

## **Chapter 6: Communications**

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## Chapter 6: Communications

### 1.0 Introduction

Communication is an extremely important aspect of outbreak and crisis management. Clear, concise and timely messages from a credible source using multiple delivery methods is critical before, during and after a pandemic influenza. Renfrew County & District Health Unit will be the lead organization for public and professional communication within Renfrew County & District. Communications from RCDHU will be supported by provincial, national and international sources and information from local hospitals, long-term care homes and municipal leaders. Communications will be directed to the general public and to health care providers. As well effective communication between those leading the community pandemic response is crucial.

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### 2.0 Core Communications

The communication strategy addresses a number of areas critical to successful public and stakeholder communications before, during and after a pandemic. Core goals, objectives, strategies, key messages and audiences, key spokespersons, and media relations are identified. Specific actions required during the pandemic alert, pandemic and post pandemic periods are described.

The information needs of internal, external and stakeholder audiences are considered in each phase to prepare appropriate messages and information products, and determine strategies. Risk (or crisis) communications principles are incorporated in each phase.

This communication plan has been developed with consideration of our partners in the community, health sectors and governments at all levels to ensure the common goal of improved readiness to protect the health of the population. It is aligned with the provincial, federal and World Health Organization (WHO) communication plans.

#### Core Goals

- Clearly explain and promote the Renfrew County & District Pandemic Influenza Plan
- Provide information to the public and stakeholders to assist them in making the best possible decisions about their well-being during all phases of a pandemic

#### Core Objectives

- Establish a broad network for disseminating information during all pandemic phases
- Provide clear, accurate messaging to all audiences during all pandemic phases
- Communicate transparently, accurately and in a timely manner through a variety of methods to reach all audiences

## Core Communications Strategy

The pandemic communication strategy is broken down into three periods, corresponding to the phases of pandemic influenza outbreak as outlined by the WHO. The communication plan will evolve phase by phase, concurrently with the pandemic periods. Each phase or period has its own unique communications requirements. By following a phased-in approach, the communications needs of internal, external and stakeholder audiences can be anticipated and developed. A range of communication activities will be undertaken at each phase. The WHO Pandemic phases are:

- Pandemic Alert Period (phase 3, 4, 5)
- Pandemic Period (phase 6)
- Postpandemic Period

## 3.0 Pandemic Alert Period (Phases 3, 4, 5)

### Pandemic Alert Goals

- Increase awareness of the Renfrew County & District Pandemic Influenza Plan
- Raise awareness of the risks of pandemic influenza and the steps people can take to minimize the spread of pandemic influenza.
- Determine, prepare, test and refine communication channels between RCDHU and its stakeholders

### Pandemic Alert Objectives

- Release and promote Renfrew County & District Pandemic Influenza Plan and encourage feedback
- Develop a social marketing campaign to encourage proactive responses and behaviour change to reduce the spread of infection
- Integrate pandemic influenza communications with broader health, emergency and corporate/divisional communications as well as federal and provincial communications activities (annual influenza campaign, emergency response messages)
- Prepare audiences for the imminent onset of pandemic, particularly during Phase 5

### Pandemic Alert Strategies

Strategies during the pandemic alert period include using a variety of communication vehicles to raise awareness of what Renfrew County & District is doing to prepare for a pandemic and what individuals, businesses and others can do to prepare.

- Web site updates – posting of the Renfrew County & District Pandemic Influenza Plan
- Presentations to the public, health care workers, health care stakeholders, internal audiences, business sector
- Distribution of sector-specific Planning Guides
- Social marketing campaigns on hand washing, cover your cough/sneeze, stay home when ill that will complement the Ministry of Health and Long-Term Care's education campaign Displays on infection control procedures developed for a variety of audiences, e.g. child care, schools, workplaces

Additional communication strategies to be explored include:

- Water bill inserts with hand washing/cover your cough messages
- Direct mail/newspaper inserts to include seasonal newsletter from the Medical Officer of Health for all residents, with pandemic preparedness messages possibly combined with other important health messages
- Newspaper ads
- Public service announcements on pandemic flu preparedness

The Ministry of Health and Long-Term Care is developing a direct public education campaign about the steps to take to reduce the spread of all respiratory illnesses, including influenza (e.g., wash hands frequently, cover your cough/sneeze, stay home when ill). This education is designed to reinforce the importance of good hand and respiratory hygiene, and to encourage public cooperation and compliance with Febrile Related Illness (FRI) screening and other precautions health care settings are now taking to reduce the spread of respiratory illnesses.

### **Pandemic Alert Key Messages**

Key messages during the Pandemic Alert Period will focus on strategies in place to prepare for a pandemic, specifically how Renfrew County and District is building response capacity in all program areas for a pandemic. Key messages will inform the public about the situation and what they can do to protect themselves, for example:

- Renfrew County & District Health Unit and health care organizations are preparing for a pandemic
- Municipalities and emergency response organizations are working on pandemic response plans
- Businesses need to be prepared - we can help you plan
- You can prepare too
- Wash your hands
- Cover your cough
- Stay home if you are ill

### **Pandemic Alert Key Spokespersons**

The key spokesperson for Renfrew County & District Health Unit is the Medical Officer of Health or his/her designate. The focus will be on preparedness during the pandemic alert period.

