

Creating a County Crisis and Emergency Risk Communications (CERC) Annex: Guidance for CHD Planners and PIOs

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Overview

The following information is to help county health departments (CHDs) develop county Crisis and Emergency Risk Communications (CERC) annexes (or plans) to their Emergency Operations Plans (EOP). CERC is a functional annex which can also be referred to as an Emergency Public Information and Warning Annex (or plan) or Crisis Communications Plan. The following guidance document provides information on the key elements of a CERC plan, a plan format (with descriptions of what each section may contain), and a list of CERC planning resources. A CHD CERC annex (or plan) should be tailored based on a jurisdiction's geographic, social, political, environmental, and health and medical situations and vulnerabilities.

This guidance document was created by a state-wide CHD CERC working group, which is a subgroup of the Florida Department of Health's Crisis and Risk Communications Project Advisory Team. The Project Advisory Team is one of 21 (NEED #) state-wide Public Health and Health (PHHP) Strategic Planning Teams in Florida charged with increasing public health and medical preparedness within the state. The members of the working group include state and county PIOs and planners, as well as public affairs professionals from colleges, universities and other entities. The recommendations are based on a variety of state, local and national resources, like the following: FEMA's 2009 Comprehensive Preparedness Guide (CPG) 101; the Florida Project Public Health Ready criteria – a collaborative public health preparedness initiative between the Florida Department of Health, the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC); Florida's state-wide Planning Support and Capability Team; the CDC's Crisis and Emergency Risk Communications guide (2012), Chapter 4: Crisis Communication Plans; and ??

For more information about: 1) PHHP Strategic Planning in Florida, 2) Florida Project Public Health Ready, or 3) state-wide public health planning efforts, visit this SharePoint site:

<http://adminapps2.doh.ad.state.fl.us/EmergencyPlanWebSearch/Pages/SearchPolicy.aspx>.

First Steps

1. As with developing any planning document, it is recommended that you follow the standard steps in the planning process (as outlined in the Comprehensive Preparedness Guide 101 from FEMA, November 2010

http://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf). Steps include:

- Form a collaborative planning team

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- Understand the situation
- Determine goals and objectives
- Plan development
- Plan preparation, review, approval
- Plan implementation and maintenance

2. Develop your plan in coordination with a CHD public information officer (PIO). While CHD CERC plans are often spearheaded by public health preparedness planners, PIOs or other communications professionals should work closely with planners to ensure a comprehensive document that will serve the needs of the PIO, CHD and also best align with the DOH CERC annex.

3. Contact your county and or regional emergency management planner. To ensure your plan includes all the necessary and required elements from local, state and federal levels, we encourage you to contact your county or regional emergency management planner. County emergency management planners usually reside with the local emergency management agency or emergency operations center (EOC). The county emergency management planner will provide valuable information about all the state and federal planning guidance documents and help clarify any perceived or real conflicts among the documents. This will also help you align your CHD CERC Annex with local response partners' crisis communications plans.

4. Obtain any hazard vulnerability analysis that has been completed of your county and region. Your county or regional emergency management planner may have these documents. DOH also has sources on vulnerable populations, including a communication tool kit and county specific data is available at <http://www.doh.state.fl.us/demo/BPR/VulnerablePopulations.html>.

Key Elements of a CHD CERC Plan:

- Designated staff roles and responsibilities (and their required training), and a concept of how staff (or a team) will operate.
- Clear process for developing, verifying, approving, and disseminating information.
- Description of who will have authority to request and release information and the scope of their authority (who requests and releases what/when/how).
- List of designated spokespersons and subject matter experts (to validate information) and their after hours contact information, as well as, their required media training.
- Contact information for the media and vehicles to disseminate information to the public, stakeholders and partners (e.g. news releases, emails, faxes, Twitter and Facebook posts).
- Procedures on how to coordinate information with public health and medical partners and other response partners, including how to join a Joint Information Center (JIC), if one is activated.
- Procedures for securing needed resources (e.g. space, equipment, people) to operate a public information center and/or phone line, if needed.

