

Chapter 9 Pandemic Communications Plan

9.0 INTRODUCTION

The Niagara Region Public Health Department will lead public health communications for our community, in concert with the Ministry of Health and Long-Term Care and key stakeholders (i.e. Niagara Health System). In order to support this leadership role, communication objectives, principles and accountabilities have been clearly outlined in the event of a pandemic.

Multiple communication methods will be employed to ensure that information conveyed is transparent, accessible, accurate, and real time, in order to assist residents, businesses, the health care sector, and other community stakeholders with their pandemic response.

9.1 OBJECTIVES

- Niagara Region Public Health Department (NRPHD) will link to, and liaise with, the Ministry of Health and Long-Term Care (MOHLTC), Health Canada, and established regional networks.
- NRPHD will ensure open, transparent, and supportive communications with the Niagara Health System, West Lincoln Memorial Hospital, and Hotel Dieu Shaver Health and Rehabilitation Centre, as the lead health care providers for Niagara.
- NRPHD will ensure that health care workers and essential services workers have access to real time information to assist with pandemic response.
- NRPHD will be the lead organization for public and stakeholder communications within Niagara, pertaining to health-related communications.
- NRPHD communications will be supported by provincial, national, and international sources, complemented by information from local hospitals and municipal leaders.
- NRPHD will distribute clear, concise, and timely information to the public via multiple communication vehicles.
- NRPHD will be available to provide proactive and reactive advice and information to the broader community and stakeholders.
- NRPHD will establish and identify local community groups/organizations and develop networks and partnerships for the purposes of informing the public.
- NRPHD will convey information, key messages, and information products to local networks/partnerships for distribution to their respective networks.

- Niagara Region Corporate Communications will co-ordinate non-health-related communications to inform residents of changes in regional services (i.e. snow removal, waste collection, etc.).
- Communications strategies and actions will consider the information needs of identified internal and external audiences.
- NRPD will apply key learnings from leading public health and health care reviews, such as the Walker Report and the Campbell Commission on SARS.

9.2 COMMUNICATION PRINCIPLES

Public health risk communication principles must be applied in developing both content and strategy for public communications activities in response to an influenza pandemic.

Key communication principles include the following:

- All communication materials, from all sub-committees, will be approved by the Medical Officer of Health and/or designate, Public Health Department Communications, and the Corporate Communications Strategist, as per the Department Policy X-40 "Media Communications and Co-ordination".
- During all stages of pandemic communications, the Board of Health and the Corporate Management Team will be briefed regularly on activities and developments, in order to assess emergency management actions.
- Essential information will be disseminated promptly through multiple mechanisms.
- Information targeted at the general public will be written and developed for appropriate literacy levels and provided in multi-lingual formats (available via MOHLTC and Health Canada websites) and in formats designed for the disabled (large print, audio, signed TV segments).
- Health care stakeholders will receive daily and/or more frequent information, as it is received by the Ministry of Public Health and Long-Term Care.
- The media and the general public will be provided with regular, up-to-date information.
- Official spokespersons will be credible and will be supported by all parties involved in the crisis.
- Communication activities will be conducted in a manner designed to retain public confidence while minimizing anxiety and disruption, and encouraging vigilance.

9.3 COMMUNICATIONS ACCOUNTABILITIES

The Ontario Pandemic Crisis Communications Toolkit for the Broader Health Sector [September 2006] clearly articulates communication roles and responsibilities for the federal government, provincial government, and local government/public health authorities. The specific activities for the public health authority include the following:

- Implement surveillance and outbreak control measures consistent with provincial guidance.
- Communicate with the Government of Ontario.
- Communicate with health care facilities and emergency responders regarding provincial guidance on health services delivery, outbreak management, and other issues.

