

Crisis Communications Considerations in IH during an Influenza Pandemic

Introduction

Crisis communications are an integral element of a robust pandemic influenza plan. While general communications tasks according to the relevant pandemic influenza phase have been outlined in Section 300, the following communications planning considerations address key messages, audiences, and methods for distribution. These considerations are consistent with the pandemic planning principles of both the World Health Organization and the Public Health Agency of Canada. This section also employs assumptions and information provided by the BC Centre for Disease Control. Portions of the plan were adapted from the Vancouver Coastal Health, the Fraser Health, and the Region of Waterloo pandemic influenza plans.

All communications activities must be compatible with HABCERMS. HABCERMS outlines common organizational structures and control methods, and enhances communications between agencies responding to emergency disasters.

During a crisis such as an influenza pandemic, communications play a prominent role in collecting and disseminating information, linking with other agencies and organizations, and positioning the organization as capable and credible during a crisis. Communications functions will need to be maintained on a 24/7 basis for extended periods of time. Thus, communications will require intensive resources in order to deliver time sensitive information.

Context

The spectre of an influenza pandemic can create significant fear across the population. As a result, Interior Health will be challenged to implement its emergency response and pandemic plans if health care workers are too frightened to report to work, if the public is caught off-guard, and if the media sensationalize the story.

The greatest challenge for communications disseminators and leaders in the context of a pandemic is to move people beyond fear into constructive behaviour (e.g., preparation, prevention, the application of infection control measures, and the use of best practices). We can also leverage Interior Health's pandemic preparations to enhance the reputation of the health authority and earn stakeholders' trust.

The primary tool will be credible information which allows people – especially Interior Health staff and physicians, but also the general public – to properly gauge their own risk and take constructive action to minimize that risk. Key actions/focus during the major preparedness and response periods include:

Pre-pandemic period

Focusing on developing psycho-social preparedness during the inter-pandemic period will be integral to achieving ultimate success. The difficulty is that the lack of an imminent threat makes it hard to present the importance of the issue to the public as the media is not motivated to deliver information at the time.

IH communications responsibilities during this period will also include the development and testing of regional and local communication networks, defining communication roles and

responsibilities at the regional, local, and facility levels, and the development of informational materials, and operational tools for staff and the public.

Pre-pandemic response activation period

The pandemic virus will likely emerge outside of Canada. As a result, Interior Health will have a period of time to ramp up operations, test plans, and institute strategies before the virus spreads to BC. For the purposes of planning, we are assuming that Interior Health will have approximately one month from the time a pandemic is declared elsewhere in the world until the pandemic takes hold in British Columbia.

This (assumed) one-month window will be critical from a communication perspective as stakeholders will be motivated to listen and learn. If a good base of psycho-social preparedness has been laid during the Inter-pandemic period, the response of our stakeholders and the public will be more constructive and less panic-driven.

Pandemic period

The pandemic could last upwards of 18-24 months and will occur in waves characterised by an increase in new cases over a period of approximately eight weeks.

Health care staff will be affected like the general population, so the health care continuum will have to operate, at a time of intensified demand, with dramatically reduced staff levels. This means reduced health care service delivery in the regular hospitals and the establishment of assessment centres and alternative care sites to screen and care for pandemic patients.

The impact of the pandemic virus would not be limited to the health care continuum, however. It could cause extreme disruption in society and in the economy. The more individuals, families, health care workers, businesses, agencies, and governments are prepared, the less disruption society will suffer – and, potentially, the lower the demand on Interior Health services.

During the pandemic, the focus of communications will be to:

- Support health care providers' information and psychological needs;
- Clearly communicate to the public how they can stay well and how to access needed health and support services; and
- Provide media with a “play-by-play” of how the disease is affecting society and the health care system.

Post-pandemic Period

In this period, the main responsibilities are to continue to promote healthy lifestyles, and good hygiene to staff and the public. Furthermore, the public and media should be informed about local and regional outcomes of the pandemic. During this period, the pandemic communication plan should be revised to incorporate lessons learned during the pandemic wave(s).

These phases and their related activities are outlined in **Section 300 – Plan Overview, Actions, and Phases**.

Timely, transparent and accurate communications are critical to the success of Interior Health's pandemic response. Communications plays a major role in demonstrating our organizational

leadership and due diligence in contingency planning. Moreover, communications will lead the dissemination of sensitive and complex information to various audiences to ensure understanding of the government and Interior Health's pandemic response. Lastly, key responsibilities of communications will be identifying and managing issues, and dispelling any speculation and incorrect facts that may lead to anxiety and/or operational confusion.