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- Process for disseminating information to vulnerable populations (including people with disabilities, functional and access needs).
- Process for identifying and addressing rumors.
- Include copy of FDOH Headquarters Social Media Guidelines in plan.

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PLAN FORMAT

This format provides descriptions of what each section may contain. Tailor this document to your jurisdiction's geographic, social, political, environmental, and health and medical situations and vulnerabilities.

I. COVER PAGE

The cover page has the title of the plan, includes the date and identifies the jurisdiction(s) covered by the plan. It should include Florida Department of Health (DOH) and CHD logos.

II. INTRODUCTION

A. SIGNATURE PAGE

The signature page gives the plan official status and gives both the authority and responsibility to individuals and teams to perform their tasks. It should be signed and dated by the CHD director or administrator.

B. APPROVAL AND IMPLEMENTATION

The approval and implementation page mentions who is responsible for preparing and maintaining the Annex and affirms leadership support for the annex.

C. TABLE OF CONTENTS

The table of contents should be a logically ordered and clearly identify the major sections and subsections of the plan to make finding information within the plan easier.

III. PURPOSE, SCOPE, SITUATION AND ASSUMPTIONS

A. PURPOSE

The rest of the plan flows logically from its purpose. The purpose is a general statement of what the plan is meant to do. According to the CDC, crisis communication planning helps an organization communicate appropriate and timely information to calm the public during a crisis and promote appropriate health actions. A crisis communication plan also helps an organization communicate to the media and public with confidence and credibility, engendering public trust in its recommendations and its ability to perform its public health mission.

B. SCOPE

The plan should explicitly state the scope to which the plan applies and the entities (departments, agencies, private sector, citizens, etc.) and geographic areas to which it applies. The scope is also the place to mention the trigger points for activation of the annex (or plan) and provide examples of specific scenarios. Scope also includes a CHD's role during a local Emergency Operations Center (EOC) activation.

C. SITUATION OVERVIEW

The purpose of this section is to capture CERC-specific considerations, not to recreate a comprehensive hazard analysis. To complete an overview, review the hazard vulnerability analyses and/or capability assessments from your county emergency management's Comprehensive Emergency Management Plan (CEMP), your county ESF8 profile, and your CHD EOP to identify CERC-specific issues that need to be addressed (e.g. locations and characteristics of special needs and other vulnerable populations).

D. PLANNING ASSUMPTIONS

These identify what the planning team assumed to be facts in order to make it possible to execute the CERC Annex / crisis communications plan. For example, some planning assumptions could be: 1) social media venues (e.g. Twitter, blogs, Facebook) are major vehicles for information dissemination; and 2) a crisis is a dynamic situation in which timeframes to receive and communicate information are compressed.

E. MEASURE OF SUCCESS

This section should contain affirmative bullet points that tie back to the purpose of the plan and outline any concrete actions that need to occur to achieve success. For example, a measure of success could be: the CHD is viewed as an authoritative, trusted and reliable source of accurate and timely information for key audiences. And a concrete action could be: this is accomplished by utilizing a network of individuals trained in crisis and emergency risk communication procedures including incident-specific operating structures, such as a Joint Information Center (JIC).

IV. CONCEPT OF OPERATIONS

Concept of Operations explains the CHD's overall communications approach to an emergency (i.e., what should happen, when, and at whose direction). Topics should include communication actions before, during, and after an emergency and should touch on direction and control, alert and warning, and Continuity of Operations Plan (COOP) matters that may be dealt with more fully in other annexes. For example, Lee County's CERC annex provides alerting procedures, methods, call down lists, and the process for issuing health advisories or warnings, resolving legal issues, and communicating with vulnerable populations within their Concept of Operations section.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

This section establishes the operational organization that will be relied on to effectively and efficiently communicate information during an emergency situation. It includes a list of the kinds of tasks to be performed, by position and office/team, and it

provides a quick overview of who does what. When two or more individuals or offices/teams perform the same kind of task, one should be given primary responsibility, and the other(s) should be given a supporting role. For the sake of clarity, a matrix of individuals/offices/teams and areas of responsibility (including functions) should be included to summarize the primary and supporting roles. Shared general responsibilities, such as developing Standard Operating Procedures (SOPs) and maintaining the CERC annex, should not be neglected. The matrix might include individuals/offices/teams not under jurisdictional control, if they have defined responsibilities for responding to emergencies that might occur in the jurisdiction.