## **4.0 Pandemic Period (Phase 6)**

### **Pandemic Period Goals**

- Reduce death and illness associated with sustained transmission of a new and virulent strain of influenza in the general population
- Minimize societal and economic disruption

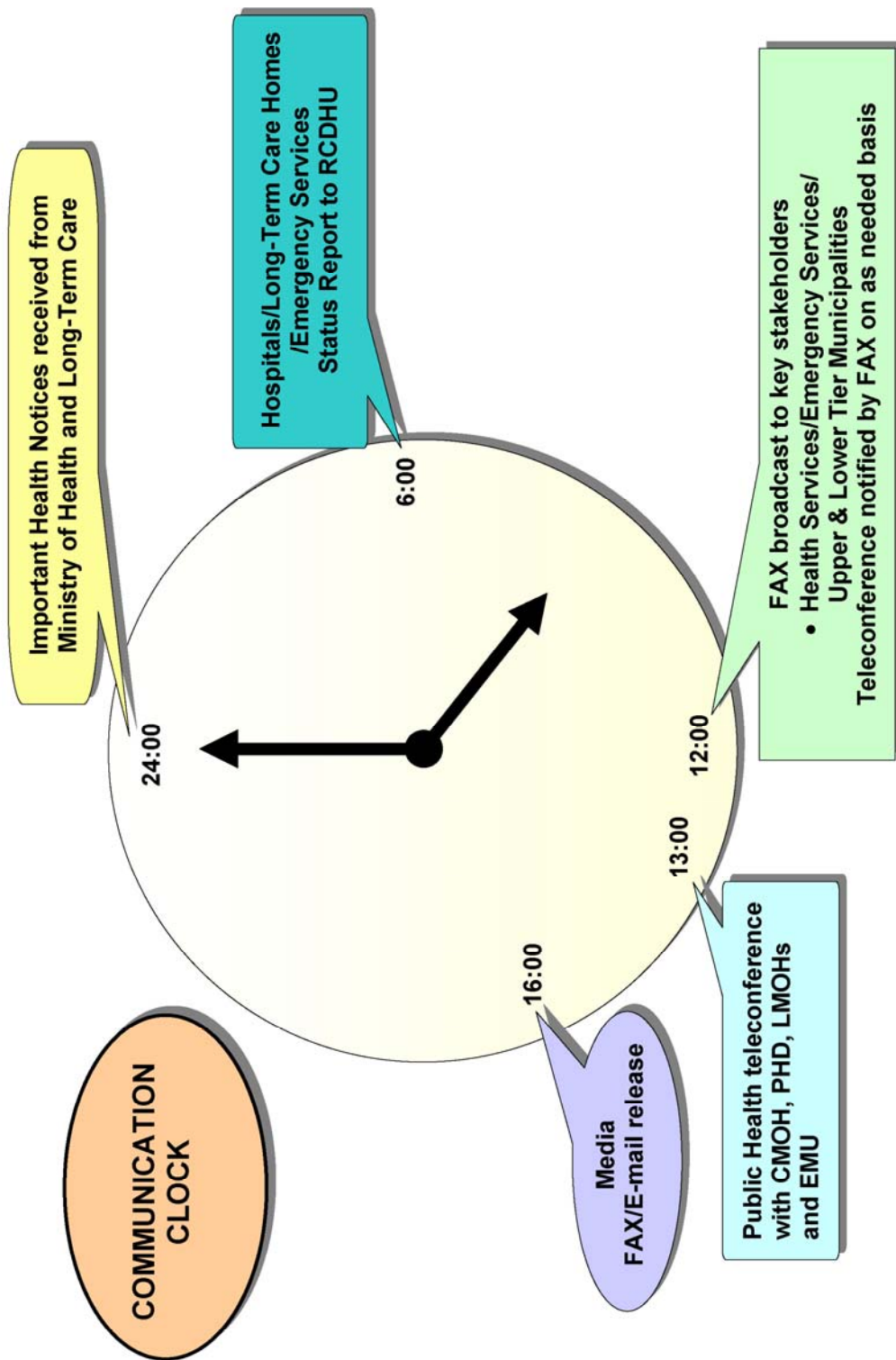
## **Pandemic Period Objectives**

- Provide up-to-date accurate information about the pandemic to both the public and health care workers/stakeholders
- Clarify the roles and responsibilities concerning decision-making authority and how decisions will be communicated
- Outline ongoing surveillance activities
- Communicate the importance of continuing with stringent infection control measures and other public health measures
- Communicate the symptoms of illness and notify health partners, the media and the public, especially seniors, long-term care providers, schools and vulnerable populations

## **Pandemic Period Strategies**

The strategy during the pandemic period Phase 6 will be to assist the public in coping with the pandemic influenza. This includes an explanation of what to expect during this phase of sustained transmission in the general population, including altering behaviours and changes in services for all audiences. Stakeholder communication includes ensuring a timely exchange of information between the Ministry of Health and Long-Term Care (MOHLTC) Ministry Emergency Operations Centre, and sharing relevant information with all stakeholders (e.g. Upper and Lower Tier Municipalities, Hospitals, Long-Term Care Homes and CCAC). See Figure 6.1: Communications Cycle – Pandemic Period.