Communications Responsibilities at the International, National, Provincial, and Local Levels

World Health Organization:

- Declares onset of pandemic
- Provides information and global monitoring

Public Health Agency of Canada:

- Alert Canadians when pandemic influenza takes hold in Canada
- Provide pandemic information website
- Provide disease surveillance and infection control guidelines
- Ongoing communication with global partners
- Daily conference calls of the HECN, to ensure integration with PIC
- Ongoing communication with media, partners and public
- Launch multi-media campaign targeting public, health care workers and local community support network
- Joint media and stakeholder briefings

BC Provincial Health Officer/Ministry of Health:

- Alert British Columbians when pandemic influenza takes hold in BC – and when it is considered officially over
- Lead health sector response
- Provide pandemic information website
- Coordinate response among regional health authorities
- Monitor disease spread within province, collects data
- MoH emergency management branch, together with PEP, ensures provincial, regional and local emergency plans are activated; coordinates non-health consequences of a pandemic, leading response of local governments
- Coordinate HAs and lead communications during pandemic – daily conference calls
- Establish messaging in coordination with Health Canada and health authorities
- Use broad-based network of key agencies and stakeholders to disseminate information

Health Authority:

- MHO, in consultation with PHO and HPAB, is regional spokesperson
- Collect and provide pandemic influenza surveillance data
- Liaise with local and regional stakeholders (such as local governments, emergency responders and essential service providers)
- Liaise with provincial authorities, provide necessary statistics, and follow province's communication lead
- Notify public of MHO orders regarding extraordinary infection control measures, such as closure of schools or limiting public gatherings
- Provide clear direction and information to staff and health care partners regarding personal protection and infection control measures
- Communicate instructions regarding regional distribution of vaccines and antivirals

Principles of Risk Communication

Public perception of risk, and the associated response to that perception, is an important factor in considering communication strategies for a pandemic. There are several features about a pandemic that will elevate public perception of risk:

- **Fear of the unknown:** The pandemic will be caused by a new viral subtype previously unknown to most of the population, and initially little information may be available about the nature of the virus.
- **Dreaded outcome:** High morbidity and mortality may be associated with a pandemic strain.
- **Involuntary (not under one's control):** It may be very difficult to prevent exposure to a pandemic virus; few prevention tools will be available initially.
- **Inequitable:** The pandemic strain may affect vulnerable members of the population, to a greater degree, or it may be devastating for the larger, healthy population; regardless, inequitable access to antivirals and vaccine.

There are several important principles of risk communication that can be employed to address the perception of risk and the concerns of the public. These include:

- Providing knowledge to the public for good decision making; ensuring information is timely and accurate and explaining recommendations.
- Building trust; use a trustworthy spokesperson who is empathetic, competent and honest.
- Engaging stakeholders to resolve conflicts or concerns; identify moral or ethical issues, such as distribution of limited antivirals and vaccine, and allow stakeholder feedback regarding these decisions. Allow the public and health professionals to ask questions, and provide timely answers.

Strategic Considerations for Crisis Communications

- Provincial/territorial health ministries and/or health authorities assume lead responsibility for public communications within their jurisdiction.

The Public Health Agency of Canada is the lead organization for public communications if the pandemic has moved beyond a single province or if a national emergency has been declared. Specific responsibilities include disease surveillance and national guidelines for infection control.

Interior Health residents are unlikely to distinguish between levels of government in the event of a health emergency. Public communications among all involved organizations must be coordinated and consistent.

- Public communications around an influenza pandemic will occur in the international context. Key audiences, especially the media, will access various information sources from around the globe including the World Health Organization. Communications channels must be opened with the WHO and the US Centers for Disease Control and Prevention to ensure an ongoing exchange of information, key messages, and information products.
- British Columbians will turn to various sources to obtain the information they need and want during a pandemic scenario. Professional groups such as the Canadian Medical Association, Canadian Federation of Nurses Unions, and Canadian Pharmacists Association will be key partners in disseminating information, as will NGOs such as the Red Cross, Salvation Army, and others. Key British Columbian professional groups will also include the British Columbia Medical Association, the British Columbia College of Family Physicians, the British Columbia Nurses Union, the College of Pharmacists of BC, and the Registered Nurses Association of BC (RNABC). Strong communications networks must be established with these organizations to ensure an ongoing exchange of information, key messages, and information products.
- The public communications demands of an influenza pandemic will likely exist at the top end of anything organizations have experienced in the past. In addition to the full weight of individual organization's communications capacity being brought to the table, organizations must find ways to work together to ensure as efficient an effort at all levels of government as possible.
- Risk communications principles must be applied in developing both content and strategy for public communications activities in response to an influenza pandemic.
- All audiences must have up to date knowledge of plans, risks, and responsibilities related to the prevention of spread of infection and protection from infection. Information such as suitable/appropriate changes in protective practices that occur as new evidence becomes available (i.e., protective equipment, social distancing) must be communicated.
- Updates should be provided to all staff at frequent intervals on all shifts. Focus should be on reinforcing personal practices such as: influenza immunizations, hand hygiene, not coming to work when ill, and the latest information on protection and control measures.