In this section, CERC-related roles and responsibilities of the CHD staff are often organized by emergency management phases (preparedness, response, recovery and mitigation). Often, this section outlines the communication responsibilities of the CHD director or administrator, public information officer (PIO), senior level subject matter experts (SMEs), ESF8 Emergency Coordinating Officer (if activated and not the CHD Administrator or Director), and other important individuals like the Point of Dispensing (POD) manager, who may provide important information for the public, which should be provided to the PIO and CHD director or administrator, if the Strategic National Stockpile (SNS) is activated.

A. PREPARE

- 1. CHD DIRECTOR OR ADMINISTRATOR**
- 2. PIO AND HEALTH EDUCATOR**
- 3. ESF8 ECO**
- 4. SMEs**
- 5. POD MANAGER**

B. RESPOND

- 1. CHD DIRECTOR OR ADMINISTRATOR**
- 2. PIO AND HEALTH EDUCATOR**
- 3. ESF8 ECO**
- 4. SMEs**
- 5. POD MANAGER**

C. RECOVERY

- 1. CHD DIRECTOR OR ADMINISTRATOR**
- 2. PIO AND HEALTH EDUCATOR**
- 3. ESF8 ECO**
- 4. SMEs**
- 5. POD MANAGER**

D. MITIGATION

1. CHD DIRECTOR OR ADMINISTRATOR
2. PIO AND HEALTH EDUCATOR
3. ESF8 ECO
4. SMES
5. POD MANAGER

VI. DIRECTION, CONTROL AND COORDINATION

This section describes the framework for all direction, control, and coordination activities. This section should include a clear process for developing, validating, and releasing timely and accurate information to the public, including to vulnerable populations. It should include procedures for monitoring the news media (including social media like Facebook, Twitter and blogs) and responding to rumors. This section also provides information on how the CHD CERC annex nests into the CHD EOP, aligns with the state DOH communications structure (and or state CERC annex), and coordinates communication activities with county emergency management (for example, in a Joint Information Center (JIC), if activated) and those of other local response partners. Details about a CHD's role in an Emergency Operations Center (EOC) would be outlined in Standard Operating Procedures (SOPs), which would be an appendix to a CHD CERC annex.

VII. INFORMATION COLLECTION AND DISSEMINATION

This section describes the required critical or essential information common to communication operations identified during the planning process. In general terms, it identifies the type of information often needed during a public health incident (e.g. emergency room visits with reported influenza like illness (ILI)), where it is expected to come from (e.g. the ESSENCE surveillance system), who uses the information (e.g. Epidemiologists, to identify outbreaks), how the information is shared, the format for providing the information, and any specific times the information is needed. This section must address before, during, and after-event information needs. State and Local prevention and protection assets must collect and disseminate information in close cooperation with each other. More details about information collection and dissemination will be in the Direction, Control, and Coordination sections of the Florida Department of Health EOP and CHD EOPs.

