospitalized patients, # of deaths]

[LOCATION] [Month Date, Year] — [Name, chief health officer] has confirmed [# of cases] of West Nile Virus in [name of county]. Confirmed cases include [# of serious illness, # of hospitalized patients, # of deaths] in [name of county] and [neighboring counties, or statewide.]

Local public health officials are working with state and local agencies to prevent further spread of the disease. Officials are conducting ongoing surveillance for mosquito breeding sources and are targeting areas for mosquito prevention and control.

[Insert QUOTE from local health official offering thoughts and condolences to the victims and their families. Local, state and federal officials are working together to get the West Nile Virus under control. The health and well-being of residents is the top priority for public officials.]

West Nile Virus is a disease spread by the bite of an infected mosquito, not through casual contact with an infected person or by breathing in the virus. Severe symptoms can include high fever, headache, neck stiffness, stupor disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis.

Mosquitoes acquire the virus from infected birds and then transmit West Nile Virus to people. The public can assist in detecting the virus by reporting dead birds and here are a few steps that people can take to help prevent further outbreaks:

- People are encouraged to prevent mosquito bites to avoid becoming sick from West Nile Virus.
- The public should call the California Department of Public Health's hotline at 1-877-WNV-BIRD, OR 1-877-966-2473, to report a dead bird.

[Insert QUOTE from local official with messaging on future preventative measures the county is taking etc.]

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

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Natural Disasters

Introduction to Natural Disasters

California is no stranger to natural disasters. Surviving a natural disaster and reducing its health impact requires preparation, planning, and practice. Planning ahead is essential to helping keep California's communities and residents safe.

This section provides tools for planning for the following natural disasters:

- Earthquakes
- Extreme Heat
- Wildfires

The tools in this section will help local health departments conduct outreach to media and inform the public to help residents prepare for the types of natural disasters.

Earthquake Definition

An earthquake is a sudden shift or movement of the plates in the earth's crust. On the surface, this moves and shakes the ground and can be very damaging to poorly built structures. The most powerful earthquakes can destroy even the best built structures. They can also cause other disasters, such as tsunamis and volcanic eruptions. Earthquakes occur along fault lines and are unpredictable. California is highly prone to earthquakes because of its many active fault lines.

Earthquakes Pre-Event Key Messages

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

1. Protect

California is well prepared to respond to an earthquake when one occurs in our state. Since earthquakes cannot be predicted, it is important to remain prepared at all times.

- a. California has been prone to serious earthquakes in recent years.

2. Prepare

Everyone has a responsibility for preparedness. Individuals, communities, private industry and all levels of government need to actively prepare for earthquakes.

- a. Keep and maintain an emergency supplies kit in an easy-to-access location.
- b. Practice earthquake drills such as getting under a sturdy desk.
- c. Develop an evacuation plan.
- d. Write down important information.
- e. Gather and store important documents in a fire-proof safe

3. Action

The best way to stay safe during an earthquake is to plan ahead.

- a. Develop a plan for your family and make sure everyone understands what he or she must do in the event of an earthquake.
- b. Practice what to do when an earthquake happens to increase your chances of staying safe during an earthquake.

Earthquakes Key Messages

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

1. Response

[Public officials] have confirmed that an earthquake, measuring [# on Richter Scale] occurred [date] in [name of county]. As a result of the earthquake, [# of serious injuries, # of hospitalized patients, #of deaths] have been reported in [name of county] and [neighboring counties, or statewide].

- a. Our thoughts and condolences are with the victims and their families.
- b. Local public health officials are working with state and local agencies to learn more about the [name of] earthquake and to assess the extent of damages.
- c. An earthquake is the sudden, rapid, shaking of the earth caused by the breaking and shifting of rock beneath the earth's surface. Earthquakes strike suddenly and without warning and they can occur anytime of the year, day, or night.

2. Risk

During an earthquake, most deaths and injuries are caused by collapsing building materials and heavy falling objects, such as bookcases, cabinets and heating units.

- a. The key to surviving an earthquake and lowering your risk of injury is planning, preparing, and practicing what you and your family will do if it happens.
- b. Be prepared for additional earth movements called “aftershocks.”

3. Action

The best way to stay safe during an earthquake is to plan ahead.

- a. You and your family can practice what to do when an earthquake happens, which increases your chances of staying safe during the earthquake. Your drill may include the following steps:
 - Get under a sturdy table or desk and hold on to it.
 - If you're not near a table or desk, cover your face and head with your arms.
 - Stand or crouch in a strongly supported doorway.
 - Stay clear of windows or glass that could shatter or objects that could fall on you.
 - If inside, stay inside. Many people are injured at entrances of buildings by falling debris.
 - Plan for the needs of disabled persons in your household.
 - Remember to gather and store important documents in a fire-proof safe.
 - If you need immediate medical attention, call 911 or your local healthcare provider or clinic.
- b. Stay informed. Monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

Earthquake Fact Sheet

Earthquakes

California has been prone to serious earthquakes in recent years. While earthquakes with the power of the one that hit the greater Los Angeles area in January 1994 are rare, smaller earthquakes can interrupt your normal living patterns and cause injury.

During a major earthquake, you may hear a roaring or rumbling sound that gradually gets louder. You may feel a rolling sensation that starts out gently and within a second or two grows violent, or you may first be jarred by a violent jolt. A second or two later, you may feel shaking and find it difficult to stand up or move from one room to another.

The key to surviving an earthquake and lowering your risk of injury is in planning, preparing and practicing what you and your family will do if it happens.

Causes of Earthquakes

The earth is divided into three main layers — a hard outer crust, a soft middle layer and a center core. The outer crust is broken into massive, irregular pieces called “plates.” These plates have been moving very slowly for billions of years, driven by energy forces deep within the earth. It is this movement that has shaped the physical features of the earth — mountains, valleys, plains and plateaus. Earthquakes occur when these moving plates grind and scrape against each other.

In California, two of these plates meet: the Pacific Plate and the North American Plate. The Pacific Plate covers most of the Pacific Ocean floor and the California coastline.

The Pacific Plate grinds northwestward past the North American Plate at a rate of about two inches per year.

Significant Earthquakes in California

- **Northridge**, M6.7 — January 17, 1994
57 deaths — more than 11,000 injuries — \$40+ billion in damage
- **Landers**, M7.3/Big Bear, M6.7 — June 28, 1992
1 death — \$93 million in damage
- **Humboldt County**, M6.9 — April 25, 1992
\$60 million in damage
- **Sierra Madre**, M5.8 — June 28, 1991
1 death — over 30 injuries — \$33.5 million in damage
- **Upland**, M5.5 — February 28, 1990
38 injuries — \$10.4 million in damage
- **Loma Prieta**, M7.1 — October 17, 1989
63 deaths — 3,757 injuries — \$5.9 billion in damage
- **Whittier-Narrows**, M5.9 — October 1, 1987
Aftershock, M5.3 — October 4, 1987
8 deaths — 200 injuries — \$358 million in damage
- **Palm Springs**, M5.9 — July 8, 1986
\$5.3 million in damage

- **Morgan Hill**, M6.2 — April 24, 1984
27 injuries — \$10 million in damage
- **Coalinga**, M6.4 — May 2, 1983
47 injuries — \$31 million in damage
- **Kern County**, M7.7 — July 21, 1952
12 deaths — 18 injuries — \$50 million in damage
- **San Francisco**, M8.3 — April 18, 1906
700-800 deaths — \$400 million in damage

Practice Earthquake Drills

By planning and practicing what to do if an earthquake strikes, you and your family can learn to react correctly and automatically when the shaking begins. During an earthquake, most deaths and injuries are caused by collapsing building materials and heavy falling objects, such as bookcases, cabinets and heating units. Learn the safe spots in each room of your home. If you have children, have the entire family practice going to these locations. Participating in an earthquake drill will help children understand what to do in case you are not with them during an earthquake.

During your earthquake drill:

- Get under a sturdy table or desk and hold on to it.
- If you're not near a table or desk, cover your face and head with your arms and
 - Stand or crouch in a strongly supported doorway.
 - Brace yourself in an inside corner of the house or building.
- Stay clear of windows or glass that could shatter or objects that could fall on you.
- If inside, stay inside. Many people are injured at entrances of buildings by falling debris.

Make sure you and your child also understand the school's emergency procedures for disasters. This will help you know where, when and how to reunite with your child after an earthquake.

Develop an Evacuation Plan

After an earthquake occurs, you may need to evacuate the damaged area. By planning and practicing for evacuation, you will be better prepared to respond to signs of danger or to directions by authorities.

- Take a few minutes with your family to discuss a home evacuation plan. Sketch a floor plan of your home, walk through each room and discuss evacuation details.
- Plan a second way to exit from each room or area. If you need special equipment such as a rope ladder, mark where it is located.
- Mark where your emergency food, water, first aid kits and fire extinguishers are located.
- Mark where the utility switches or valves are located so that they can be turned off.
- Indicate the location of your family's emergency outdoor meeting place.
- Take time before an earthquake strikes to write an emergency checklist including medicines and documents you will need to take with you during an evacuation and things to do if time permits, such as locking doors and windows and turning off the utilities.

Write Down Important Information

Make a list of important information and put it in a secure location. Include on your list:

- Important telephone numbers (police, fire, paramedics and medical centers).
- Names, addresses and telephone numbers of your insurance agents, including policy types and numbers.
- Telephone numbers of electric, gas and water companies.
- Names and telephone numbers of neighbors.
- Name and telephone number of your landlord or property manager.
- Important medical information, such as allergies, regular medications, etc.
- Vehicle identification number, year, model and license number of your automobile, boat, RV, etc.
- Bank or credit union's telephone numbers, account types and numbers.
- Radio and television broadcast stations to tune to for emergency broadcast information.