Additional activities for the public health authority, as a liaison between the MOHLTC and Niagara, include the following:

- Work with the senior leadership (i.e. CAO, MOH, and Regional Chair) to assist with daily calls with the various branches of the MOHLTC (i.e. communications, operations, etc.).
- Communicate information from the MOHLTC to Niagara organizations.
- Develop key messages and statements.
- Work with internal experts to interpret Important Health Notices (IHN) from the MOHLTC for community stakeholders, and develop content for internal and external stakeholders.
- Distribute materials and information from the MOHLTC to members and community stakeholders.
- Communicate with the media.
- Identify and help prepare primary and secondary spokespeople.
- Determine third-party contacts to use as spokespeople.
- Ensure that media monitoring is in place.
- Provide ongoing and regular updates to senior leadership.

Based on the above, NRPHD has identified the following terms under which Public Health Department communications area will function:

- Distribution of information and key messages will be managed by the Public Health Department, Communications Branch, with support from corporate communications.

- The Incident Management System (IMS) (refer to Appendix E) framework will be applied to pandemic communications and related activities.
- Public Health Department, Communications and Corporate Communications will access the “Communications Plan for Issues and Incidents – Corporate and Departmental Plan” (refer to Appendix G). This plan identifies appropriate responses to issues and incidents and provides the details related to crisis management, roles of Regional staff and Regional Chair, the location of a central communications area, the establishment of a public information centre, etc.
- Health promotion staff may be seconded to provide tactical and administrative support to the Public Health Department, Communications Branch, in order to manage the above activities.

Communication accountabilities will be shared among key public sector communication branches, specifically the Niagara Health System, area schools boards, and post-secondary institutions.

9.4 COMMUNICATIONS COMMITTEES

To address the work that is required to sustain communications over a long period of time, two separate committees have been established. They are as follows:

9.4.1 NIAGARA REGION COMMUNICATIONS SUB-COMMITTEE

Co-chair: Community Development Manager, Public Health Department
Communications Co-ordinator, Public Health Department.

Reports to: Influenza Pandemic Steering Committee.

Members: Public Health professionals, with support from Corporate Communications and the Office of the Regional Chair.

9.4.1.1 Goal of Niagara Region Communications Sub-committee

- Develop a communications plan for the Niagara Region.

9.4.1.2 Objectives

1. Ensure that NRPHD, with MOHLTC support, is prepared to respond to community communication needs (i.e. general public, health care sector, and service providers).

2. Ensure that health care providers have access to transparent, accessible, accurate, real time information that will help them respond to challenges during each phase of the pandemic (as per Appendix 9-A).
3. Provide consistent, co-ordinated, effective, and on-going public and provider communications regarding the pandemic plan and in the event of a pandemic outbreak.
4. Identify the communication activities that must occur during each phase of the pandemic.
5. Develop a plan to meet sustained, intense media demands during the course of the influenza pandemic, and to ensure the materials and means to meet those demands are established, available, and identified.
6. Encourage and assist the Influenza Pandemic Steering Committee with effective collaboration and communication across pandemic planning sub-committees.

9.4.2 PANDEMIC RESPONSE COMMUNICATIONS GROUP (COMMUNITY-BASED)

Co-Chair: Corporate Communications Strategist, Regional Municipality of Niagara
Community Development Manager, Public Health.

Members: Public Sector Communicators Group (as per Appendix 9-B).

9.4.2.1 Goal of Pandemic Response Communications Group

- Support the implementation of communication strategies and plans as defined by this working team.

9.4.2.2 Objectives

1. Strengthen communication channels among public sector communication leads.
2. Provide two-way communication opportunities with stakeholder groups.
3. Assist in educating various targeted audiences about the influenza pandemic, pandemic planning, how to access self-care information, and how to encourage behaviour change to minimize the spread of disease.
4. Share resources to strengthen internal business continuity plans.
5. Assist in promoting influenza immunization to prevent morbidity and mortality in the general population.
6. Maintain public confidence in public services.

9.5 COMMUNICATION METHODS

A number of communication methods will be used to inform the public and stakeholders. A 24-hour clock has been created to co-ordinate daily communication activities (see Appendix F).

The following charts identify the appropriate use of these methods for the intended audiences: one external (i.e. general public and community stakeholders) and one internal (i.e. Niagara Region staff).