VIII. COMMUNICATIONS

This section describes the communication methods or vehicles (e.g. FDENS, email, phone, fax, listservs) and procedures used during emergencies and disasters. Information in this section includes: 1) What partners will be notified? 2) How will partners be notified? 3) Who should notify which partners? 3) How do you confirm receipt of the message? 4) What procedures are in place to ensure that communication will work properly during an emergency (e.g. lists are updated monthly). This section may be expanded through the use of a separate Alert & Notification Annex or appendixes to the CERC Annex in the form of SOPs and field guides. This section does not describe communications hardware. A separate *interoperable communications plan or annex should summarize and describe communications hardware and protocols.*

A. INTRA-AGENCY (e.g. methods and procedures used to communicate outside the CHD like hospitals, EOC, and Red Cross).

B. INTER-AGENCY (e.g. methods and procedures used to communicate within the CHD like staff distribution lists).

IX. ADMINISTRATION, FINANCE AND LOGISTICS

This section covers general support requirements and the availability of services and support for emergencies, as well as general policies for managing resources. Very likely, this information is located in a CHD base Emergency Operations Plan (EOP) - however, this section can address specific details relating to the administration, finance and logistics of communications activities.

V. PLAN DEVELOPMENT AND MAINTENANCE

The overall approach to planning and the assignment of CHD CERC annex or plan development and maintenance responsibilities are discussed in this section. This section should: 1) describe the planning process and participants in that process; 2) assign responsibility for the overall planning and coordination to a specific person; and 3) outline a regular cycle of testing, reviewing, and updating the annex. These development and maintenance procedures for the CHD CERC Annex should align with CHD EOP procedures.

VI. AUTHORITIES & REFERENCES

This section provides the legal basis for emergency operations and activities. This section of the plan includes the following: 1) lists of local, state and federal laws, statutes, ordinances, executive orders, regulations, and formal agreements relevant to emergencies; 2) specification of the extent and limits of the emergency authorities granted to senior officials, including the conditions under which these authorities become effective, and when they would be terminated; 3) pre-delegation of emergency authorities (i.e., enabling measures sufficient to ensure that specific emergency-related authorities can be exercised by the elected or appointed leadership or their designated successors); and 4) provisions for the COOP (e.g., the succession of decision-making authority and operational control) to ensure that critical emergency functions can be performed.

A. LOCAL AND REGIONAL LAWS/STATUTES/ORDINANCES

B. STATE LAWS/STATUTES/ORDINANCES

For example, Chapter 252 of the Florida Statutes: "The Emergency Management Act."

C. FEDERAL LAWS/STATUTES/ORDINANCES

For example, the Stafford Act.

VII. RECORD OF CHANGES AND DISTRIBUTION

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This section documents when changes are received and entered into the plan.

VIII. ATTACHMENTS (AS NEEDED)

A. ACRONYMS & ABBREVIATIONS

B. TERMS & DEFINITIONS

C. TABLE OF ORGANIZATION

D. RESPONSIBILITY MATRIX

This attachment can summarize which individuals and organizations have primary or secondary support role for communications response functions. Your local County Emergency Management Plan (CEMP) and CHD Emergency Operations Plan (EOP) may have some communication roles and responsibilities from which you can build. Beyond the key response and recovery roles and responsibilities, include tasks that need to be accomplished during the preparedness and mitigation phases of an incident, which will optimize response/recovery efforts. Ask your county/regional planner and PIO if your county has Joint Information Center/Joint Information System (JIC/JIS) protocols that you can review in creating these sections of your plan.

E. APPROVAL PROCESS/CHECKLIST FOR DEVELOPING, VERIFYING AND RELEASING INFORMATION

Consider the following staff's role in the approval process: 1) CHD Director/Administrator; 2) Public Information Officer; 3) Subject Matter Experts (SMEs); 4) Local ESF8 Incident Commander (who may be different than CHD Dir/Adm); 5) Joint Information Center (JIC) if activated. Also consider approval contingencies for situations involving concurrent crises (e.g. ESF8 activation, COOP activation, staff absenteeism due to illness). Lastly, specify if staff may delegate others the authority to approve information prior to its release.