Gather and Store Important Documents in a Fire-Proof Safe

- Birth certificates.
- Ownership certificates.
- Social Security cards.
- Insurance policies.
- Wills.
- Household inventory, including:
 - List of contents.
 - Photographs of contents in every room.
 - Photographs of items of high value, such as jewelry, paintings and collectors' items.

During an Earthquake

Indoor Safety

There are things you can do, even while an earthquake is happening, that will lower your chances of being hurt. Lights may be out, and hallways, stairs and room exits may be blocked by fallen furniture, ceiling tiles and other debris. Planning for these situations will help you to take action quickly.

- If an earthquake strikes, you may be able to take cover under a heavy desk or table. It can provide you with air space if the building collapses. If you get under a table and it moves, try to move with it.
- Inner walls or door frames are the least likely to collapse and might also shield against falling objects. If other cover is not available, go to an inner corner or doorway, away from windows or glass panels.
- Stay away from glass and hanging objects, bookcases, china cabinets or other large furniture that could fall. Watch for falling objects, such as bricks from fireplaces and chimneys, light fixtures, wall hanging, high shelves and cabinets with doors that could swing open.
- Use a blanket or pillow to shield your head and face from falling debris and broken glass.
- If the lights go out, use a battery-operated flashlight. Don't use candles, matches or lighters during or after an earthquake. If there is a gas leak, these could cause an explosion.

- If you are in the kitchen, quickly turn off the stove and take cover at the first sign of shaking.

High-Rise Buildings

Get under a desk and stay away from windows and outside walls. Stay in the building. The electricity may go out and the sprinkler system may come on. DO NOT use the elevators.

Crowded Indoor Public Places

If you are in a crowded public place, do not rush for doorways. Others will have the same idea. Move away from display shelves containing objects that may fall. If you can, take cover and use a jacket or other material to shield your head and face from falling debris and glass.

Outdoor Safety

If outdoors, move away from buildings and utility wires. The greatest danger from falling debris is just outside doorways and close to outer walls. Once in the open, stay there until the shaking stops.

Automobiles

If you are in a moving automobile, stop as quickly and safely as possible and move over to the shoulder or curb, away from utility poles, overhead wires, and under or overpasses. Stay in the vehicle, set the parking brake and turn on the radio for emergency broadcast information. A car may jiggle violently on its springs, but it is a good place to stay until the shaking stops. If you are in a life-threatening situation, you may be able to reach someone with either a cellular or an emergency roadside assistance phone.

After an Earthquake

Be prepared for additional earth movements called “aftershocks.” Although most of these are smaller than the main earthquake, some may be large enough to cause damage or bring down weakened structures.

Because other effects can include fires, chemical spills, landslides, dam breaks and tidal waves, be sure to monitor your battery-operated radio or TV for additional emergency information.

Injuries

Check for injuries. Do not attempt to move injured or unconscious people unless they are in immediate danger from live electrical wires, flooding or other hazards. Internal injuries may not be evident, but may be serious or life-threatening. If someone has stopped breathing, call for medical or first aid assistance immediately and begin CPR if you are trained to do so. Stop a bleeding injury by applying direct pressure to the wound. If you are trapped, try to attract attention to your location.

Checking Utilities

An earthquake may break gas, electrical and water lines.

- If you smell gas: open windows, shut off the main gas valve, do not turn any electrical appliances or lights on or off, go outside, report the leak to authorities and do not re-enter the building until a utility official says it is safe.
- If wiring is shorting out, shut off the electric current at the main box.
- If water pipes are damaged, shut off the supply at the main valve.

Other Precautions

- Have chimneys inspected for cracks and damage. Do not use the fireplace if the chimney has any damage.
- Check to see if sewage lines are intact before using bathrooms or plumbing.
- Do not touch downed power lines or objects in contact with downed lines. Report electrical hazards to the authorities.
- Immediately clean up spilled medicines, drugs, flammable liquids and other potentially dangerous materials.
- Stay off all telephones except to report an emergency. Replace telephone receivers that may have been knocked off by the earthquake.
- Stay away from damaged areas. Your presence could get in the way of relief efforts, and you could put yourself in danger.
- Cooperate fully with public safety officials. Respond to requests for volunteer assistance from police, fire fighters, emergency management officials and relief organizations, but do not go into damaged areas unless assistance has been requested.

Evacuating Your Home

If you must evacuate your home:

- Post a message in a location known only to family members, letting them know where you have gone.
- Confine pets to the safest location possible and make sure they have plenty of food and water. Pets may not be allowed in designated public shelters.
- Take vital documents (wills, insurance policies, etc.), emergency supplies and extra medications with you.

People with Special Needs

Before an Earthquake

- Write down any specific needs, limitations and capabilities that you have, and any medications you take. Make a copy of the list and put it in your purse or wallet.
- Find someone (a spouse, roommate, friend, neighbor, relative or co-worker) to help you in case of an emergency. Give them the list. You may wish to provide a spare key to your home, or let them know where they can find one in an emergency.

During an Earthquake

- If you are confined to a wheelchair, try to get under a doorway or into an inside corner, lock the wheels and cover your head with your arms. Remove any items that are not securely attached to the wheelchair.
- If you are able, seek shelter under a sturdy table or desk. Stay away from outer walls, windows, fireplaces and hanging objects.
- If you are unable to move from a bed or chair, protect yourself from falling objects by covering up with blankets and pillows.
- If you are outside, go to an open area away from trees, telephone poles and buildings and stay there.

After an Earthquake

- If you are trapped, try to attract attention to your location.

- Turn on your battery-operated TV or radio to receive emergency information and instructions.
- If you can, help others in need.

Children's Special Needs

Fear is a normal reaction to danger. A child may be afraid of the event happening again, injury or death after an earthquake. They may fear being separated from their family or being left alone. Children may even interpret disasters as punishment for real or imagined bad behavior. Children will be less likely to experience long periods of fear or anxiety if they know what to expect before, during and after an earthquake. Talking to children openly will also help them overcome fears.

Here are some suggestions:

- Explain that an earthquake is a natural event and not anyone's fault.
- Talk about your own experiences with natural disasters or read aloud books about earthquakes.
- Encourage your child to express feelings of fear. Listen carefully and show understanding.
- Your child may need both verbal and physical reassurance that everything will be okay. Tell your child that the situation is not permanent.
- Include your child in clean-up activities. It will be comforting to the child to watch the household begin to return to normal and to have a job to do.

Earthquake Q&A

1. What is a fault?

A fault is a fracture in the crust along which one side has moved relative to the other side. Faults can be very small or hundreds of miles long. The earth's crust is composed of huge plates that are in slow but nearly constant motion. Part of California is on the Pacific Plate, and part is on the North American Plate. The San Andreas Fault, which runs from the Salton Sea in Imperial County to Cape Mendocino in Humboldt County, is the boundary between these plates. Sometimes one block of the crust moves up while the other moves down, sometimes they move horizontally in opposite directions (that's what's happening with the San Andreas Fault; Los Angeles is creeping closer to San Francisco). Some faults are well known and easy to spot, such as the San Andreas. Others are underground, with nothing on the surface revealing their presence (a blind thrust fault). The 1994 Northridge earthquake was caused by a blind thrust fault.

2. What causes an earthquake?

Earthquakes occur when the two sides of a fault slip suddenly against each other. The Pacific and North American plates move past each other about 1.5 inches a year. The friction between the plates causes stress, which is released when the blocks of crust slip suddenly along a fault plane. That releases waves of energy that travel through the ground, causing the shaking you feel.

3. How common are faults in California?

There are hundreds of identified faults in California; about 200 are considered potentially hazardous based on their slip rates in recent geological time (the last 10,000 years). More than 70 percent of the state's population resides within 30 miles of a fault where high ground shaking could occur in the next 50 years.

4. What is an epicenter?

Earthquake ruptures usually begin far under the surface of the Earth. The point of origin miles down is called the hypocenter. The epicenter is the point on the surface directly above the hypocenter.

5. What is surface faulting or surface rupture in an earthquake?

Surface rupture occurs when movement on a fault deep within the earth breaks through to the surface. NOT ALL earthquakes result in surface rupture.

6. How often do earthquakes happen?

The National Earthquake Information Center (U.S.) reports 12,000-14,000 earthquakes a year around the world, or 35 a day. Throughout the world, there are one "great" (magnitude 8.0 or more), 18 "major" (7.0-7.9), 120 "large" (6.0-6.9) and 1,000 "moderate" (5.0-5.9) earthquakes in an average year. Each year, California generally gets two or three earthquakes large enough to cause moderate damage to structures (magnitude 5.5 and higher).

7. Can earthquakes be prevented?

While there's no way to stop an earthquake, there are ways to build safer buildings and structures and otherwise be prepared for them. Building codes in California are updated often as new information comes in. While earthquakes are a deadly threat, there have been few earthquake-related deaths in California relative to places with less stringent codes or enforcement, such as Turkey and China.

8. How are earthquakes measured?

There are several ways to measure an earthquake, but the most common is magnitude. Scientists no longer use the original Richter scale, but an updated version. Earthquakes should be referred to as "magnitude X" rather than "an X on the Richter scale." A magnitude 6.0 earthquake releases 32 times more energy than a magnitude 5.0 and nearly 1,000 times more energy than a 4.0. But that doesn't mean the ground shakes a thousand times harder in a 6.0 than a 4.0, because the energy is released over a much larger area.

9. How much power does an earthquake pack?

A magnitude 6.0 quake releases approximately as much energy as 6,270 tons of TNT, an M 7.0 199,000 tons, an M 8.0 6.27 million tons and a M 9.0 99 million tons. Of course, all that energy is not focused in one particular spot, but spreads out in waves.

10. What factors influence what you feel in an earthquake?

There are three major factors: magnitude, your distance from the fault, and local soil conditions. Magnitude is discussed above. As for distance, the seismic waves that cause the shaking become less intense farther from the fault. Certain soil conditions amplify the shaking; generally, the looser the soil, the greater the amplification. Although most of San Francisco escaped serious damage in Loma Prieta, those with unconsolidated landfill or soft soils (such as the Marina District) suffered serious damage. The ground motion in such areas was 10 times stronger than at neighboring sites on rock.