9.5.1 EXTERNAL STAKEHOLDERS (GENERAL PUBLIC/COMMUNITY)

Health care providers and emergency responders will need access to all the information conveyed to the general public, including business continuity planning, infection control practices, personal precautions, and general preparedness. External stakeholders include the following:

- Niagara Health System (NHS):
 - NHS locations include Greater Niagara General Hospital, St. Catharines General Hospital, Welland Hospital, Douglas Memorial Hospital, Niagara-on-the-Lake Hospital, and Port Colborne General Hospital.
- West Lincoln Memorial Hospital.
- Hotel Dieu Shaver Health and Rehabilitation Centre.
- Emergency responders (police, fire, ambulance).
- Health professionals and health care facility staff.
- Essential services (i.e. hydro, etc.)
- Family physicians.
- Municipalities directly affected.
- Municipalities not directly affected but impacted.
- Members of provincial and federal parliament.
- Regional and national media.
- Municipal, regional, provincial, and federal governments.
- Medical laboratories.

- Pharmacies.
- Funeral Directors Association of Niagara.
- Key non-governmental associations and organizations.
- Industry representatives.
- Tourism industry.
- Niagara Economic Development Corporation.
- Niagara Regional Housing.
- Niagara Peninsula Conservation Authority.
- Chambers of Commerce.
- Local Business Improvement Associations.
- Information Niagara.
- Faith communities.
- Area employers.
- School boards.
- Private educational institutions.
- Post-secondary institutions.

Communication activities include the following:

Product/Activity	Audiences	Distribution Channel	Pandemic Period
Teleconferences	Local, Provincial, and Federal Contacts (i.e. Niagara Health System)	Telephone line	Phases 1 – 6
Info Line	General Public 905-688-8248, ext. 7765 (password will be published internally)	Telephone line	Phases 1 – 6
Pre-recorded message for the public, including FAQs	General Public 905-688-8248, ext. 7765 (password will be published internally)	Telephone line	Phases 1 – 6

Web pages/Web-casting	General Public Media	Internet World-Wide Web	Phases 1 – 6
Media Relations Activities	Local, National, and International media Niagara Public Sector Communications Network	Media products Media briefings	Phases 2 – 6
Establishment of Public Information Centre(s)	General Public	As per Niagara Region Issues and Incidents Plan	Phases 2 – 6
Paid Ads	General Public	Newspapers, radio, and TV (i.e. CHTV, COGECO)	Phases 2 – 6
Print Products Articles (stock articles for community-based newsletters) Fact sheets Bulletins – hard copies E-Bulletins – electronic copies	General Public and Targeted Audiences (i.e. childcare centres, school newsletters, church bulletins, Municipal Councils, Niagara Public Sector Communication Network)	Newsletters	Phases 1 – 6
Presentations	Municipal Councils Employee Groups Health Care Community Targeted Agencies Physicians	Meetings	Phases 1 – 6
Posters for vaccination clinic times and locations	General Public Niagara Public Sector Communications Network	Direct mail Public Information Centre Workplace Wellness Network	Phases 2 – 4 and updated as needed
Updates/Flyers (on specific issues)	General Public Niagara Public Sector Communications Network	Direct mail to residents	Phases 2 – 6 (as needed)
Mass faxing	Outbreak Emergency Management Database members	Fax through epidemiology	Phases 2 – 6 (as needed)
Dark site	Niagara Health System and Public Health employees	Managed through NRPD communications and Information Systems (IS)	Phases 2 – 6

9.5.2 INTERNAL STAKEHOLDERS

It is recognized that the following audiences will need varying levels of information to perform their work. Communication activities will ensure that the key messages/information meet the needs of the respective audiences. Internal stakeholders include the following:

- Office of the Regional Chair.
- Office of the Chief Administrative Officer.
- Corporate Communications Strategist.
- Members of the Board of Health/Regional Council.
- Corporate Management Team.
- Departmental Senior Management Teams.
- Regional Emergency Operations Control Group.
- Regional Liaison Committee.
- Public Health Department.
- Regional employees.