Figure 6.1: Communications Cycle – Pandemic Period



## Pandemic Period Key Messages

Medical interventions such as vaccines and antiviral drugs will not be available for everyone. Messages will provide information about the distribution of vaccine and antiviral medication and specific things people should know or do to minimize risk and maintain health. For example:

- Renfrew County & District Health Unit is responsible for the distribution and administration of vaccine and antiviral medication in Renfrew County
- Renfrew County & District Health Unit has a strategy to distribute antivirals (e.g. details on how people can obtain vaccine or antiviral medication)
- Updated information on the number of cases (confirmed, suspected and potential)
- Identification of which government level is responsible for which key decisions, programs, services
- Information about self-imposed isolation to protect people from unnecessary exposure
- Infection Control Measures continue – hand washing, "cover your cough" messages
- Business continuity messages (could include health precautions in the workplace, screening, environmental cleaning)
- How to stay healthy at home and at work
- Self diagnosis – symptoms and prevention
- Self treatment – what to do if you or your family get sick
- When to seek medical attention - list and degree of symptoms
- How to seek medical attention - where to go, protocol on how to enter hospital or medical centre
- Caring for the seriously ill
- Death at home - what to do next
- Bereavement counseling and support messages
- Where to go for non-medical help – child care, pets, food
- Assess and publicize the current impact on Renfrew County & District, including reduction of programs
- Detailed information for health professionals
- Acknowledge and thank internal, external and key stakeholders for their efforts and cooperation
- Advise staff on appropriate personal protection

## Pandemic Period Key Spokespersons

The key spokesperson for Renfrew County & District Health Unit is the Medical Officer of Health or his/her designate.

## 5.0 Postpandemic Period

### Postpandemic Goals

- Declare end of emergency operations
- Address public health needs, including grief and post-traumatic stress counseling
- Provide information on the re-establishment of essential public health services
- Acknowledge contribution of all stakeholders and staff



## Postpandemic Objectives

- Join with other stakeholders in public announcements to show a comprehensive approach
- Publicly address community emotions after a pandemic
- Make people aware of uncertainties associated with subsequent waves
- Request and advocate for recovery assistance as required

## Postpandemic Strategies

The strategy during this period is to help people move toward hope for the future through actions they can take and through the actions of all responders to the pandemic. Tactics that support the Renfrew County & District Health Unit strategy for recovery may include:

- Official announcement of end to emergency measures
- Communication to residents and staff regarding the social and economic recovery plans
- Announcements and notifications of gradual restoration of services
- Continued promotion of key health messages - infection control procedures
- Information about possible relapse

## Postpandemic Key Messages

Key messages will inform the public of plans for the gradual return of services. The focus is on recovery and rebuilding. Key messages include:

- Renfrew County & District is recovering from the pandemic
- We are all adjusting to a changed environment
- This has been a difficult time for everyone
- Renfrew County & District Health Unit (RCDHU) will help you and your family as appropriate within our mandate
- Recovery means that residents can again access some of the best public health programs and services in the world - services are increasing
- RCDHU is working closely with partners, stakeholders and the community to improve capacity for community outreach after the pandemic
- RCDHU continues to work with businesses to help with recovery efforts as appropriate within our mandate
- Final death toll, other statistics
- Remembrance messaging

## Postpandemic Key Spokespersons

The key spokesperson for Renfrew County & District Health Unit is the Medical Officer of Health or his/her designate.

## Postpandemic Evaluation

Evaluation of communications in the postpandemic period is an opportunity to review information about how functions and responsibilities have been carried out. It will document the progress made on meeting communications requirements and expectations during each pandemic period.

An overall evaluation report will help identify effective and ineffective services, practices and approaches. By reviewing the communications strategies, tactics and actions Renfrew County & District can develop improved service delivery and determine future objectives for other programs. The evaluation of communications will likely be part of a larger evaluation report on the pandemic response. Evaluating the effectiveness of communications response and reviewing lessons learned will guide future actions.

## **6.0 Communication Tools**

The Ontario Health Pandemic Influenza Plan September 2006 describes a specific Health Sector Crisis Communications Toolkit (figure 6.2) This toolkit was developed by health care stakeholders for the health care sector in Ontario to facilitate communications during a pandemic. In the event of a pandemic, it is essential that communications among and between health care organizations, the Ministry of Health and Long-Term Care and the public be streamlined and coordinated.

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## **12A. Communications Tools**

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### **1. Health Sector Crisis Communications Toolkit**

#### Introduction

1. Trigger: When to Start Using this Toolkit
2. Chain of Command
3. Step by Step: Communications in a Pandemic

Situation Scan

Scenario Planning Grid

New Information Report

Key Audience Grid

Communications Log

Incoming Media Call Log

Stakeholder Communications Checklist

Internal Contact List

### **2. Communication Activities by Pandemic Period and Phase**

### **3. Sample MOHLTC Important Health Notice**

### **4. Sample MOHLTC Fact Sheets**

Figure 6.2

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## Health Sector Crisis Communications Toolkit

This crisis communications toolkit was developed by health care stakeholders for the health sector in Ontario to facilitate communications during a pandemic. In the event of a pandemic, it is essential that communications among and between health care organizations, the Ministry of Health and Long-Term Care and the public be streamlined and coordinated.

### Objectives

The toolkit is designed to:

- foster effective, two-way communications from organizations to and from MOHLTC
- outline the communications tools the ministry will use to reach stakeholders, when those tools will be implemented, and how they will be distributed
- provide a template crisis communications plan for stakeholders and a guideline for communicating during a pandemic
- be incorporated by organizations into their existing crisis plans using an Incident Management System structure
- encourage organizations to develop mechanisms to share critical information with their members during a pandemic.

The toolkit is not intended to provide operational guidance for organizations but to enable them to effectively and efficiently communicate with their members and the Ministry of Health and Long-Term Care regarding operational issues, health and safety matters, communications activities and other pandemic-related topics.