Earthquake Template Press Release

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE
number]

CONTACT: [Name]
[Phone

[Location] County Public Health Officials Issue Earthquake Advisory to Residents

[# on Richter Scale] Quake Hit [Name Of County] at [Time] on [Date]

[LOCATION] [Month Date, Year] — Public Health Officials have confirmed that an earthquake, measuring [# on Richter Scale] occurred [date/time] in [name of county]. As a result of the earthquake, [#] of serious injuries, [#] of hospitalized patients, [#of deaths] have been reported in [name of county] and [neighboring counties, or statewide.]

Local public health officials have confirmed that the earthquake’s epicenter was [location]. Officials have begun outreach to local media, schools, senior centers, nursing homes, businesses and sports venues offering guidance on ways to prepare for aftershocks.

[Insert QUOTE from local health official offering thoughts and condolences to the victims and their families. Also, local public health officials are working with state and local agencies to learn more about the earthquake and to assess the extent of damages.]

During an earthquake and aftershocks, most deaths and injuries are caused by collapsing building materials and heavy falling objects, such as bookcases, cabinets and heating units. The key to surviving an earthquake and lowering your risk of injury is planning, preparing, and practicing what you and your family will do if it happens. In the event of an earthquake be sure to:

- Get under a sturdy table or desk and hold on to it.
- If you’re not near a table or desk, cover your face and head with your arms.
- Stand or crouch in a strongly supported doorway.
- Stay clear of windows or glass that could shatter or objects that could fall on you.
- In inside, stay inside. Many people are injured at entrances of buildings by falling debris.
- Plan for the needs of disabled persons in your household.
- Remember to gather and store important documents in a fire-proof safe.
- If you need immediate medical attention, call 911 or your local healthcare provider or clinic.

[Insert QUOTE from local official with messaging on preventative measures the county is taking etc.]

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

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Extreme Heat Definition

Conditions of extreme heat are defined as summertime temperatures that are substantially hotter and/or more humid than average for location at that time of year. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Extremely dry and hot conditions can provoke dust storms and low visibility. Droughts occur when a long period passes without substantial rainfall. A heat wave combined with a drought is a very dangerous situation.

Extreme Heat Pre-Event Key Messages

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

1. Protect

Public officials in California, including local health officials in [name of county], closely monitor weather reports in our area to ensure that we are able to respond to weather events as they happen and to maintain the health and well being of all residents and public health personnel.

2. Prepare

Everyone has a responsibility for preparedness. Individuals, communities, private industry and all levels of government need to actively prepare for extreme heat.

- a. Develop a plan for you and your family that will help prevent heat-related illness.

3. Action

The public can take precautionary steps to protect themselves when temperatures are very high. During summer months when heat waves are more likely to occur, individuals should:

- **Keep plenty of drinking water and juice on hand.**
- **Make arrangements to spend time in air conditioned buildings.**
- **Plan to wear light clothing and sunscreen**
- **Plan outdoor activities and limit late afternoon outdoor activities.**
- **Plan ways to look after elderly and disabled persons in your family and neighborhood.**

Extreme Heat Key Messages

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

1. Response

[Name, Chief Health Officer] has issued an extreme heat advisory for [name of county] and is urging the public to act now to prevent heat-related illness.

- a. Local public health officials are working with schools, senior centers, nursing homes and businesses to reduce heat-related illness in the places where people work, play and go to school.
- b. There have been [# of heat-related illnesses reported] in [name of county].
- c. The heat advisory provides direction to public health officials regarding activation of emergency operation centers and outlines ways individuals can protect themselves during hot weather.
- d. Authorities will continue to closely monitor weather reports for our area.

2. Risk

Summer heat waves can be dangerous. A very high body temperature can damage the brain and other vital organs.

- a. Some health conditions such as old age, obesity, fever and heart disease can make it harder for the body to stay cool in hot weather.
- b. Sweating removes needed salt and minerals from the body so people should drink more water, juice and sports drinks and avoid drinks with caffeine and alcohol.
- c. It's important to know the symptoms of heat-related illness. And take precautions while the heat advisory is in effect. Symptoms include: sweating, cramps, headache, nausea, tiredness, weakness, dizziness, and fainting.

3. Action

The public can take precautionary steps to protect themselves when temperatures are very high. Individuals should be sure to:

- **Get plenty to drink including water and juice, but avoid caffeine and alcohol.**
 - **Stay cool indoors and turn on the air conditioner or go to the mall or other public building.**
 - **Wear light clothing and sunscreen.**
 - **Limit outdoor activities and try to be less active during the afternoon.**
 - **Pace yourself. Take frequent, regularly scheduled breaks.**
 - **Use a buddy system and check on your friends and family, especially elderly people.**
- a. Stay informed. Monitor the local news or visit the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

Extreme Heat Fact Sheet

Extreme Heat

Conditions of extreme heat are defined as summertime temperatures that are substantially hotter and/or more humid than average for location at that time of year. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Extremely dry and hot conditions can provoke dust storms and low visibility. Droughts occur when a long period passes without substantial rainfall. A heat wave combined with a drought is a very dangerous situation.

During Hot Weather

To protect your health when temperatures are extremely high, remember to keep cool and use common sense. The following tips are important:

Drink Plenty of Fluids

During hot weather you will need to increase your fluid intake, regardless of your activity level. Don't wait until you're thirsty to drink. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour.

Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask how much you should drink while the weather is hot.

Don't drink liquids that contain alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also avoid very cold drinks, because they can cause stomach cramps.

Replace Salt and Minerals

Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. If you must exercise, drink two to four glasses of cool, non-alcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. However, if you are on a low-salt diet, talk with your doctor before drinking a sports beverage or taking salt tablets.

Wear Appropriate Clothing and Sunscreen

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin. If you must go outdoors, protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) along with sunglasses, and by putting on sunscreen of SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels) 30 minutes prior to going out. Continue to reapply it according to the package directions.

Schedule Outdoor Activities Carefully

If you must be outdoors, try to limit your outdoor activity to morning and evening hours. Try to rest often in shady areas so that your body's thermostat will have a chance to recover.

Pace Yourself

If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart pound and leaves you gasping for breath, STOP all activity. Get into a cool area or at least into the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

Stay Cool Indoors

Stay indoors and, if at all possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Call your local health department to see if there are any heat-relief shelters in your area. Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath or

moving to an air-conditioned place is a much better way to cool off. Use your stove and oven less to maintain a cooler temperature in your home.

Use a Buddy System

When working in the heat, monitor the condition of your co-workers and have someone do the same for you. Heat-induced illness can cause a person to become confused or lose consciousness. If you are 65 years of age or older, have a friend or relative call to check on you twice a day during a heat wave. If you know someone in this age group, check on them at least twice a day.

Monitor Those at High Risk

Although anyone at any time can suffer from heat-related illness, some people are at greater risk than others.

- Infants and young children are sensitive to the effects of high temperatures and rely on others to regulate their environments and provide adequate liquids.
- People 65 years of age or older may not compensate for heat stress efficiently and are less likely to sense and respond to change in temperature.
- People who are overweight may be prone to heat sickness because of their tendency to retain more body heat.
- People who overexert during work or exercise may become dehydrated and susceptible to heat sickness.
- People who are physically ill, especially with heart disease or high blood pressure, or who take certain medications, such as for depression, insomnia, or poor circulation, may be affected by extreme heat.

Visit adults at risk at least twice a day and closely watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.

Adjust to the Environment

Be aware that any sudden change in temperature, such as an early summer heat wave, will be stressful to your body. You will have a greater tolerance for heat if you limit your physical activity until you become accustomed to the heat. If you travel to a hotter climate, allow several days to become acclimated before attempting any vigorous exercise, and work up to it gradually.

Do Not Leave Children in Cars

Even in cool temperatures, cars can heat up to dangerous temperatures very quickly. Even with the windows cracked open, interior temperatures can rise almost 20 degrees Fahrenheit within the first 10 minutes. Anyone left inside is at risk for serious heat-related illnesses or even death. Children who are left unattended in parked cars are at greatest risk for heat stroke, and possibly death. When traveling with children, remember to do the following:

- Never leave infants, children or pets in a parked car, even if the windows are cracked open.
- To remind yourself that a child is in the car, keep a stuffed animal in the car seat. When the child is buckled in, place the stuffed animal in the front with the driver.
- When leaving your car, check to be sure everyone is out of the car. Do not overlook any children who have fallen asleep in the car.

Use Common Sense

Remember to keep cool and use common sense:

- Avoid hot foods and heavy meals—they add heat to your body.
- Drink plenty of fluids and replace salts and minerals in your body. Do not take salt tablets unless under medical supervision.
- Dress infants and children in cool, loose clothing and shade their heads and faces with hats or an umbrella.
- Limit sun exposure during mid-day hours and in places of potential severe exposure such as beaches.
- Do not leave infants, children, or pets in a parked car.
- Provide plenty of fresh water for your pets, and leave the water in a shady area.

Hot Weather Health Emergencies

Even short periods of high temperatures can cause serious health problems. During hot weather health emergencies, keep informed by listening to local weather and news channels or contact local health departments for health and safety updates. Doing too much on a hot day, spending too much time in the sun or staying too long in an overheated place can cause heat-related illnesses. Know the symptoms of heat disorders and overexposure to the sun, and be ready to give first aid treatment.

Heat Stroke

Heat stroke occurs when the body is unable to regulate its temperature. The body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Recognizing Heat Stroke

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F, orally)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

What to Do

If you see any of these signs, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the victim. Do the following:

- Get the victim to a shady area.
- Cool the victim rapidly using whatever methods you can. For example, immerse the victim in a tub of cool water; place the person in a cool shower; spray the victim with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap the victim in a cool, wet sheet and fan him or her vigorously.
- Monitor body temperature, and continue cooling efforts until the body temperature drops to 101-102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim fluids to drink.
- Get medical assistance as soon as possible.