Key Spokespersons

Communication Lead

The Director, Communications and Health Promotion, and the Public Health Communications Officer, are responsible for communications execution during a pandemic, in conjunction with the Senior Medical Health Officer, and for liaison with and updating the Board and Senior Executive Team. The Public Health Communications Officer will coordinate all information released to the media, ensure key messaging is consistent with the Senior Medical Health Officer or designate, recommend appropriate response strategies, approve all written, electronic, or photographic information for media use, and identify official spokesperson(s) as needed.

Key Spokespersons

The official spokesperson during an emergency or disaster is the Chief Executive Officer or designate. In the case of a pandemic or influenza outbreak, the Senior Medical Health Officer will be the primary designate for speaking to and answering media queries. He/she will be supported by the Public Health Communications Officer, and resources made available through the Communicable Disease Unit and the Outbreak Management Team.

Overall Plan Objectives and Key Messages

Clear communication before, during, and after a pandemic will facilitate the implementation of the pandemic response, allow health care workers to function more effectively, and address fears and concerns among the public.

Key messages will be consistent with those from the Ministry of Health, but should include IH-specific information. Detailed messages will be developed as the situation arises, but should incorporate the following key points over the course of the pandemic:

Interpandemic and Pandemic Alert Periods (WHO Phases 1 – 5) Communications Objectives

Identify language/literacy needs for public education materials.

- Develop messages for special populations (e.g. the homeless, children, frail elderly, the homebound, people who cannot speak/read English, persons with a disability, visually/hearing impaired).
- Organizations involved in the response effort to educate their staff on emergency communications protocols.
- Educate the public about pandemic and personal preparedness.
- Share pandemic planning information with partners and stakeholders.
- Promote activities such as hand hygiene, cough etiquette, staying home when you are sick, stocking up on necessary supplies, etc.
- Provide basic information (“pandemic 101”) on pandemic and reinforce message that the actions of individuals and community organizations will impact the outcome of a pandemic.
- Communicate that preparations have been made for community response to a pandemic.
- Educate the public about the health care system and how it will need to function differently during an influenza pandemic. Highlight the role of the assessment centres and alternative care sites (as applicable).
- Stress importance of business continuity planning.
- During phases 4 and 5, communications and education efforts will need to be intensified.

Key messages:

- Hand hygiene and cough etiquette are extremely important practices to help prevent the spread of influenza. These practices should be used regularly.
- All levels of government are preparing for a pandemic. Moreover, the health care system will function differently during a pandemic.
- Now is the time for you business or organization to make pandemic-specific business or service continuity plans. Individuals and families should also devise pandemic-specific plans (e.g. child/elder care, stockpiling of emergency supplies, first aid kit)

Pandemic Period (WHO Phase 6) Communications Objectives

- Rapidly communicate up-to-date information through the news media and other communications vehicles.

- Promote the use of a general information line (include number here) and a general email address (include address here) for information and referral. Do not call Public Health for information.
- Ensure special populations are receiving accurate and timely information.
- Keep staff updated with latest information
- Monitor media coverage for accuracy and consistency. Correct any errors.
- Communicate information on vaccine and anti-viral availability and status, how to care for the seriously ill, assessment centres and alternative care sites, essential services, etc.
- Infection control information – stress that this is a new virus and anyone can get sick.
- Promote crowd avoidance, eating healthy, hand hygiene, staying at home when sick, checking in on family and neighbours, etc.
- Communicate information about available services (non-medical) and how to access them.
- Information on emergency rooms, alternative care sites, etc.
- Business continuity messages.
- Death at home – what to do.
- Detailed information for health professionals.

Key messages:

- A pandemic has been declared in the following locations (give available details, including number of cases).
- If you have flu-like symptoms, follow these directions (i.e., what to do, where to go, how to self screen, stress hand hygiene and cough etiquette).