### Terminology

“Organization” (or “sector organization”) denotes the user of the toolkit. It refers to anyone – professional and community organization, health care provider, and labour organization – who may use this toolkit.

“Liaison organization” refers to a specific organization that has been designated as a link between the Ministry of Health and Long-Term Care and the organization’s sector. It serves as a conduit for information to and from the MOHLTC. The liaison organization can be designated by mutual agreement of the other organizations in its sector or, in the absence of agreement, by the MOHLTC. Sectors include but are not limited to: hospitals, physicians, pharmacists, long-term care homes, home-care providers, faith organizations, and nurses.

“Stakeholder” refers to the external individuals or groups with whom an organization must communicate during a pandemic. Stakeholders include: clients, patients, visitors, member organizations and others.

### 1. Trigger: When to start using the Toolkit

Organizations should constantly monitor provincial indicators for a change in pandemic status or phase. These provincial indicators are available at the Emergency Management Unit of the Ministry of Health and Long-Term Care website at:  
[www.health.gov.on.ca/pandemic](http://www.health.gov.on.ca/pandemic).

In the case of a pandemic, organizations should implement their crisis plan at the latest, when this indicator changes to Emergency.

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**Figure 1: Provincial Emergency Indicators**

<p><b>Provincial Status</b> <b>ROUTINE</b></p>	<p>The healthcare system is operating under normal conditions. Under these conditions the ministry maintains ongoing surveillance for abnormal events.</p>
<p><b>Provincial Status</b> <b>ENHANCED</b></p>	<p>An abnormal event, potential or actual emergency has been detected or is in development. Under these conditions the ministry enhances its surveillance and monitoring activities and takes appropriate related actions.</p>
<p><b>Provincial Status</b> <b>EMERGENCY</b></p>	<p>The province is in an emergency response mode. Under these conditions the ministry implements its <u>Ministry Emergency Response Plan (MERP)</u> and activates its Ministry Emergency Operations Centre (MEOC) in order to coordinate the appropriate response activities.</p>
<p><b>Provincial Status</b> <b>RECOVERY</b></p>	<p>The ministry is working to ensure a smooth transition from Enhanced or Emergency Conditions to Routine Conditions.</p>

In the period leading up to the discovery of pandemic influenza in the province, organizations will receive Important Health Notices (IHNs) advising of the changing situation. Organizations can and should implement their crisis plans when their patients, staff, operations or reputation could be affected.

The World Health Organization (WHO) monitors the status of influenza around

the world and declares pandemic alert phases based on the number of cases and the modes of transmission of the illness. The WHO pandemic alert phases are updated on:

[http://www.who.int/csr/disease/avian\\_influenza/phase/en/](http://www.who.int/csr/disease/avian_influenza/phase/en/)

Organizations can also use the WHO phases as the trigger to implement their crisis plans.

## 2. Crisis Communications Team Roles and Responsibilities

Each organization is expected to have a crisis communication team. Team members should have particular skills and experience that will help them communicate and manage the effects of a pandemic on the organization and its

stakeholders. Ideally, crisis communication teams are small and nimble but they have access to additional staff who can gather information and perform duties as required. Each member of the team should have at least one back-up designated in the event the core member cannot perform his/her function.

Liaison organizations will have their own

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crisis communications team. In addition, they will act as a *conduit* of information for their sector. During an influenza pandemic, liaison organizations will take information provided by the MOHLTC and share it with other organizations in their sector, and they will also coordinate and synthesize information received from their sector and communicate this information to the MOHLTC in a timely effective manner. The liaison organization is expected to plan and act in the best

interest of its sector's members and stakeholders. Its' crisis communications team members should have the particular skills and experience that will help manage the effects of a pandemic on the organization itself and on its sector's members and stakeholders.

The roles of the crisis communications teams in both sector organizations and liaison organizations are summarized below and positions should be staffed with individuals with appropriate skills.