Sometimes a victim's muscles will begin to twitch uncontrollably as a result of heat stroke. If this happens, keep the victim from injuring himself, but do not place any object in the mouth and do not give fluids. If there is vomiting, make sure the airway remains open by turning the victim on his or her side.

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. It is the body's response to an excessive loss of the water and salt contained in sweat. Those most prone to heat exhaustion are elderly people, people with high blood pressure, and people working or exercising in a hot environment.

Recognizing Heat Exhaustion

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache

- Nausea or vomiting
- Fainting

The skin may be cool and moist. The victim's pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention immediately if any of the following occurs:

- Symptoms are severe.
- The victim has heart problems or high blood pressure.

Otherwise, help the victim to cool off, and seek medical attention if symptoms worsen or last longer than 1 hour.

What to Do

Cooling measures that may be effective include the following:

- Cool, nonalcoholic beverages
- Rest
- Cool shower, bath, or sponge bath
- An air-conditioned environment
- Lightweight clothing

Heat Cramps

Heat cramps usually affect people who sweat a lot during strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles may be the cause of heat cramps. Heat cramps may also be a symptom of heat exhaustion.

Recognizing Heat Cramps

Heat cramps are muscle pains or spasms—usually in the abdomen, arms, or legs—that may occur in association with strenuous activity. If you have heart problems or are on a low-sodium diet, get medical attention for heat cramps.

What to Do

If medical attention is not necessary, take these steps:

- Stop all activity, and sit quietly in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to strenuous activity for a few hours after the cramps subside, because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention for heat cramps if they do not subside in 1 hour.

Sunburn

Sunburn should be avoided because it damages the skin. Although the discomfort is usually minor and healing often occurs in about a week, a more severe sunburn may require medical attention.

Recognizing Sunburn

Symptoms of sunburn are well known: the skin becomes red, painful, and abnormally warm after sun exposure.

What to Do

Consult a doctor if the sunburn affects an infant younger than 1 year of age or if these symptoms are present:

- Fever
- Fluid-filled blisters
- Severe pain

Also, remember these tips when treating sunburn:

- Avoid repeated sun exposure.
- Apply cold compresses or immerse the sunburned area in cool water.
- Apply moisturizing lotion to affected areas. Do not use salve, butter, or ointment.
- Do not break blisters.

Heat Rash

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children.

Recognizing Heat Rash

Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

What to Do

The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort.

Treating heat rash is simple and usually does not require medical assistance. Other heat-related problems can be much more severe.

Extreme Heat Q&A

1. What is Extreme Heat?

Conditions of extreme heat are defined as summertime temperatures that are substantially hotter and/or more humid than average for location at that time of year. Humid or muggy conditions, which add to the discomfort of high temperatures, occur when a "dome" of high atmospheric pressure traps hazy, damp air near the ground. Extremely dry and hot conditions can provoke dust storms and low visibility. Droughts occur when a long period passes without substantial rainfall. A heat wave combined with a drought is a very dangerous situation.

2. What happens to the body as a result of exposure to extreme heat?

People suffer heat-related illness when the body's temperature control system is overloaded. The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. In such cases, a person's body temperature rises rapidly. Very high body temperatures may damage the brain or other vital organs. Several factors affect the body's ability to cool itself during extremely hot weather. When the humidity is high, sweat will not evaporate as quickly, preventing the body from releasing heat quickly. Other conditions that can limit the ability to regulate temperature include old age, youth (age 0-4), obesity, fever, dehydration, heart disease, mental illness, poor circulation, sunburn, and prescription drug use and alcohol use.

3. Who is at greatest risk for heat-related illness?

Those at greatest risk for heat-related illness include infants and children up to four years of age, people 65 years of age and older, people who are overweight, and people who are ill or on certain medications.

4. What are the warning signs of a heat stroke?

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 103°F)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

5. What should I do if I see someone with any of the warning signs of heat stroke?

If you see any of these signs, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the victim. Do the following:

- Get the victim to a shady area.
- Cool the victim rapidly, using whatever methods you can. For example, immerse the victim in a tub of cool water; place the person in a cool shower; spray the victim with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap the victim in a cool, wet sheet and fan him or her vigorously.
- Monitor body temperature and continue cooling efforts until the body temperature drops to 101-102°F.
- If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
- Do not give the victim alcohol to drink.
- Get medical assistance as soon as possible.

6. What is heat exhaustion?

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.

7. What are the warning signs of heat exhaustion?

The warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. See medical attention if symptoms worsen or last longer than one hour.

8. What steps can be taken to cool the body during heat exhaustion?

- Drink cool, nonalcoholic beverages.
- Rest.
- Take a cool shower, bath, or sponge bath.
- Seek an air-conditioned environment.
- Wear lightweight clothing.

9. What are heat cramps and who is affected?

Heat cramps are muscle pains or spasms – usually in the abdomen, arms, or legs – that may occur in association with strenuous activity. People who sweat a lot during strenuous activity are prone to heat cramps. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. If you have heart problems or are on a low-sodium diet, seek medical attention for heat cramps.

10. What should I do if I have heat cramps?

If medical attention is not necessary, take the following steps:

- Stop all activity and sit quietly in a cool place.
- Drink clear juice or a sports beverage.
- Do not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke.
- Seek medical attention for heat cramps if they do not subside in 1 hour.

11. What is heat rash?

Heat rash is a skin irritation caused by excessive sweating during hot, humid weather. It can occur at any age but is most common in young children. Heat rash looks like a red cluster of pimples or small blisters. It is more likely to occur on the neck and upper chest, in the groin, under the breasts, and in elbow creases.

12. What is the best treatment for heat rash?

The best treatment for heat rash is to provide a cooler, less humid environment. Keep the affected area dry. Dusting powder may be used to increase comfort.

13. Can medications increase the risk of heat-related illness?

The risk for heat-related illness and death may increase among people using the following drugs: (1) psychotropics, which affect psychic function, behavior, or experience (e.g. haloperidol or chlorpromazine); (2) medications for Parkinson's disease, because they can inhibit perspiration; (3) tranquilizers such as phenothiazines, butyrophenones, and thiozanthenes; and (4) diuretic medications or "water pills" that affect fluid balance in the body.

14. How effective are electric fans in preventing heat-related illness?

Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent

heat-related illness. Taking a cool shower or bath or moving to an air-conditioned place is a much better way to cool off. Air conditioning is the strongest protective factor against heat-related illness. Exposure to air conditioning for even a few hours a day will reduce the risk for heat-related illness. Consider visiting a shopping mall or public library for a few hours.

15. How can people protect their health when temperatures are extremely high?

Remember to keep cool and use common sense. Drink plenty of fluid, replace salts and minerals, wear appropriate clothing and sunscreen, pace yourself, stay cool indoors, schedule outdoor activities carefully, use a buddy system, monitor those at risk, and adjust to the environment.

16. How much should I drink during hot weather?

During hot weather you will need to drink more liquid than your thirst indicates. Increase your fluid intake, regardless of your activity level. During heavy exercise in a hot environment, drink two to four glasses (16-32 ounces) of cool fluids each hour. Avoid drinks containing alcohol because they will actually cause you to lose more fluid.

17. Should I take salt tablets during hot weather?

Do not take salt tablets unless directed by your doctor. Heavy sweating removes salt and minerals from the body. These are necessary for your body and must be replaced. The easiest and safest way to do this is through your diet. Drink fruit juice or a sports beverage when you exercise or work in the heat.

18. What is the best clothing for hot weather or a heat wave?

Wear as little clothing as possible when you are at home. Choose lightweight, light-colored, loose-fitting clothing. In the hot sun, a wide-brimmed hat will provide shade and keep the head cool. If you must go outdoors, be sure to apply sunscreen 30 minutes prior to going out and continue to reapply according to the package directions. Sunburn affects your body's ability to cool itself and causes a loss of body fluids. It also causes pain and damages the skin.

19. What should I do if I work in a hot environment?

Pace yourself. If you are not accustomed to working or exercising in a hot environment, start slowly and pick up the pace gradually. If exertion in the heat makes your heart pound and leaves you gasping for breath, STOP all activity. Get into a cool area or at least in the shade, and rest, especially if you become lightheaded, confused, weak, or faint.

Extreme Heat Template Press Release

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Phone number]

[Location] County Public Health Officials Issue Extreme Heat Advisory to Residents

Extreme Temperature Forecasts for [Location] Prompts Heat Related Illness Prevention Education

[LOCATION] [Month Date, Year] — Local public health officials have issued an extreme heat advisory for [Location] County and are urging the public to act now to prevent heat-related illness. The heat advisory directs public health leaders to [activate cooling centers, mandate air conditioning in residential centers, and activate local emergency operations centers] and outlines several steps individuals can take to protect themselves during extreme hot weather.

[Location] County officials have begun outreach to local media, schools, senior centers, nursing homes, businesses and sports venues offering guidance on ways to reduce heat-related illnesses.

Some health conditions such as obesity, fever, dehydration, heart disease, poor circulation, sunburn and drug and alcohol use can make it harder for the body to stay cool in hot weather. While the heat advisory is in effect, be sure to:

- Get plenty to drink.
 - Drink more water, juice and sports drinks.
 - Avoid drinks with caffeine (tea, coffee and cola) and alcohol.
- Stay cool indoors.
 - Stay in an air conditioned area, if possible.
 - If you don't have air conditioning, go to a shopping mall or public building for a few hours.
 - A cool shower or bath is also a good way to cool off.
- Wear light clothing and sunscreen.
 - Choose lightweight, light-colored and loose-fitting clothing.
 - A wide-brimmed hat will keep your head cool.
 - Use a sunscreen with a sun protection factor (SPF) of 15 or higher and reapply every two hours while in the sun (all skin types).
- Schedule outdoor activities carefully.
 - Try to be less active during late afternoon, the hottest part of the day.
 - Rest often in a shady area.
 - Never leave kids or pets in a parked car.
- Pace yourself.
 - Take frequent, regularly scheduled breaks.
 - If your heart pounds, you become out of breath, lightheaded, confused, weak or feel faint, stop your activity and rest in a cool or shady area.