Post Pandemic Period (WHO Recovery) Communications Objectives

- Assess community response to pandemic.
- Address questions and concerns from public.
- Begin recovery efforts to bring community back to normal functioning.
- Continue to make improvements to emergency plans.
- Work with businesses to help with recovery efforts.
- Communicate death toll and other statistics.

Key messages:

- The pandemic period is over and Interior Health is beginning to recover (note that after first wave, a second wave will occur in the near future).
- Services are available to help you and your family during this difficult time (grief counseling, community outreach, etc.)
- Access to health care services is slowly becoming available.

Stakeholders and Communication Tools for Dissemination

The following tables outline various stakeholder groups, both internal and external to Interior Health. Those tools in **italics** indicate current use within IH is limited or results have been unsatisfactory. However, these tools can be implemented without too much effort, but perhaps at some cost. Those tools in **italics with an asterisk (*)** indicate not currently in use, and not easily implemented due to cost or infrastructure limitations.

Internal stakeholders

Stakeholder	Possible Communication Tools	
	Push Communications	Pull Communications
Staff (community programs and acute sites): <ul style="list-style-type: none"> • Nurses • Pharmacists and other professionals • Emergency department staff • Paramedics • Community staff • Staff at other facilities • Support staff and corporate staff • Greeters (switchboard, reception, 1-800) • Volunteers 	Memos / newsletters / bulletins – hard copy, fax, email	Intranet / Internet updates
	“Runners”	Media updates
	Postings on bulletin boards	Staff forums
	Staff forums	Staff meetings
	Staff meetings	<i>24-7 staff hotline</i>
	CEO messages	<i>Podcasts*</i>
	Union leadership briefings	<i>Internet discussion boards*</i>
	Walkabouts	<i>Blogs*</i>
	Daily briefings (via mgmt team)	<i>Dark Site – issue specific*</i>
	<i>Displays</i>	<i>Communication centres displays*</i>
	<i>PA announcements</i>	
	<i>Communications to home (email or post)</i>	
	<i>Notices with pay stubs</i>	
	<i>Internal voice mail messages*</i>	
Feedback mechanisms – hotline, email address, website postings, feedback boxes		
Managers/Directors/ Executive/Board of Directors	Memos / newsletters / bulletins	Intranet/internet updates
	Email updates	Media updates
	Conference calls	Meetings
	Meetings	<i>24-7 staff hotline*</i>
	CEO messages	<i>Dark site – issue specific*</i>
	Directors forum /executive meeting/ board meeting	<i>Internet discussion boards*</i>
	<i>Direct phone – phone tree</i>	<i>Blogs*</i>
	<i>Video conferencing</i>	<i>Podcasts*</i>
	<i>Online conference (e.g.,</i>	

	<i>SharePoint)</i>	
	<i>Text messaging</i>	
	<i>Voice mail updates*</i>	
Unions	Union leader briefings, email	
Physicians <ul style="list-style-type: none"> • Hospitalists • Community physicians • Physicians without hospital privileges 	Medical staff meetings	Internet/intranet updates
	Medical director announcements	Media updates
	<i>Memos / newsletters / bulletins in physician mail boxes or via post</i>	Medical staff meetings
	<i>Fax outs</i>	<i>Dark site – issue specific*</i>
	<i>PA announcements</i>	<i>Podcasts*</i>
	<i>Direct mailings through medical delivery services</i>	<i>Internet discussion boards*</i>
	<i>Voice mail*</i>	<i>Blogs*</i>
	<i>Email Updates*</i>	<i>24-7 staff hotline*</i>

Partners

Stakeholder	Possible Communication Tools	
	Push Communications	Pull Communications
Contractors	Personal contact with IH staff	Internet
	Bulletins, handouts	
	Notices – email or mail	Posters
IH suppliers	Personal contact with IH staff	
	Notices – email or mail	
Local first responders: <ul style="list-style-type: none"> • BC Ambulance Services • Fire departments • Police detachments 	Personal contact with IH professionals and managers	
Local: <ul style="list-style-type: none"> • Municipalities • First Nations 	Memos / newsletters / bulletins	Internet updates
	Email updates	Media updates
	Direct calls	<i>Dark site – issue specific*</i>
	Meetings	<i>24-7 info line*</i>
	Regular conference calls	
	EOC communication links	
	Caucus communications officers	
	MHO communication to local governments	
<i>Via Provincial Emergency Preparedness Office</i>		