F. NOTIFICATION CALL-DOWN LISTS

A call down list should not only include CHD leadership, but a partner notification list that includes partners like: County leadership; Healthcare providers and facilities; Public Information Officers (PIOs) in other agencies/associations; School and university systems; Military bases; major businesses in the area; Media outlets; and Other Emergency response partners. Notification methods will depend on the following factors: Magnitude of the hazard risk; Length of warning time available; Human and equipment resources available for notification; Need to receive direct confirmation of warning messages from those exposed to life threatening effects. When identifying notification methods, consider the role of the following vehicles: Electronic media outlets (TV, radio); Printed media (newspapers); an Emergency Alert System; County EOC Web Page; Billboards; Bus signs; Vehicle Loud Speaker; Phone calls; and Door-to-door. The vehicles used will differ based on the size and type of a community (e.g. rural v. urban).

G. STANDARD OPERATING PROCEDURES (SOPs)

An annex should have SOPs for how to monitor media reports and respond to rumors. This is also where you could provide the Standard Operating Guidelines or Procedures for a JIC, as well as a copy of the FDOH Social Media Guidelines.

H. JOB ACTION SHEETS

Job Action Sheets should be completed for positions like the PIO, the Rumor Control Specialist, and others. See sample below.

Sample: Public Information Officer Job Action Sheet

Your Position Title: Public Information Officer (PIO)
Person You Report To: Incident Commander
People Who Report To You: Assistant Public Information Officer and others, as assigned
Skills Required: Knowledge of and experience in communications and media relations; ability to quickly analyze situations and remain calm in crises; good judgment; people skills; good oral and written communication skills; good understanding of electronic communications, including social media and SMS text messaging
Responsibilities: Responsible for the content and release of information regarding the incident to the media, other agencies and the public.

Actions:

- _ Receive appointment from Incident Commander.
- _ Read this entire job action sheet.
- _ Obtain briefing and identify restrictions in content of news release information from Incident Commander.
- _ Establish a public information area away from incident command post and other activities area.
- _ Participate in planning meetings.
- _ Collect accurate and timely public health information and translate it into a language easily understood by media, public, stakeholders and partners.
- _ Ensure that all news releases have the approval of the Incident Commander and/or JIC Manager.
- _ Prepare and issue initial incident information report to the news media.
- _ Inform on-site media and PIO staff of accessible and restricted media areas.
- _ Accompany media when they go on-site.
- _ Coordinate with Safety Officer on issues including, but not limited to, on-site media preparations and visits.
- _ Contact other at-scene agencies to coordinate released information with respective PIOs. Inform Liaison Officer of action.

- _ Identify subject matter expert spokespersons.
- _ Arrange for interviews, teleconferences, video conferences, satellite broadcasts, web site updates, faxes, etc. upon approval by the Incident Commander and/or JIC Manager and/or Health Department Director.
- _ Coordinate, develop and distribute public information messages to community partners, residents, and vulnerable, hard-to-reach and special needs populations.
- _ Execute support tasks that keep the information flowing.
- _ Monitor news coverage to ensure that accurate information is being disseminated.
- _ Promptly correct rumors, inaccuracies and misperceptions.
- _ Monitor incident as to the need to modify or change public alerts or risk communications.
- _ Direct ongoing evaluation of message contents.
- _ Approve initial and updated messaging for interviews, hotlines, etc.
- _ Review progress reports from section chiefs, as appropriate.
- _ Issue incident status updates to media.
- _ Observe PIO staff, if any, for signs of stress and provide rest periods and relief as needed.
- _ Maintain public information activity and call logs.
- _ Complete form 214 at end of shift and deliver to Documentation Unit*.
- _ Prepare end of shift report and present to oncoming PIO.
- _ Plan for the possibility of extended deployment.

Media Activity Documentation:

During the course of an emergency event, it is important to document media activities. The reasons are practical: it will help lessen the chaos of the Public Information Office, one person will not be relied upon to know what was sent out and when, and it is often required for state and federal reimbursement for emergency operations.

To insure adequate documentation for coordination and fiscal purposes, the following documentation will be maintained:

- PIO staff will maintain hard copy or computerized activity/call logs. Give copy of all logs and material used to Documentation Unit* at end of shift.
- Place copies of all news advisories, releases and statements in a news media information folder.
- Staff will sign in and out to document hours worked during emergency.

*The Documentation Unit is part of the Planning Section.