- Use a buddy system.
 - Check on your friends and family and have someone do the same for you.
 - Check on the elderly and people with health conditions twice a day during a heat wave.

Heat-related illness can be prevented by taking precautions while the heat advisory is in effect.

[Insert QUOTE from local health official with messaging on preventative measures the county is taking etc.]

Warning signs of heat illness include heavy sweating, cramps, headache, nausea or vomiting, tiredness, weakness, dizziness and fainting. Due to the extreme heat forecasted for [location/region] of California, officials will continue to closely monitor weather reports.

Temperatures that hover 10 degrees or more above the average high temperature for the region and last for several weeks are defined as extreme heat.

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

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Wildfires Definition

A wildfire is a natural disaster that starts in forests, and deserts with heavy brush or other vegetated areas. They can be a great danger to people who live in or near such areas. Wildfires can be started by lightning, extremely dry vegetation in warm climates, or human carelessness. In the wilderness they can quickly burn thousands of square miles. In metropolitan cities such as Los Angeles, they can burn entire neighborhoods. Southern California is very prone to wildfires because of low annual rainfall, warm summers and dry vegetation.

Wildfires Pre-Event Key Messages

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

1. Protect

California is well prepared to monitor and respond to wildfires that may occur in our state. We work collaboratively with local, state and federal officials to ensure a coordinated response focused on prevention and containment of wildfires.

- a. Our top priority is the safety and well-being of all residents and public safety personnel.

2. Prepare

Everyone has a responsibility for preparedness. Individuals, communities, private industry and all levels of government need to actively prepare for wildfires.

- a. Practice wildfire safety – contact your local fire department or local health department for information on fire laws.
- b. Create a 30-100 foot safety zone around your home to reduce exposure to flames and radiant heat.
- c. Plan your water needs – identify and maintain an outside water source such as a small pond, well, swimming pool, or hydrant.

3. Action

- a. Wildfires often begin unnoticed. Meet with your family to decide what to do and where to go if wildfires threaten your area.
- b. Post fire emergency telephone numbers.
- c. Plan several escape routes away from your home – by car and by foot.
- d. Talk to your neighbors about wildfire safety. Plan how the neighborhood could work together after a wildfire.
- e. Make a list of your neighbor's skills (medical or technical).
- f. Consider how you could help neighbors who have special needs such as elderly or disabled person.

Wildfires Key Messages

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

1. Response

Public officials confirmed that more than [# of acres] have burned since the wildfires began [date and time]. As of today, [# of persons have been reported injured, # hospitalized, and # dead]. Officials are calling this one of the most dangerous blazes since the wildfire of [name of wildfire].

- a. Our [thoughts and condolences] go with the victims and their families.
- b. Local, state and federal officials are working together to get the wildfire under control.
- c. [Mandatory, Voluntary] evacuations have been ordered for the [name of areas] and relief centers have been established in the following locations [name of relief center locations].
- d. The health and well-being of residents is the top priority for public officials assigned to this wildfire.

2. Risk

Wildfires can begin unnoticed, but also spread quickly, igniting brush and trees.

- a. Children, the elderly and those with lung or hear ailments are especially vulnerable in smoky conditions.
- b. Smoke may make conditions worse for people who have heart disease. Symptoms to look for include inability to breath normally, cough with or without mucous, chest discomfort and wheezing and shortness of breath.
- c. Even healthy people may experience some of these symptoms in smoky conditions.

3. Action

If you are warned that a wildfire is threatening your area, listen to your battery-operated radio for reports and evacuation information. You should also:

- **Back your car into the garage or park it in an open space facing the direction of escape.**
 - **Shut doors and roll up windows. Leave the key in the ignition.**
 - **Close garage windows and doors, but leave them unlocked.**
 - **Disconnect automatic garage door openers.**
 - **Arrange temporary housing at a friend or relative's home outside the threatened area.**
 - **If advised to evacuate, do so immediately.**
- a. Stay informed. Monitor the local news or visit the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

Wildfires Fact Sheet

Health threat from wildfire smoke

Smoke from wildfires is a mixture of gases and fine particles from burning trees and other plant materials. Smoke can hurt your eyes, irritate your respiratory system, and worsen chronic heart and lung diseases.

How to tell if smoke is affecting you

Smoke can cause—

- Coughing
- A scratchy throat
- Irritated sinuses
- Shortness of breath
- Chest pain
- Headaches
- Stinging eyes
- A runny nose
- Asthma exacerbations

If you have heart or lung disease, smoke might make your symptoms worse.

People who have heart disease might experience—

- Chest pain
- Rapid heartbeat
- Shortness of breath
- Fatigue

Smoke may worsen symptoms for people who have pre-existing respiratory conditions, such as respiratory allergies, asthma, and chronic obstructive pulmonary disease (COPD), in the following ways:

- Inability to breathe normally
- Cough with or without mucus
- Chest discomfort
- Wheezing and shortness of breath

When smoke levels are high enough, even healthy people may experience some of these symptoms.

Know whether you are at risk

- If you have heart or lung disease, such as congestive heart failure, angina, COPD, emphysema, or asthma, you are at higher risk of having health problems than healthy people.
- Older adults are more likely to be affected by smoke, possibly because they are more likely to have heart or lung diseases than younger people.
- Children are more likely to be affected by health threats from smoke because their airways are still developing and because they breathe more air per pound of body weight than adults. Children also are more likely to be active outdoors.

Protect yourself

Limit your exposure to smoke. Following are ways to protect your health:

- Pay attention to local air quality reports. Listen and watch for news or health warnings about smoke. Find out if your community provides reports about the Environmental Protection Agency's Air Quality Index (AQI). Also pay attention to public health messages about taking additional safety measures.
- Refer to visibility guides if they are available. Not every community has a monitor that measures the amount of particles that are in the air. In the western part of the United States, some communities have guidelines to help people estimate AQI based on how far they can see.
- If you are advised to stay indoors, keep indoor air as clean as possible. Keep windows and doors closed unless it is extremely hot outside. Run an air conditioner if you have one, but keep the fresh-air intake closed and the filter clean to prevent outdoor smoke from getting inside. If you do not have an air conditioner and it is too warm to stay inside with the windows closed, seek shelter elsewhere.
- Do not add to indoor pollution. When smoke levels are high, do not use anything that burns, such as candles, fireplaces, or gas stoves. Do not vacuum, because vacuuming stirs up particles already inside your home. Do not smoke, because smoking puts even more pollution into the air.
- Follow your doctor's advice about medicines and about your respiratory management plan if you have asthma or another lung disease, Call your doctor if your symptoms worsen.
- Do not rely on dust masks for protection. Paper "comfort" or "dust" masks commonly found at hardware stores are designed to trap large particles, such as sawdust. These masks will not protect your lungs from smoke. An "N95" mask, *properly worn*, will offer some protection.

Wildfires Q&A

1. **What should I do to prepare ahead of time?**
 - Learn about wild fire risks in your area.
 - Talk with members of your household about wild fires—how to prevent them and what to do if one occurs.
 - Post emergency phone numbers by every phone in your home.
 - Make sure driveway entrances and your house number or address are clearly marked.
 - Identify and maintain an adequate water source outside your home, such as a small pond, cistern, well or swimming pool.
 - Set aside household items that can be used as fire tools: a rake, ax, hand saw or chain saw, bucket and shovel. You may need to fight small fires before emergency responders arrive.
 - Select building materials and plants that resist fire.
 - Regularly clean roofs and gutters.

2. **What should I do to plan ahead and stay as safe as possible during a wild fire?**
 - Plan and practice two ways out of your neighborhood in case your primary route is blocked.
 - Select a place for family members to meet outside your neighborhood in case you cannot get home or need to evacuate.
 - Identify someone who is out of the area to contact if local phone lines are not working.

3. **What should I do if there are reports of wild fires in my area?**
 - Be ready to leave at a moment's notice.
 - Listen to local radio and television stations for updated emergency information.
 - Always back your car into the garage or park it in an open space facing the direction of escape.
 - Confine pets to one room so that you can find them if you need to evacuate quickly.
 - Arrange for temporary housing at a friend or relative's home outside the threatened area.

4. **What should I do to limit myself from smoke and dust exposure?**
 - Listen and watch for air quality reports and health warnings about smoke.
 - Keep indoor air clean by closing windows and doors to prevent outside smoke from getting in.
 - Use the recycle or re-circulate mode on the air conditioner in your home or car. If you do not have air conditioning and it is too hot to stay inside with closed windows, seek shelter elsewhere.
 - When smoke levels are high, do not use anything that burns and adds to indoor air pollution, such as candles, fireplaces and gas stoves. Do not vacuum because it stirs up particles that are already inside your home.

If you have asthma or another lung disease, follow your health care provider's advice and seek medical care if your symptoms worsen.

5. **What should I do when I return home after a wild fire?**
 - Do not enter your home until fire officials say it is safe.
 - Use caution when entering burned areas as hazards may still exist, including hot spots, which can flare up without warning.
 - Avoid damaged or fallen power lines, poles and downed wires.
 - Watch for ash pits and mark them for safety—warn family and neighbors to keep clear of the pits also.
 - Watch animals closely and keep them under your direct control. Hidden embers and hot spots could burn your pets' paws or hooves.
 - Follow public health guidance on safe cleanup of fire ash and safe use of masks.
 - Wet debris down to minimize breathing dust particles.
 - Wear leather gloves and heavy soled shoes to protect hands and feet.
 - Cleaning products, paint, batteries and damaged fuel containers need to be disposed of

properly to avoid risk.