Communication activities include the following:

Product/Activity	Audiences	Distribution Channel	Pandemic Period
Teleconferences	Staff involved in communication, service delivery, and/or business continuity planning	Telephone line	Phases 1 - 6
Internal Briefings and Updates	Regional Chair and Regional Council Chief Administrative Officer Standing Committees Regional Emergency Control Group Emergency Measures Office Regional employees Public Health Department staff (i.e. Infectious Disease and	Meetings, teleconferences, briefings, and e-mail	Phases 1 - 6

	Vaccine Preventable Disease staff) Community Services Department staff (i.e. Homes for the Aged)		
Presentations	Regional Council Public Health and Social Services Committee Public Health Department staff Community Services Department staff Regional employees	Meetings	Phases 1 - 6
E-Bulletins	Regional employees	E-mail	Phases 1 - 6
Regional web-site	Regional employees	IS staff	Phases 1 - 6
Intranet Web Pages (SHERPA)	Regional employees	IS staff	Phases 1 - 6
Staff Info Telephone Line	Regional Employees	Telephone Line	Phases 1 - 6
Internal e-mail account for two-way communication	Regional Employees	E-mail account	Phases 1 - 6
Articles for newsletters	Department and Regional employee newsletters	Submissions to editors of newsletters	Phases 1 - 6

9.5.3 MISINFORMATION AND RUMOUR MANAGEMENT

Several steps must be taken to stop rumour development and to control the spread of misinformation.

- First and foremost, communications must remain consistently proactive, transparent, and timely.
- Secondly, media coverage must be evaluated on a daily basis. This includes analyzing hard news coverage, editorials, and letters to the editor.
- Finally, those responsible for communications must anticipate public sentiment and explain public risk to manage potential sources of misinformation. This requires developing new key messages for spokespeople and establishing the proper vehicles and channels to disseminate the information.

APPENDIX 9-A: PANDEMIC PHASES

For all phases of pandemic communications, similar communications vehicles, channels and distribution methods will be used to reach target audiences. The pandemic phases described below are those adopted by Health Canada, from the World Health Organization (WHO).

Interpandemic Period

Phase 1 – No new influenza virus subtypes have been detected in humans.

Phase 2 – A circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

Phase 3 – Human infection(s) with a new subtype, but no human-to-human spread or spread to a close contact only.

Phase 4 – Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5 – Large cluster(s), but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.

Pandemic Period

Phase 6 – Increased and sustained transmission in general population.

1) Local Communication Activities by Phase

Phase 1:

- Work with professional organizations and labour associations to promote Universal Influenza Immunization to the public and to health care workers (HCW).
- Ensure that all educational materials for the public and HCWs on influenza are accurate, up to date, and accessible (i.e. languages, literacy level).
- Continue to reinforce the importance of prevention/mitigation activities.
- Continue to work with MOHLTC to improve communication/information infrastructure.

- Participate in annual pandemic simulation exercise and use results to refine MOHLTC Crisis and Risk Communications Response Plan and the Regional Communications Plan.
- Work with MOHLTC to establish procedures to ensure that all information is accurate at the time at which it is released.
- Circulate copies of the Niagara Region Influenza Pandemic Response Plan and associated contingency plans to key stakeholders.
- Post Niagara Region Influenza Pandemic Plan on the Regional website for public use.
- Update SHERPA site for Regional staff and pandemic sub-committee members.
- Develop and maintain a stakeholder database (i.e. outbreak/emergency measures database – epidemiology), including their preferred method of communication.
- Raise awareness among key partners of pandemic preparedness through the following:
 - Reports to Public Health and Social Services Committee (PHSSC).
 - Meetings with pandemic sub-committee chairs and Influenza Pandemic Steering Committee.
 - Presentations at the three main hospital corporation's medical grand rounds.
- Work with the Public Sector Communicators Group.
- Strengthen relationships with local media outlets to support the communication network for ongoing dissemination of public information.

Phase 2:

- Continue phase 1 activities.