I. MEDIA LISTS

Provide an updated Media Contact List, including non-English speaking media and those that serve vulnerable populations (including people with disabilities, access and functional needs), accompanied by a procedure for keeping the list current and accurate. Ensure the list includes TV, radio, newspapers, internet and social media and venues for the visually, hearing and cognitive-impaired.

J. STOCK MESSAGES FOR SPECIFIC HAZARDS

Provide samples of two or more public messages or alerts (e.g. pre-approved news releases, advisories, email alerts). Emphasis should be on all-hazards messaging, based on Florida specific scenarios and county specific hazards. For example, do you have sample messages for the following hazards: 1) General ALL-hazards incidents or events (e.g. handwashing, preparedness guide); 2) Biological (pan flu, smallpox); 3) Chemical; 4) Radiological; and 5) Severe Weather (e.g. hurricanes, tornados, wildfires)?

K. TRAINING AND EXERCISE PLAN

Each County Health Department will use different methods and schedules to conduct and evaluate an exercise of this plan. Describe how frequently each phase of the emergency management (preparedness, response, recovery, and mitigation) are exercised (i.e. monthly, quarterly, annually). The DOH state CERC annex has a description of CHD PIO training recommendations that can be referenced in this section.

L. CRISIS AND EMERGENCY RISK COMMUNICATION TEMPLATES AND RESOURCES

This section can contain any resources you think might be helpful to the person charged with implementing the plan during a public health emergency. The FDOH Office of Communications and Information Management Branch / Unit (IMB-IMU) encourages you to utilize the ***Crisis and Emergency Risk Communications (CERC) Portal*** as a comprehensive repository for messaging and resources, located on the Agency's intranet page at <http://dohiws/Divisions/DEMO/CommsCERC/commhome.html>. The FDOH Office of Communications also maintains the ***Communications SharePoint Directory***, a redundancy to the CERC Portal, located at <http://sec.sharepoint.doh.ad.state.fl.us/comm/default.aspx>. A resource example is the "77 Most Commonly Asked Questions by the Media During a Crisis", which is listed in the FDOH CERC Annex.

RESOURCES AND BEST PRACTICES

State

- Florida Department of Health, Bureau of Preparedness and Response website: <http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/index.html>.
- Florida Department of Health, Office of Communications. Sample CERC messages and other communication tools and resources are available on the office's CERC Portal at <http://dohiws/Divisions/DEMO/CommsCERC/commhome.html> or SharePoint site: <http://sec.sharepoint.doh.ad.state.fl.us/comm/default.aspx>.
- Resources on vulnerable populations, including a communication tool kit and county specific data is available at <http://www.doh.state.fl.us/demo/BPR/VulnerablePopulations.html>.
- Florida Department of Health, Bureau of Preparedness and Response, Planning SharePoint site: <http://adminapps2.doh.ad.state.fl.us/EmergencyPlanWebSearch/Pages/SearchPolicy.aspx>.

Federal

- *Developing and Maintaining State, Territorial, Tribal, and Local Government Emergency Plans*, FEMA, January 2009. This document is also known as the Comprehensive Preparedness Guide (CPG) 101.
- *Crisis and Emergency Risk Communication*, Centers for Disease Control and Prevention, September 2012.
- *Crisis and Emergency Risk Communications, Pandemic Influenza*, Centers for Disease Control and Prevention, October 2007
- *Public Affairs Field Guide for Joint Field Office Operations*, July 2008.
- *Terrorism and Other Public Health Emergencies: A Field Guide for Media*, U.S. Department of Health and Human Services, February 2006.
- *Effective Media Communication during Public Health Emergencies*, World Health Organization, July 2005.
- *7 Steps to Effective Media Communication During Public Health Emergencies*, World Health Organization, 2005.
- *Outbreak Communication Guidelines*, World Health Organization, 2005.
- *Communicating in a Crisis: Risk Communication Guidelines for Public Officials*, U.S. Department of Health and Human Services, 2002.

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