6. What should I do to ensure that my food and water are safe?

- Discard any food that has been exposed to heat, smoke or soot.
- Do NOT ever use water that you think may be contaminated to wash dishes, brush teeth, prepare food, wash hands, make ice or make baby formula.

Wildfires Template Press Release

DATE: [Month Day, Year]
FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Phone number]

[Location] County Public Health Officials Issue Wildfire Advisory to Residents

[# of acres] in [location] have burned since wildfires began [date and time]

[LOCATION] [Month Date, Year] — Public Health Officials confirmed that more than [# of acres] in [location] have burned since wildfires began [date and time]. As of today, [# of persons have been reported injured, # hospitalized, and # dead]. Officials are calling this one of the most dangerous blazes since the wildfire of [name of wildfire].

[Mandatory, Voluntary] evacuations have been ordered for the [name of areas] and relief centers have been established in the following locations [name of relief center locations].

[Insert QUOTE from local health official offering thoughts and condolences to the victims and their families. Local, state and federal officials are working together to get the wildfire under control. The health and well-being of residents is the top priority for public officials assigned to this wildfire.]

If you are warned that a wildfire is threatening your area, listen to your battery-operated radio for reports and evacuation information. You should also:

- Back your car into the garage or park it in an open space facing the direction of escape.
- Shut doors and roll up windows. Leave the key in the ignition.
- Close garage windows and doors, but leave them unlocked.
- Disconnect automatic garage door openers.
- Arrange temporary housing at a friend or relative's home outside the threatened area.
- If advised to evacuate, do so immediately.

[Insert QUOTE from local official with messaging on preventative measures the county is taking etc.]

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx] or www.bepreparedcalifornia.ca.gov.

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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

Common Reactions to a Terrorist or Bioterrorist Event

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 event.

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.

- a. The department has increased efforts involving surveillance, planning, research, training and emergency response in collaboration with the federal government and state and local agencies.
- b. 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.

- a. 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.
- b. For more information on bioterrorism visit www.bepreparedcalifornia.ca.gov or www.cdc.gov/.

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.

- a. 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.
- b. 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.

- a. **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.
- b. **For more information**
For more information on anthrax or other bioterrorist agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

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.

a. Empathy

Our thoughts are with the victims and their families.

b. Scope

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

a. California Department of Public Health 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.]

a. Anthrax cannot be spread from person to person.

b. 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.

a. 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.

b. 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.

c. For more information

For more information on anthrax or other bioterrorist agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

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.

- a. 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.
- b. **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 event.

- a. 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.

- a. **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.
- b. **Seek medical treatment in case of exposure**
If you were in the vicinity of the event and you think you have been exposed to anthrax, contact your local health department, your local doctor or health clinic immediately.
- c. **For more information**
For more information on anthrax or other bioterrorist agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Anthrax Fact Sheet

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.

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).

Anthrax Template Press Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Local Health Department]
Phone: [Number]

OFFICIALS INVESTIGATE ANTHRAX EVENT AT [LOCATION]

Local Health Department Pledges Support and Promises a Thorough Investigation of Anthrax Event

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

The health and well-being of our community is our most important priority. We are working hard 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],” said Local health official, [First Last].

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event. Authorities are encouraging anyone who would like to show their support, to contact the [TBD].

“Our thoughts and condolences are with the victims and families involved in the [Anthrax event], and we pledge to find out what has caused this situation,” said [First Last].

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov or www.cdc.gov for additional information.

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Dirty Bombs 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.

- a. 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.
- b. 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.

- a. **Be alert**
If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.
- b. **For more information**
For more information on dirty bombs or bioterrorism go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Dirty Bombs 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].

a. Empathy

Our thoughts are with the victims and their families.

b. 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.

c. California Department of Public Health 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.

a. Be alert

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

b. 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.

c. 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.

d. For more information

For more information on dirty bombs or bioterrorism go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Dirty Bombs 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.

- a. 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.
- b. **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 event 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.

- a. **Be alert**
If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.
- b. **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.
- c. **For more information**
For more information on dirty bombs or bioterrorism go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Dirty Bombs 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.

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 event 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**
http://www.va.gov/emshg/docs/Radiologic_Medical_Countermeasures_051403.pdf
PDF (363 KB/78 pages)
Dept of Homeland Security Working Group on Radiological Dispersal Device Preparedness.

For more information about radiation and emergency response, see the Centers for Disease Control and Prevention's website at <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 Federal Emergency Management Agency (FEMA)** [<http://www.orau.gov/reacts/>] at (865) 576-3131
- **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 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).

Dirty Bomb Template Press Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Local Health Department]
Phone [Number]

OFFICIALS INVESTIGATE DIRTY BOMB EVENT AT [LOCATION]

Local Health Department Pledges Support and Promises a Thorough Investigation of Dirty Bomb Event

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

“The health and well-being of our community is our most important priority. We are working hard 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],” said Local health official, [First Last].

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event. Authorities are encouraging anyone who would like to show their support, to contact the [TBD].

“Our thoughts and condolences are with the victims and families involved in the [Dirty Bomb event], and we pledge to find out what caused this situation,” said [First Last].

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov or www.cdc.gov for additional information.

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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.

- a. 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.
- b. 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.

- a. **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.
- b. **For more information**
For more information on ricin or other bioterrorist agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Ricin 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 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.

- a. **Empathy**
Our thoughts are with the victims and their families.
- b. **Scope**
At this time it is unclear if this is an isolated event. We are working with federal, state, and local authorities to determine the extent of the situation.
- c. **California Department of Public Health 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.

- a. 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.

- a. **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.
- b. **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.
- c. **For more information**
For more information on ricin or other bioterrorist agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

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.

- a. 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.
- b. **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 event. No human cases of ricin inhalation poisoning are known to exist.

- a. 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.

- a. **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.
- b. **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.
- c. **For more information**
For more information on ricin or other bioterrorist agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Ricin Fact Sheet

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.

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 or 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.
- **Inhalation:** 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. Severe 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 of exposure, depending on the route of exposure (inhalation, 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.

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 <http://www.bt.cdc.gov/planning/shelteringfacts.asp>.
- 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. 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>.
- 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
 - Emergency Preparedness and Response Web site (<http://www.bt.cdc.gov/>)
 - E-mail inquiries: cdcresponse@ashastd.org
Mail inquiries:
Public Inquiry c/o BPRP
Bioterrorism Preparedness and Response Planning
Centers for Disease Control 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

Ricin Template Press Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Local Health Department]
Phone [Number]

OFFICIALS INVESTIGATE RICIN EVENT AT [LOCATION]

Local Health Department Pledges Support and Promises a
Thorough Investigation of Ricin Event

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

“The health and well-being of our community is our most important priority. We are working hard 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], said Local health official, [First Last].

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event. Authorities are encouraging anyone who would like to show their support, to contact the [TBD].

“Our thoughts and condolences are with the victims and families involved in the [Ricin event], and we pledge to find out what has caused this situation,” said [First Last].

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov or www.cdc.gov for additional information.

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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.

a. Be alert

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

b. For more information

For more information on sarin gas or other chemical or biological agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

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.

- a. **Empathy**
Our thoughts are with the victims and their families.
- b. **Scope**
At this time it is unclear if this is an isolated event.
- c. **California Department of Public Health 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.

- d. 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.
- e. 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.

- a. **Be alert**
If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.
- b. **Seek medical treatment in case of exposure**
If you were in the vicinity of the event and you think you have been exposed to sarin gas, contact your local health department, your local doctor or health clinic immediately.
- c. **For more information**
For more information on sarin gas or other chemical or biological agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

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.

- a. 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.
- b. 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.
- c. **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 event. 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.

- a. **Be alert**
If you see an unattended or suspicious package in a public place, call 911 or local law enforcement for additional instructions.
- b. **Seek medical treatment for exposure**
If you were in the vicinity of the event and you think you have been exposed to sarin gas, contact your local health department, your local doctor or health clinic immediately.
- c. **For more information**
For more information on sarin gas or other chemical or biological agents go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Sarin Gas Fact Sheet

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 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.

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
- 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.
- *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
 - Emergency Preparedness and Response Web site (<http://www.bt.cdc.gov/>)
 - 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

Sarin Gas Template Press Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Local Health Department]
Phone [Number]

OFFICIALS INVESTIGATE SARIN GAS EVENT AT [LOCATION]

Local Health Department Pledges Support and Promises a
Thorough Investigation of Sarin Gas Event

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

“The health and well-being of our community is our most important priority. We are working hard 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], said Local health official, [First Last].

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event. Authorities are encouraging anyone who would like to show their support, to contact the [TBD].

“Our thoughts and condolences are with the victims and families involved in the [Sarin Gas event], and we pledge to find out what has caused this situation,” said [First Last].

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov or www.cdc.gov for additional information.

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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.

- a. 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.

a. Empathy

Our thoughts are with the victims and their families.

b. Scope

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

c. California Department of Public Health 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.

a. 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.

a. 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.

b. For more information

For more information on smallpox go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

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.

- a. **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.

- a. **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.
- b. **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.
- c. **For more information**
For more information on smallpox go to www.bepreparedcalifornia.ca.gov or www.cdc.gov.

Smallpox Fact Sheet

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	
<p>Incubation Period (Duration: 7 to 17 days) <i>Not contagious</i></p>	<p>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.</p>
<p>Initial Symptoms (Prodrome) Duration: (2 to 4 days) <i>Sometimes contagious*</i></p>	<p>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 <i>prodrome</i> phase and may last for 2 to 4 days.</p>
<p>Early Rash (Duration: about 4 days) <i>Most contagious</i></p> <p>Rash distribution:</p> 	<p>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.</p> <p>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.</p> <p>By the third day of the rash, the rash becomes raised bumps.</p> <p>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.)</p> <p>Fever often will rise again at this time and remain high until scabs form over bumps.</p>
<p>Pustular Rash (Duration: about 5 days) <i>Contagious</i></p>	<p>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.</p>
<p>Pustules and Scabs (Duration: about 5 days) <i>Contagious</i></p>	<p>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.</p>
<p>Resolving Scabs (Duration: about 6 days) <i>Contagious</i></p>	<p>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.</p>
<p>Scabs resolved <i>Not contagious</i></p>	<p>Scabs have fallen off. Person is no longer contagious.</p>

*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, or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646.