Provincial: <ul style="list-style-type: none"> • PAB • BCCDC • PHO • MoH • Other HAs • PEP • Corrections services • BC NurseLine • BC Bedline 	Meetings and direct calls	Internet updates
	Regular conference calls	Media updates
	Memos / newsletters / bulletins	<i>Dark site – issue specific*</i>
	Email updates	<i>24-7 info line*</i>
	EOC communication links	
	Caucus communications officers	
Federal: <ul style="list-style-type: none"> • Quarantine officers • Public Health Agency of Canada • Department of national defence • Corrections services 	Meetings and direct calls	Internet updates
	Regular conference calls	Media updates
	Memos / newsletters / bulletins	<i>Dark site – issue specific*</i>
	Email updates	<i>24-7 info line*</i>
	EOC communication links	

External stakeholders

Stakeholder	Possible Communication Tools	
	Push Communications	Pull Communications
Patients/ Clients / Residents (and their families)	Tray liners	Internet updates
	Postings in patient areas	Media updates
	Posters on entranceways to facilities	Residents / family meetings
	Displays	<i>24-7 phone centre*</i>
	Residents / family meetings	<i>Dark Site – issue specific*</i>
	<i>Memos / newsletters / bulletins</i>	
	<i>PA announcements</i>	
	<i>Close circuit TV broadcasts*</i>	
Media (including Internet and Ethnic media)	Media releases/updates/briefings	Internet updates
	Backgrounders and story ideas	Media Centre
	Direct calls and emails	<i>Dark Site – Issue* Specific*</i>
	News conferences	<i>24-7 phone centre*</i>
	Interviews	
	PSAs	
	<i>Paid ads & newspaper inserts</i>	
Public (Interior Health residents), including: <ul style="list-style-type: none"> • people with chronic conditions and caregivers 	Hospital signage	BC NurseLine
	Self-care guides and handouts	Media updates
	<i>Posters/flyers/bulletins posted in community (translated)</i>	Internet

<ul style="list-style-type: none"> • people with influenza and caregivers • seniors • ethnic communities 	<i>Displays / InfoFairs</i>	<i>Dark site – issue specific*</i>
	<i>Newspaper ads, inserts</i>	<i>24-7 info line*</i>
	<i>Telecasts</i>	<i>Handouts in physicians' offices</i>
	<i>Close circuit television broadcasts at sites*</i>	<i>Public forums</i>
	<i>Direct mail – house to house deliveries (translated)*</i>	
	<i>Direct phone calls – calling tree*</i>	
	<i>PSAs*</i>	
	<i>Mail drops*</i>	
	<i>Engage Block Watch network to encourage neighbours looking out for neighbours*</i>	
	<i>Bill inserts (BC Hydro, TELUS)*</i>	
<i>Billboards, Transit messages*</i>		
<p>Health professions:</p> <ul style="list-style-type: none"> • College of Reg'd Nurses of BC • BCMA • College of Pharmacists of BC • BC College of Family Physicians • Dentists • Pharmacists • Private Laboratories • Chiropractors, naturopaths, registered massage therapists, physiotherapists, etc 	Email	Internet updates
	Phone calls	Media updates
	Letters	<i>Dark site – issue specific*</i>
		<i>Podcasts*</i>
		<i>Internet discussion boards*</i>

	Push Communications	Pull Communications	
IH community agencies & NGOs: <ul style="list-style-type: none"> • Community centres • Ethnic community organizations • Churches & faith-based groups • Service clubs (Lions, Rotary, etc) • Salvation Army, MCC, etc • Shelters – women’s, homeless, etc • Immigration services • Seniors centres • Children’s services • Court services • Other social services agencies • Mental health agencies • Group homes and assisted living 	All public communication channels	All public communication channels	
Education: <ul style="list-style-type: none"> • School boards • Post-secondary institutions • Private schools • Daycares, after-school care 	All public communication channels	All public communication channels	
	MHO communications		
Transportation providers: <ul style="list-style-type: none"> • Public Transit • Airport authorities 	MHO communication	All public communications	
	All public communications		
	Communication from other levels of government		
Businesses: <ul style="list-style-type: none"> • Major businesses • Tourism org’s • Business org’s (chambers) 	All public communications	All public communications	
	MHO communication		
	Communication from other levels of government		

	Push Communications	Pull Communications
Funeral industry: <ul style="list-style-type: none"> • Funeral homes • Coroners 	All public communications	All public communications
	MHO communication	
	Communication from other levels of government	
Essential services: (water, electricity, phone, sewer, gas)	Communication from other levels of government	