**Table 1: Crisis Team Roles and Responsibilities**

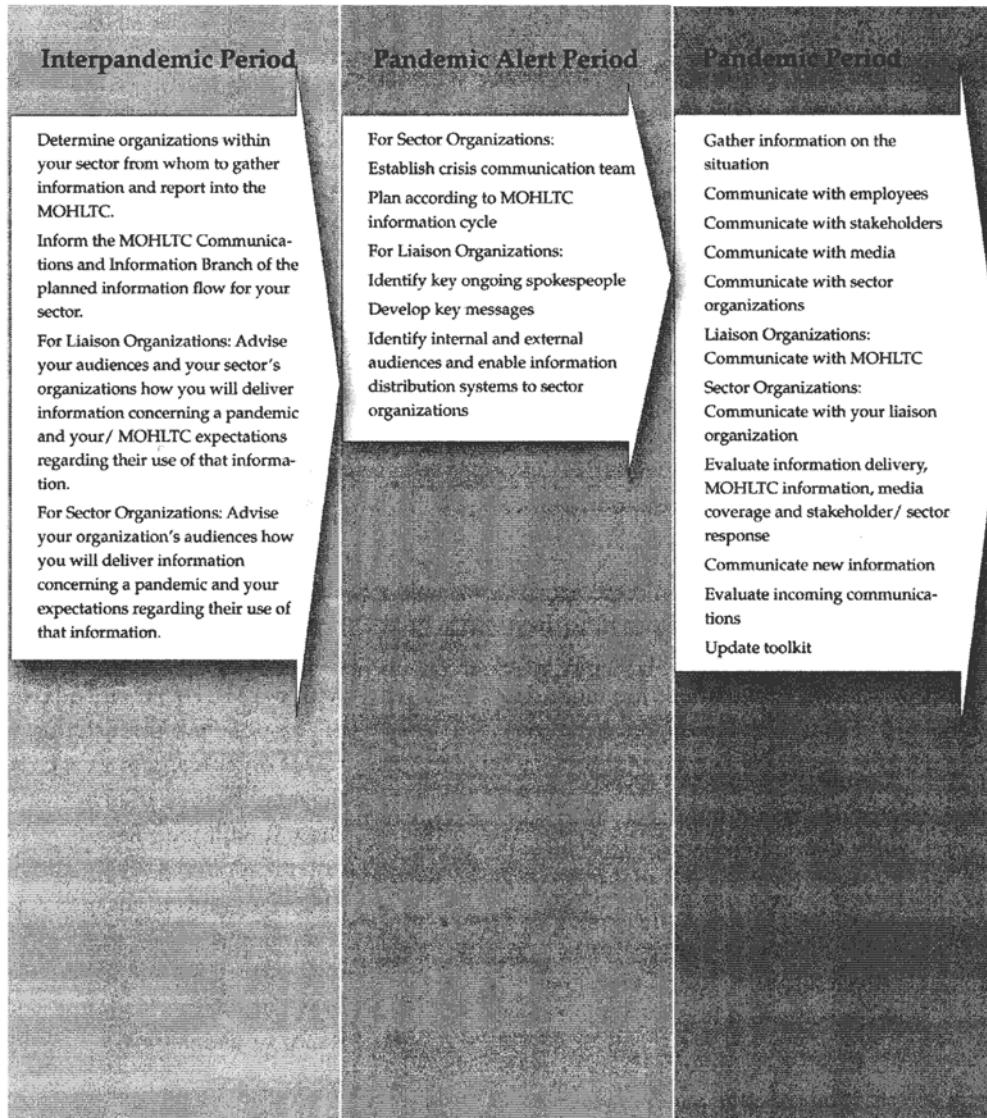
Type of Role	Sector Organization Responsibilities	Liaison Organization Responsibilities
Communications	<p>Works with senior leadership to liaise with the sector's liaison organization.</p> <p>Develops key messages / statements.</p> <p>Works with other internal experts (including Joint Health and Safety Committees or Health and Safety representatives in matters of occupational health and safety to interpret Important Health Notices (IHN) and directives from MOHLTC for the organization's stakeholders and to develop content for internal and external communications.</p> <p>Distributes organization's materials and information from MOHLTC to members.</p> <p>Communicates with media.</p> <p>Identifies and helps prepare primary and back-up spokespeople.</p> <p>Determines third-party contacts to use as spokespeople.</p> <p>Ensures media monitoring is in place.</p> <p>Updates senior leadership.</p>	<p>Works with command during daily calls with various branches of the MOHLTC (communications, operations, and public health).</p> <p>Works with command to communicate information from MOHLTC to the sector's organizations.</p> <p>Develops key messages / statements.</p> <p>Works with other internal experts (including Joint Health and Safety Committees or Health and Safety representatives in matters of occupational health and safety) to interpret Important Health Notices (IHN) from MOHLTC for the organization's stakeholders and the sector's organizations and to develop content for internal and external communications.</p> <p>Distributes organization's materials and information from MOHLTC to members and sector organizations.</p> <p>Communicates with media.</p> <p>Identifies and helps prepare primary and back-up spokespeople.</p> <p>Determines third-party contacts to use as spokespeople.</p> <p>Ensures media monitoring is in place.</p> <p>Updates command.</p>

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### 3. Step-by-Step: Communications in a Pandemic

The following is a step-by-step guide to communicating in a pandemic.

**Figure 3: Communications Preparedness and Response by Pandemic Period**



#### **Before a Pandemic: Prepare**

To ensure clear communications during a pandemic, it is essential to identify information pathways, expectations and reporting mechanisms in advance.

Together with other organizations in your

sector, you should determine:

- which organization will serve as the **liaison organization** with the MOHLTC (If a sector does not identify a single liaison organization, the MOHLTC will designate one)

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- how information from the MOHLTC will be delivered to your sector's stakeholders.

This will help establish who will funnel information into MOHLTC during a pandemic and -- when several organizations communicate with the same key audiences -- where those audiences should look for updated information.

Once the flow of information for your sector is determined, the **liaison organization** should inform MOHLTC Communications and Information Branch and the Liaison Officer at the MEOC of the planned information flow within the sector. Complete contact information (i.e., for the key liaison person and a back-up) should be provided to the MOHLTC Communications and Information Branch Crisis Team Communications Manager.

**Liaison organizations** should advise audiences in their sector about how they will deliver information about a pandemic and what their expectations are regarding the use of that information. For example:

- Are audiences in your sector expected to communicate the information to others?
- If so, in what form, and by when?
- Are audiences in your sector expected to receive and assimilate information and implement activities, as required?
- Are they required to report back to you?
- If so, how?

### **Step One: Get In Front**

#### **Establish/Convene Pandemic Crisis Communications Team**

- Each organization should establish and convene a pandemic crisis communications team with staff

members whose skills meet the needs outlined in the roles and responsibilities outlined above.

### **Step 2: Manage**

#### **Plan According to the MOHLTC Information Cycle**

The Ministry of Health and Long-Term Care has created a 24-hour crisis communications clock that outlines the daily information cycle the ministry will follow in the event of a pandemic. To receive information from and share information with the ministry, your organization should tailor its activities to correspond with this clock (see Chapter 12).