Smallpox Template Press Release

FOR IMMEDIATE RELEASE

CONTACT: [Name]
[Local Health Department]
Phone [Number]

OFFICIALS INVESTIGATE SMALLPOX EVENT AT [LOCATION]

Local Health Department Pledges Support and Promises a Thorough Investigation of Smallpox Event

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

The health and well-being of our community is our most important priority. We are working hard 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], said Local health official, [First Last].

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event. Authorities are encouraging anyone who would like to show their support, to contact the [TBD].

“Our thoughts and condolences are with the victims and families involved in the [Smallpox event], and we pledge to find out what has caused this situation,” said [First Last].

[Name] advised residents to monitor news reports and check the [County] Web site at [www.xxx.xx.xxx], www.bepreparedcalifornia.ca.gov or www.cdc.gov for additional information.

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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.

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.

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 communication 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 CDPH 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, i.e. 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 event 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 be 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 than 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 rapidity, 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 it 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
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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
DOE	Department of Education
DOI	Department of the Interior
DOJ	Department of Justice
DOL	Department of Labor
DOS	Department of State
DOT	Department of Transportation
DVA	Department of Veterans Affairs

E

EEO	Equal Employment Opportunity
EIDJ	Emerging Infectious Disease Journal
EIS	Epidemic Intelligence Service
EMS	Emergency Medical Services
EO	Executive Order
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EPO	Epidemiology Program Office

EPI Emergency Public Information
ERC Emergency Response Coordinator
ERCG Emergency Response Coordination Group
ERT Emergency Response Team
ESF Emergency Support Function
ESO Engineering Services Office

F

FAA Federal Aviation Administration
FBI Federal Bureau of Investigation
FCC Federal Communications Commission
FCO Federal Coordinating Officer
FDA Food and Drug Administration
FECC Federal Emergency Communications Coordinator
FEMA Federal Emergency Management Agency
FERC FEMA Emergency Response Capability
FESC Federal Emergency Support Coordinator
FHWA Federal Highway Administration
FLSA Fair Labor Standards Act
FOIA Freedom of Information Act
FR Federal Register
FRP Federal Response Plan
FTS Federal telecommunications systems
FY Fiscal Year
FYI For your information

G

GAO General Accounting Office
GPO Government Printing Office
GS General schedule
GSA General Services Administration

H

HSAB Health and Safety Advisory Board
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
NLT Not later than
NLTN National Laboratory Training Network
NOAA National Oceanic and Atmospheric Administration
NRC Nuclear Regulatory Commission
NRT National Response Team
NSF National Science Foundation
NTE Not to exceed
NVOAD National voluntary organizations active in disaster
NVPO National Vaccine Program Office
NWS National Weather Service

O

ODP Office for Domestic Preparedness
OEP Office of Emergency Preparedness
OET Office of Emergency Transportation
FDA Office of U.S. Foreign Disaster Assistance
OSHA Occupational Safety and Health Administration
OSTP Office of Science Technology Policy

P

PAHO Pan American Health Organization
PDR Physicians' Desk Reference
PGO Procurement and Grants Office
PHEP-NET Public Health Education and Promotion Network
PHPPPO Public Health Practice Program Office
PHS Public Health Service
PIO Public Information Officer
PL Public Law

R

RETCO Regional Emergency Transportation Coordinator
RHA Regional Health Administrator (DHHS)
RSC Radiation Safety Committee

S
SOP Standard Operating Procedure

T
TDY Temporary Duty
TOD Tour of Duty
TREAS Department of the Treasury
TVA Tennessee Valley Authority

U
USACE United States Army Corps of Engineers
USC United States Code
USDA United States Department of Agriculture
USGS United States Geological Survey
USPHS United States Public Health Service
USPS United States Postal Service

W
WHO World Health Organization
WYSIWYG What you see is what you get

Y
YTD Year to date

Appendix

List of Study Resources

Following are a broad array of additional resources you should consult when developing your organization's crisis communication plan and crisis protocol.

CDC Resources

Web sites:

CDCynergy available at: <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>

The CDC Public Health Emergency Preparedness and Response Program (<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.

ATSDR - Health Risk Communication Primer <http://www.atsdr.cdc.gov/HEC/primer.html>

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>

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 event.

Training Manuals:

Crisis and Emergency Risk Communication by Barbara Reynolds, CDC, available at:

www.emergency.cdc.gov/cerc/

http://www.medbd.ca.gov/pandemic_flu_class.pdf

Federal Government Resources

Web sites:

Central Intelligence Agency (CIA) <http://www.cia.gov>

The CIA provides evidence-based foreign intelligence related to national security.

Communicating in a Crisis: Risk Communication Guidelines for Public Officials ([RiskComm.pdf](#), copy on Web: <http://riskcommunication.samhsa.gov/>)

A brief primer that describes basic skills and techniques for clear, effective crisis communication and information dissemination prior to, during, and after an event, and provides tools for media relations.

Crisis Communication Commanders Guide

<http://www.au.af.mil/au/awc/awcgate/acsc/98-307.pdf>

A review of Air Force crisis communication training for commanders, including Principles Of Crisis Communication, the Commanders Guide To Crisis Communication, 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.sbccom.army.mil/about_us.htm) Homeland Defense Business Unit is to enhance the response capabilities to terrorist events 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.doe.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.

The DHHS Office of Emergency Preparedness (OEP) <http://ndms.dhhs.gov/index.html>

The OEP has the departmental responsibility for managing and coordinating Federal health, medical and health-related social services and recovery to major emergencies and federally declared disasters. The Department has produced a fact sheet, called "17 Critical Benchmarks for Bioterrorism Preparedness Planning," (<http://www.hhs.gov/news/press/2002pres/20020606a.html>) to help States and cities prepare for possible bioterrorist attacks.

http://www.premierinc.com/all/safety/resources/disaster_readiness/downloads/01_HHS_17_critical.doc

Department of Homeland Security <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.

Department of the Interior (DOI) <http://www.doi.gov>

The DOI's Hazards and Facilities Team (<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 events 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>

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 events 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 event. 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>

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>

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 events in progress.

Department of Transportation (DOT) <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>) responds to maritime emergencies and also may assist State and local officials in dealing with chemical events, particularly oil and hazardous materials spills. Other DOT agencies that may be involved in emergency response are the Federal Aviation Administration (<http://www.faa.gov/>) and the Federal Railroad Administration (<http://www.fra.dot.gov/>), particularly their Hazardous Materials Division (<http://www.fra.dot.gov/safety/hazmat.htm>).

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 events caused by arson and/or explosives. They have national response teams typically able to respond within 24 hours of the event.

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, www.disasters.org/emgold/frp.htm

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 event. 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>

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.

FEMA Good Ideas <http://www.fema.gov/pdf/library/goodidea.pdf>

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.

FEMA Nuclear Power Plant Fact Sheet <http://www.fema.gov/pdf/hazards/nuclear.pdf>

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>

NRC's Office of Nuclear Security and Incident Response (NSIR) <http://www.nrc.gov/what-we-do/regulatory/emer-resp.html>

NSIR is ready to respond to an event at an NRC-licensed facility that could threaten public health and safety or the environment.

Reporting a Suspect BT Event http://www.dhs.ca.gov/dcdc/bt/pdf/Santa_Clara_County_Zebra_Talk.pdf

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/>

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>

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>

The NRT consists of 16 Federal agencies with responsibilities, interests and expertise in various aspects of emergency response to pollution events.

The U.S. Customs Service <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>

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 http://www.naccho.org/files/documents/Final_Effective_Bioterrism.pdf

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/publications/Disaster/intro.htm>

"Talking About Disaster: Guide for Standard Messages"; Produced by the Coalition of Organizations for Disaster Education, 2006. 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.

Norman S. Hartman. The Media and You: A Basic Survival Guide, August 2001. Copies available for a nominal fee from National Public Health Information Coalition, <http://www.nphic.org>. A quick reference guide for surviving media interviews.

Writing for the Web <http://www.sun.com/980713/webwriting>

Guidelines for writing for the Web (by Jakob Nielsen, distinguished engineer; PJ Schemenaur, technical editor; and Jonathan Fox, editor-in-chief, www.sun.com) Contains principles, guidelines and examples of improving Web site usability.

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.

Notice

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 CDPH to put the event 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 CDPH Risk Communication, Emergency Preparedness Office.