Phase 3:

- Review, and if necessary, refine local communication plans.
- Confirm when and what to communicate to the public, health care workers, workplaces, and other audiences, focusing on existing influenza prevention methods and WHO/PHAC updates.
- Review, and if necessary, update pandemic contact list.

Phase 4:

- Continue phase 3 activities.
- Confirm local spokespeople and back-up personnel for a pandemic.
- Provide crisis communication training.
- Confirm that local health facilities have updated pandemic/internal business continuity plans.
- Verify list of stakeholder and media contacts.
- Confirm translation requirements.

Phase 5:

- Work with MOHLTC to develop public education messages, and define the role of spokespersons.
- Participate in crisis communication network.
- Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders, and employees.

Phase 6:

- Activate crisis communication plan.
- Distribute fact sheets.
- Continue regular communication with communication partners.
- Provide information in real-time to HCWs, media, and the public regarding Ontario's level of readiness, possible decreases in service, and alternate care sites.
- Provide regular updates to Joint Health and Safety Committees and vice versa.
- Update annual multimedia campaign promoting Universal Influenza Immunization Plan (UIIP), adding information about current influenza activity.
- Continue to work with MOHLTC to provide consistent messages.
- Continue to provide information/updates to HCWs, the media, and the public.

- Work in partnership with the Public Sector Communicators Group.
- Gather information from the field and use that to inform/refine the communications plan.
- Monitor effectiveness of local communication strategy and modify as required.

End of First Pandemic Wave, Pandemic Subsiding

- Identify lessons learned.
- Evaluate local communication response.

Postpandemic Period

- Revise pandemic communications plan, based on experience.
- Return to Phase 1 activities.

APPENDIX 9-B: PUBLIC SECTOR COMMUNICATORS MEMBERSHIP LIST

This confidential membership list may be requested through
the Public Health Department, Communications.

APPENDIX 9-C: NIAGARA REGION MEDIA CONTACT LIST

This confidential media list may be requested through
the Public Health Department, Communications

APPENDIX 9-D: MEDIA TEMPLATES



MEDIA RELEASE

Title

NIAGARA REGION, <Month, date, year> - <Introductory paragraph>

-30-

Contact:
<insert name here>
<insert title here>
<insert phone # here>



MEDIA ADVISORY

Title

NIAGARA REGION, <Month, date, year> - <Introductory paragraph>

Include information for the following (place in appropriate order):

WHO:

WHAT:

WHERE:

WHEN:

WHY:

-30-

Contact:

<insert name here>

<insert title here>

<insert phone # here>

EMAIL DISTRIBUTION CHECKLIST

This section to be completed by Corporate Communications

MEDIA RELEASE	MR# _____
MEDIA ADVISORY	MA# _____
PUBLIC SERVICE ANNOUNCEMENT	PSA# _____

SUBJECT: (please complete)

- Media one (Niagara and Hamilton area) FAX: 905-871-4500 (H. Rosentani)**
 - Media A (Niagara Dailies, Hamilton Spec, and Radio)
 - Media B (Weeklies)
- Media two (Toronto area)**
- Media three (New York State)** Completed
- Regional Chair and Executive Assistant** Completed
- CAO & The Regional Clerk** Completed
- Regional Councillors** Completed
- Customer Service Representative/Dispatch (Regional Headquarters Switchboard)** Completed
- Department(s) Switchboard staff**
 - Name:
 - Niagara Recycling
 - Community Services Completed
- Website/Sherpa site** Completed