#### **Gather Information on the Situation**

- Evaluate the current situation's impact on employees, patients, visitors, and operations. See the **situation scan** template. Liaison organizations should complete the situation scan in advance of calls with the MOHLTC and advise them of any potential conflict; this means sector organizations must complete the scan for their own operations and share it with their liaison organization in a timely manner. Liaison organizations may consider compiling situation scans for their own operations and for their sector, based on information provided by sector organizations.
- Plan for the worst-case scenario, laying the foundation for addressing issues that may arise (e.g., staffing shortages, technology failures, supply shortages). See the **scenario planning grid**.
- Use the **New Information Report** to record decision and to assess the status of actions at the team's next meeting.



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- Use the communications materials **created and distributed by MOHLTC** to help gather information and plan. See samples plus a description of the materials, when and how they are provided, and for whom they are intended.

#### **Identify Internal and External Audiences and Enable Information Distribution Systems**

- Determine who key audiences are, identify the member of the crisis team responsible for communicating with each audience, by what method and when. Enable the systems required to communicate with each audience (i.e., email distribution lists readied, notification sent to stakeholders to receive information). See **key audience grid**.
- Distribute critical information received from MOHLTC to stakeholders. Important Health Notices (IHNs) are intended for health care providers and are distributed through MOHLTC's email distribution systems, but may not reach all your individual members. Consult your stakeholders to determine if your organization should forward IHNs with practical advice on how to implement the information. Forward IHNs intact, without editing, and provide advice as an introduction. See sample IHN.

#### **Develop Specific Key Messages**

Key messages communicated should:

- Describe the details of the current situation.
- Describe the impact of the situation on your stakeholder audience.

- Describe the action being taken to mitigate the spread of disease and promote treatment.
- Provide contact information for more information or answer questions.

#### **Identify Spokespeople**

- Identify spokespeople based on their knowledge and experience, their ability to connect with the intended audience, and their ability to deliver information in a clear and direct way. Spokespeople should be calm and reassuring while educating audiences about proper methods of protecting themselves, their families, and those who are ill. The person in the "command" role is often the spokesperson; however, in some cases another member may be better suited to the task.
- Identify a back-up spokesperson.

#### **Step 3: Communicate**

Use the **content checklist** to help ensure your communications address all the information recipients need. MOHLTC will be using a similar checklist to help frame the information sent from the ministry to stakeholders.

#### **Communicate with Employees**

- Take the lead role in communicating the details of the situation with employees. Work with Joint Health and Safety Committees or Health and Safety Representatives to communicate the health and safety precautions to be followed to reduce virus spread of the virus and to educate employees about their responsibility to help protect themselves, their families, and those who are ill.

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- Use different methods to communicate with employees (e.g., pay envelopes, by email, on the company intranet, on bulletin boards, by newsletter, by voice recording on a company phone system). Ensure information is available in languages appropriate to the organization's workforce. Share IHNs with employees who are health care providers.
- Time communications with employees to include the most recent information from MOHLTC.

#### **Communicate with Stakeholders**

- Give staff handling calls from and to stakeholder's key messages and **communications logs**. The log should be used to track calls related to the pandemic.
- Forward completed log forms to the crisis team as soon as possible to keep members updated on stakeholders' questions and comments. Use the information to modify key messages. The forms are also helpful when reporting an incident to authorities.
- Include the most recent information from MOHLTC.
- Record feedback and share it through the liaison organization with MOHLTC.
  - Communicate operational matters with the MOHLTC through the MEOC. Call the Healthcare Provider Hotline: calls will be directed to the call centre representative with the appropriate expertise to answer the question(s). The hotline number is 1-866-212-2272.
- Address operational matters during the daily 0830 h call. Communication issues may require a separate call.

#### **Communicate with Media**

Media relations are a key method of communicating in a crisis. Depending on the situation, MOHLTC, the federal government or municipal government(s) will take the lead in communicating about the pandemic to the general public.

- Engage the media directly when:
  - the situation centres around your operations
  - you have to communicate information particular to your sector (e.g., restricting visitors at hospitals or long-term care facilities, reducing home care services)
  - your operations have received media attention that is perceived as unfair, inaccurate or incorrect.
- Plan communications with media with the MOHLTC information cycle in mind.
- Provide additional communication to the general public through:
  - in-store public address systems
  - posters and pamphlets
  - announcements at meetings
  - existing mailings of newsletters or statements.

#### **Communicate with MOHLTC**

- Funnel information to your sector's liaison organization, which will act as a conduit for stakeholder information and input to the MOHLTC. See templates that summarize the type of information critical to the MOHLTC.

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- Complete and share (when appropriate) the situation scan, scenario planning grid, the incoming media call report, and the new information report. Provide these completed forms to the liaison organization before the daily 0830 h call, when the liaison organizations will share the sector's information with the MOHLTC.
- Complete the key audience grid and work within your sector to avoid duplicate outreach. Liaison organizations will share the outreach plan with the MOHLTC as needed.

#### **Step 4: Evaluate Progress**

##### **Evaluate Information Delivery, MOHLTC Information, Media Coverage, Stakeholder Response**

- Scan daily newspapers for stories related to the situation.
- Analyze news coverage for:
  - **Content:** key messages used and understood; quotes from your organization's stakeholders and sector's organizations; pictures; content placement; page number or time of day.
  - **Distribution:** the number and location of media outlets that print/broadcast stories.

##### **Communicate New Information**

Regular communications will help reduce the spread of influenza, help patients get the treatment they need, and protect employees from illness.