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.
- 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 event 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 event.
 - 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 event 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. (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
- Triage 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

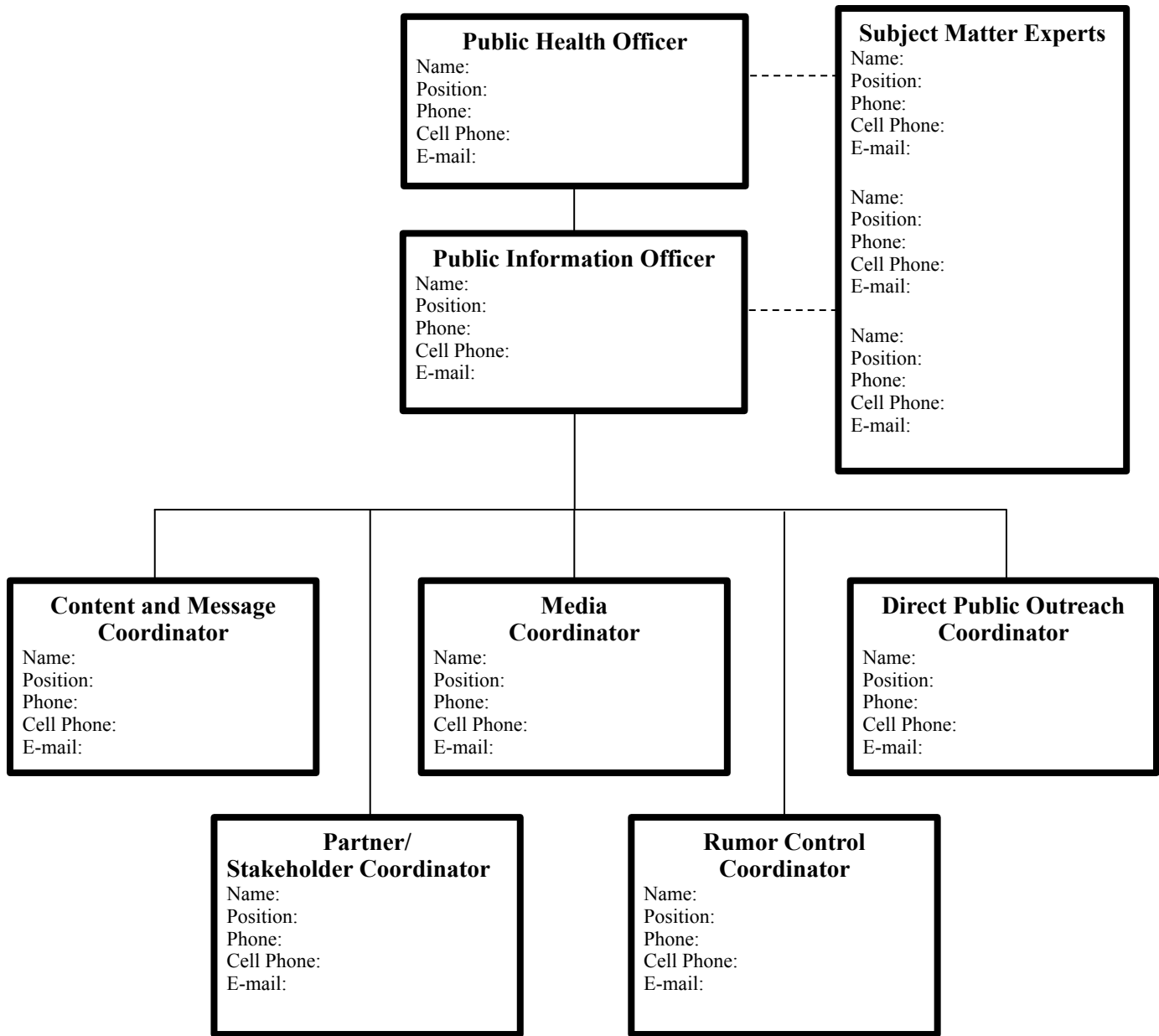
6. Rumor Control Coordinator

- 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.



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.

Remember to contact the Risk Communication Emergency Preparedness Office at 916-650-6864.

Please complete this worksheet by hand or electronically with the CD-ROM.

Name:	Resources ate space, sta r communica Crisis Commu Kit.	Name:	to this crisis. Y information on Crisis and En	Name:	ace in a
Function:		Function:		Function:	
Phone:		Phone:		Phone:	
Cell Phone:		Cell Phone:		Cell Phone:	
Email:		Email:		Email:	

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

- Room/space for your communication 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 communication 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. _____	_____	_____	_____
Name	Position	Telephone	E-mail
3. _____	_____	_____	_____
Name	Position	Telephone	E-mail
4. _____	_____	_____	_____
Name	Position	Telephone	E-mail
5. _____	_____	_____	_____
Name	Position	Telephone	E-mail

Equipment and Other Resources

- Telephone system

Name	Position	Telephone	E-mail
------	----------	-----------	--------

Please complete this worksheet by hand or electronically with the CD-ROM.

Company	Contact	Telephone	E-mail
<input type="checkbox"/> Computer/IT technician			

Company	Contact	Telephone	E-mail
<input type="checkbox"/> Language services <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Interpreters for simultaneous translations <input checked="" type="checkbox"/> Translators for written translations <input checked="" type="checkbox"/> Back-up translators located outside your immediate area (in case of widespread power outages) 			

Company	Contact	Telephone	E-mail
<input type="checkbox"/> Fax Machine and Copier			

Company	Contact	Telephone	E-mail
<input type="checkbox"/> Televisions			

Company	Contact	Telephone	E-mail
<input type="checkbox"/> Tables & Chairs			

Company	Contact	Telephone	E-mail
<input type="checkbox"/> Standard supplies (copy paper, pens, pencils, notebooks, organizers, staplers, folders, etc)			
<input type="checkbox"/> Calendars, flow charts, easels and bulletin board			
<input type="checkbox"/> 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.

a. Empathy

Our thoughts are with the victims and their families.

b. Scope

At this time it is unclear how widespread this situation may be. We are working with federal, state and local authorities to determine the extent of the situation.

c. [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

Residents can play a key role in helping keep themselves and their families safe during an event/disease outbreak/natural disaster.

- Follow official notification
- Follow instructions from federal, state and local officials on how to protect yourself and your family from any exposure and the need to evacuate or remain at home.
- Seek medical treatment
- [Insert information on recommended actions specific to event/outbreak/natural disaster].
- For more information on natural disasters, disease outbreaks or chemical, biological or radiological agents go to www.bepreparedcalifornia.ca.gov, www.cdph.ca.gov or <http://www.bt.cdc.gov/agent>.

Please complete this worksheet by hand or electronically with the CD-ROM.

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

1.	_____	_____	_____
	Media Outlet	Contact	Beat/Focus
	_____	_____	_____
	Telephone	Fax	E-mail
2.	_____	_____	_____
	Media Outlet	Contact	Beat/Focus
	_____	_____	_____
	Telephone	Fax	E-mail
3.	_____	_____	_____
	Media Outlet	Contact	Beat/Focus
	_____	_____	_____
	Telephone	Fax	E-mail
4.	_____	_____	_____
	Media Outlet	Contact	Beat/Focus
	_____	_____	_____
	Telephone	Fax	E-mail
5.	_____	_____	_____
	Media Outlet	Contact	Beat/Focus
	_____	_____	_____
	Telephone	Fax	E-mail

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 Event

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, and what, if any, action needs to be taken.

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 Event

We have been working closely with local authorities since the event occurred a few hours ago. Although we do not yet understand the full scope of the event, 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 event.

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 Public Health

Phone (916) 555-55555

OFFICIALS INVESTIGATE [EVENT] AT [LOCATION]

Local Health Department Confirms [Insert Event]

[LOCATION] [Month Date, Year] — Officials from [location] are investigating an event that occurred at approximately [time, day]. 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].

“Let me be clear that the health and well-being of our community is our most important priority.

- more -

Quote – Be sure to include at least one quote from a reputable source.

For Immediate Release – Indicates more than one page. Should be centered at the top of the page.

Letterhead – Lines out the top of the page. Should be centered at the top of the page.

Information, reporters often work on deadlines and may work until after hours.

the editor.

five W's (who, what, when, where, why).

Event

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],” said Local health official, [First Last].

Text – The main body of your press release where your message should fully develop.

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

The local community has demonstrated its willingness to help with both residents and visitors offering assistance to those involved in the event.

event “Our thoughts and condolences are with the victims and families,” said [First Last]. “We are working diligently to get the situation under control and limit further [injury/ loss of life, illness] to the people of this community.”

[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 or questions about today’s event is encouraged to consult the Web site for additional relevant information.

Closing paragraph – Provides details on where updates can

#####

- 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
------	----------	------------	-----------	--------

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 (i.e., did authorities work together 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):

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):

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:

Response for Public (FAQ):

Sound bite for Media (Q&A):

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 your logo clearly visible on the front of the 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 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 Communication section of the Tool Kit.

Organization	Contact	
Telephone	Fax	E-mail
Organization	Contact	
Telephone	Fax	E-mail
Organization	Contact	
Telephone	Fax	E-mail
Organization	Contact	
Telephone	Fax	E-mail
Organization	Contact	
Telephone	Fax	E-mail

5. Identify Partners

Partners are anyone with a role in aiding in an emergency response. For examples of potential partners, see the Stakeholder/Partner Communication section of the Tool Kit.

Organization	Principal Contact	Back-Up Contact
<p>Name: 2.</p> <p>Phone number:</p> <p>After hours phone number:</p> <p>Fax number: 3.</p> <p>E-mail address:</p> <p>Web address:</p> <p>4. Title of director or senior administrator:</p> <p>Emergency contact (including JIC) protocols:</p> <p>Date of last information verification:</p>	<p>Name:</p> <p>Title:</p> <p>Office Address (if different):</p> <p>Customary office hours:</p> <p>Home address and neighborhood:</p> <p>Office phone number:</p> <p>Home phone number:</p> <p>Cell phone number:</p> <p>Pager or other:</p> <p>Emergency contact name and number:</p> <p>Fax number:</p> <p>Office E-mail address:</p> <p>Home E-mail address:</p> <p>Date of last information verification:</p>	<p>Name:</p> <p>Title:</p> <p>Office Address (if different):</p> <p>Customary office hours:</p> <p>Home address and neighborhood:</p> <p>Office phone number:</p> <p>Home phone number:</p> <p>Cell phone number:</p> <p>Pager or other:</p> <p>Emergency contact name and number:</p> <p>Fax number:</p> <p>Office E-mail address:</p> <p>Home E-mail address:</p> <p>Date of last information verification:</p>

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 communication 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:
-
-

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 event?
- 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?

Completed Worksheets

Notice

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.

Notice

Notice

EDMUND G. BROWN JR.
GOVERNOR OF CALIFORNIA

Diana S. Dooley
Secretary
California Health & Human Services Agency

Ron Chapman, MD, MPH
Director
California Department of Public Health

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