OTHER BOARDS/AGENCIES

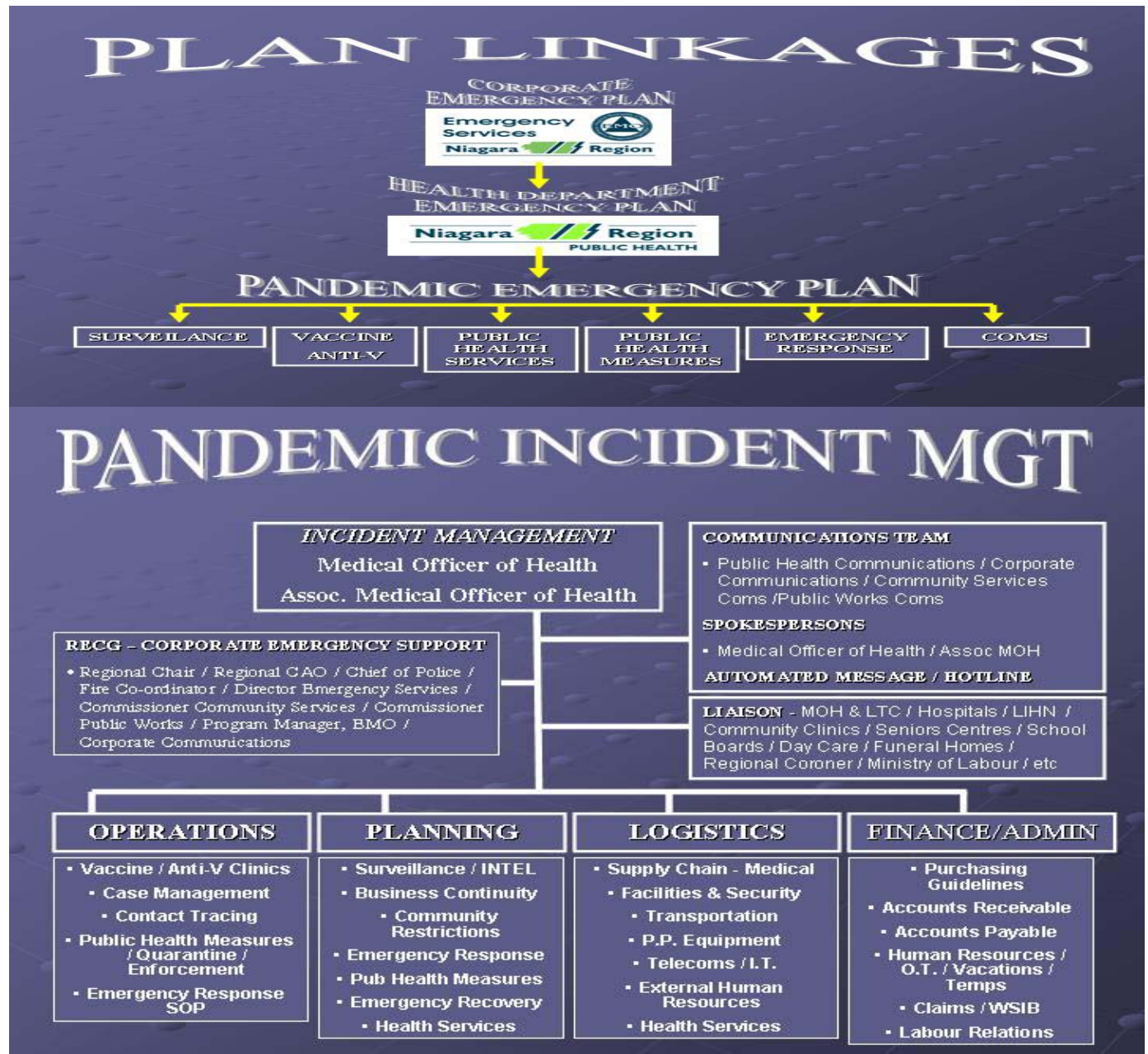
- Niagara Regional Police Communications (FAX)
- Sal Basilone, NRP Media Relations Officer
- Niagara Regional Housing
- NPCA
- NEDC Completed
- Municipalities**
 - Clerk's
 - CAOs Completed
- Chambers of Commerce** Completed
- MPs/MPPs** Completed

Other: Please provide all names

Date to be released:

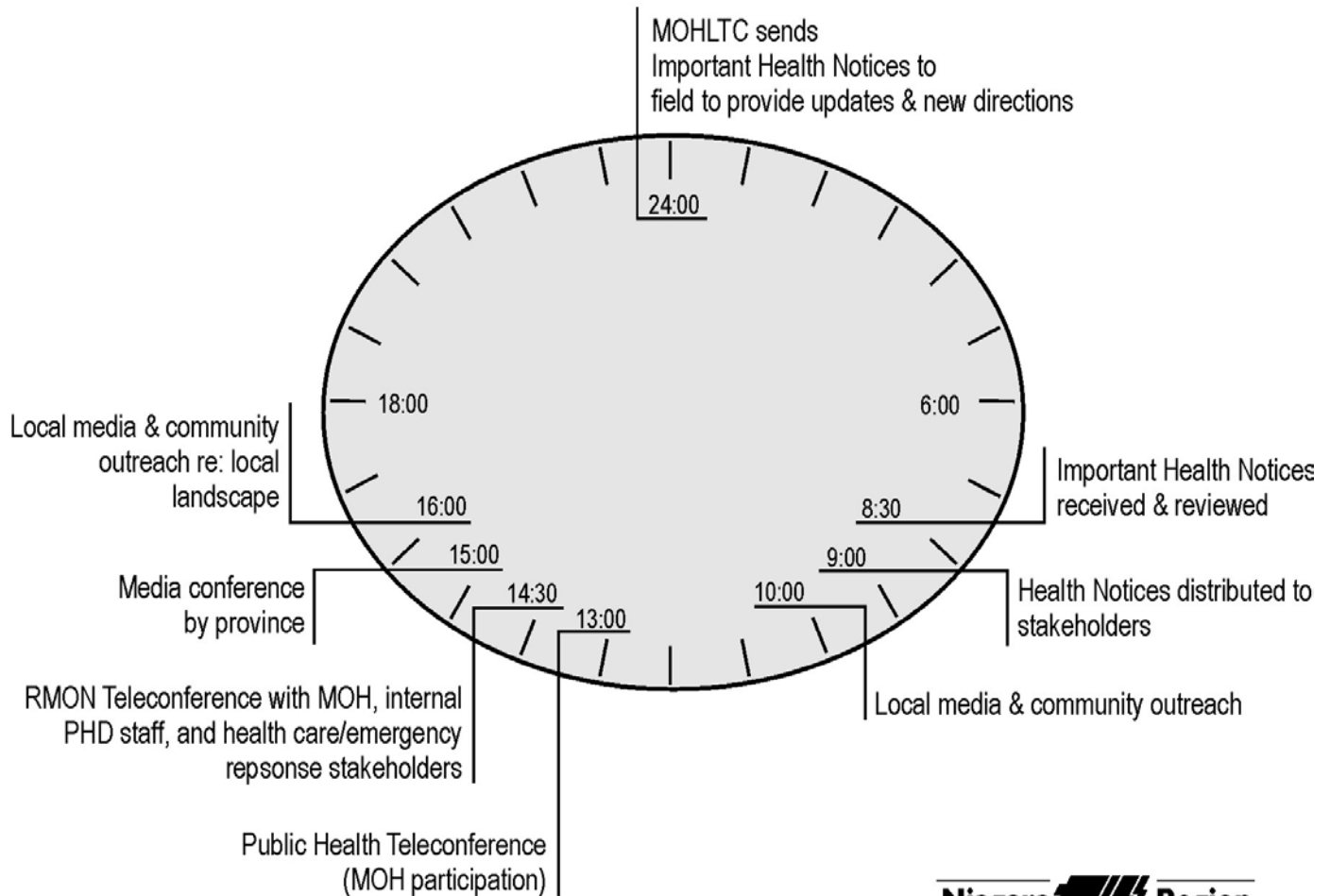
Time to be released:

APPENDIX 9-E: INCIDENT MANAGEMENT STRUCTURE, PANDEMIC



APPENDIX 9-F: NIAGARA REGION INFORMATION FLOW - DRAFT

RMON Information Cycle



APPENDIX 9-G: COMMUNICATIONS PLAN FOR ISSUES AND INCIDENTS

Under development.