- Update key messages as new information becomes available and

communicate new information to the appropriate stakeholders and audiences.

##### **Evaluate Incoming Communications**

- Evaluate quickly the types of requests, their tone and the responses required from the communications logs to identify issues to be addressed.
- Agree within your sector on a deadline to send the list of issues to your liaison organizations – allowing enough time for the liaison organization to summarize them for their regular communications with the MOHLTC. When several organizations identify similar questions or concerns, share this information with the MOHLTC during the daily 0830h call. This information will help shape the tone and content of key messages.
- Act immediately on stakeholder/employee requests for information.
- Review MOHLTC communications and evaluate them based on your organization's needs. Do they contain the right information? Are they in the right format, and in the right languages? Provide feedback through your liaison organization.

##### **Update Crisis Toolkit**

Update the toolkit to include new internal or external contacts, new systems of communications as they are developed, and new sample communications materials.

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**Situation Scan**

Date:
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Activity	How to Address
----------	----------------

Communications with MOHLTC via liaison organization

Are we connected to the conduit organization to provide them with updates or to receive information from the MOHLTC?	
--	--

Employee Health and Safety

Are we following infectious disease protocols?	
--	--

Are we following occupational health and safety legislation and advice?	
---	--

Are we working with the Joint Health and Safety Committee in conducting ongoing risk assessments?	
---	--

Do we have sufficient personal protection supplies?	
---	--

Patient Health and Safety

Are we following infectious disease protocols?	
--	--

Are we admitting visitors?	
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Are we admitting volunteers?	
------------------------------	--

Scheduled External Activities

Do we have executives speaking at events?	
---	--

Do we have an open house or meeting planned	
---	--

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Activity (on or offsite)?	How to Address
Are we conducting media relations for another purpose?	
Are we exhibiting at events or tradeshow?	
<b>Prolonged Crisis Mode</b>	
Do we need to increase staff for 24-hour staffing or to accommodate illness?	
What is our policy for absenteeism due to illness?	
Are we reporting workplace-acquired illnesses to MOL, MOHLTC, and WSIB?	

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## Scenario Planning Grid

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**SCENARIO:**

(e.g., Residents in long-term care homes could get the flu from visitors.)

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**FACTORS WHICH COULD INFLUENCE ISSUE:**

(e.g., Sanitizing stations, gloves and masks may reduce risk of transmission; temporarily restricting visitors or volunteers may reduce risk of transmission.)

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**WORST CURRENT OPERATIONAL THREAT:**

(e.g., Resident dies from flu introduced by visitor; flu spreads to other residents and employees.)

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**KEY PUBLICS AFFECTED:**

(e.g., Residents, their families, employees, volunteers.)

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**BEST PROBABLE OUTCOME:**

(e.g., Receive temporary order from MOHLTC to restrict access.)

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**ACTION TO INFLUENCE:**

(e.g., Liaise with EMU through provider line and during daily calls to request next steps.)

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**CURRENT DATE:**

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## New Information Report

Date:	Time:
Source:	
Situation and New Information:	

Next Steps:

Source Contact:		
Name:		
Title:		
Organization:		
Business Phone:	Cellular Phone:	
Email address:		

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**Key Audience Grid**

Audience	Who's responsible for contacting them?	Method of contact? (e.g., email distribution, phone, meeting, signs)	By when/ How often?
Other organizations in the sector			
Employees			
Joint Health and Safety Committee/Health and Safety Representative			
Patients			
Visitors			
Volunteers			
Suppliers			
Government			
Professional Association			
Labour Organizations			
Media			



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## Communications Log

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**Subject of Communication:**

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**Date:**

**Time:**

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**Stakeholder Contact Information:**

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**Name:**

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**Title (if known):**

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**Company/Organization Name:**

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**E-mail address (if known):**

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**Telephone (if known):**

**Fax (if known):**

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**Method of Contact:**

- Incoming Call     Outgoing Call     E-mail (attached)     Fax (attached)  
 Letter (attached)     In Person

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**Category: (please tick one):**

- Member     Employee     General Public     Government     Other (specify)

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**Specific Questions:**

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**Other Comments:**

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**Your Response: (include what you said, what was promised and/or what expectations were set for information and deadlines)**

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**Your Assessment of Level of Concern: (tick one)**

- High     Low     Neutral

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**Your Name/Position:**

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**SEND TO:**

- Your organization's crisis team
  - Sector organizations send to their sector's liaison organization
  - Liaison organizations send to Crisis Team Command
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### Incoming Media Call Log

\*\*\*FORWARD COMPLETED FORMS TO YOUR ORGANIZATION'S  
CRISIS TEAM MEDIA COMMUNICATIONS CONTACT IMMEDIATELY\*\*\*

Date:

Time:

Media (name of newspaper, radio/TV station):

Reporter's name:

Phone:

Fax:

E-mail:

Reporter's/producer's deadline:

Key questions:

When will the story run?

What information was provided, by whom?

\*\*\* Liaison organizations receiving these forms should share the information with the MOHLTC\*\*\*

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## Stakeholder Communications Checklist

### Content

- Contains information relevant to your stakeholders:

<input type="checkbox"/> Hospitals	<input type="checkbox"/> Emergency services workers
<input type="checkbox"/> Long-term care facilities	<input type="checkbox"/> Laboratory employees
<input type="checkbox"/> Home care providers	<input type="checkbox"/> Pharmacists
<input type="checkbox"/> Doctors	<input type="checkbox"/> Physiotherapists
<input type="checkbox"/> Nurses	<input type="checkbox"/> Faith/support workers
<input type="checkbox"/> Municipal employees	<input type="checkbox"/> Other health care providers
<input type="checkbox"/> Community support services	

- Includes scientific references for information provided
- Provides practical direction to a variety of sectors and health care providers based on the information provided
- Contains information for reaching a contact who can provide clarification

### Format

Addresses language needs:

- English
- French
- Other \_\_\_\_\_

### Logistics:

- Created by \_\_\_\_\_
- Approved by \_\_\_\_\_
- Distributed by:
- Email distribution list: \_\_\_\_\_
- Voicemail distribution list: \_\_\_\_\_

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### Internal Contact List

Name, Title	Phone/Fax	Email	Role

To reach the MOHLTC for clarification on any matter of care or pandemic policy, organizations should phone the MOHLTC Healthcare Providers Hotline at 1-866-212-2272.

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**Communication Roles/Activities by Pandemic Period and Phase**

WHO Pandemic/ Phase	Federal Level	Provincial Level	Local Level
<b>Interpandemic Period: Phase 1</b>  No new influenza virus subtypes have been detected in humans.	Continue to work with partners to improve the F/P/T communication/ information infrastructure.  Continue to publish FluWatch bulletins.  Continue to provide accurate updates on influenza and the pandemic phase for the public and health care workers/ stakeholders.	Continue to actively promote UIIP to the public and health care workers.  Ensure all educational materials on influenza and preventive/ protective practices for the public and health care workers/ stakeholders is accurate and up-to-date.  Continue to reinforce the importance of prevention/ mitigation activities.  Continue to work with federal government and other P/Ts to improve the communication/ information infrastructure.  Run annual pandemic simulation exercise and use results to refine MOHLTC Crisis and Risk Communications Response Plan.  Work with PHAC and HUs to establish procedures to ensure all information is accurate at the time it is released.  Establish performance measures that can be used to evaluate communications activities during a pandemic.	Work with professional organizations and labour associations to actively promote UIIP to the public and health care workers.  Ensure all educational materials for the public and health care workers/ stakeholders on influenza is accurate, up-to-date and accessible (i.e., languages, literacy levels).  Continue to reinforce the importance of prevention/ mitigation activities.  Continue to work with MOHLTC to improve the communication/ information infrastructure.  Work with MOHLTC to establish procedures to ensure all information is accurate at the time it is released.
<b>Interpandemic Period: Phase 2</b>  A circulating animal influenza virus subtype poses a substantial risk of human disease.	Continue Phase 1 activities.  Respond to any media enquiries about the risk.	Continue Phase 1 activities.	Continue phase 1 activities.
<b>Pandemic Alert Period: Phase 3</b>  Human infection(s) with a new subtype, but no human-to-human spread or spread to a close contact only.	Continue Phase 2 activities.  Review and, if necessary refine F/P/T communications plan.	Continue Phase 2 activities.  Review and, if necessary, refine F/P communications plan and MOHLTC Crisis and Risk Communications Response Plan; ensure plans are still consistent with Ontario's emergency response plan.  Alert Crisis Communication Team to be on stand by.  Hold background technical briefings for government, media, external experts, professional organizations, labour associations, and other stakeholders.  Ensure: <ul style="list-style-type: none"> <li>• Telehealth and EMU call centre staff have up-to-date information.</li> <li>• rapid 24 hour translation capability is in place and all responders know how to</li> </ul>	Continue Phase 2 activities.  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 messages and WHO/PHAC updates.  Review and, if necessary, update pandemic contact list.

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WHO Pandemic/ Phase	Federal Level	Provincial Level	Local Level
		access this resource.	
<b>Pandemic Alert Period: Phase 4</b>  Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Continue Phase 3 activities.	Continue Phase 3 activities. Confirm that key stakeholders have appropriate technology to access provincial information Confirm provincial spokespersons and back up personnel for a pandemic and provide crisis communication training. Verify lists of stakeholder and media contacts. Confirm translation requirements. Review and, if necessary revise educational materials about infection control in homes, schools and workplaces. Develop fact sheets, briefing notes and media communications templates in appropriate languages. Work with public health to develop public education messages.	Continue Phase 3 activities. Confirm local spokespersons and back up personnel for a pandemic and provide crisis communication training. Verify lists of stakeholder and media contacts. Confirm translation requirements.
<b>Pandemic Alert Period: Phase 5</b>  Larger 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.	Work with provinces to develop key messages. Review and, if necessary, revise educational materials and guidelines for public health partners and the general public Activate Crisis Communications network.	Work with PHAC to develop key messages. Activate Crisis Communication Plan, Team and network (i.e., MOHLTC, PHAC, public health units, health associations). Provide regular updates using Important Health Notices and website postings, including new /updated case definitions and clinical guidelines. Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders, employees.	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.
<b>Pandemic Period: Phase 6</b>  Increased and sustained transmission in general population.	Provide information updates to provinces. Work with Ontario to hold media and stakeholder briefings with local MOHs, provincial officials and other officials as required.	Provide daily briefings to four key audiences, including in- depth technical briefings for the media when necessary. Initiate regular conference calls with Health Care Stakeholder Council. Continue regular communication with communications partners. Work with PHAC to hold media and stakeholder briefings with local MOHs, provincial officials and other officials, including MOHLTC senior management, as required. Provide regular information/updates in real time to health care workers, media and the public regarding Ontario's: <ul style="list-style-type: none"> <li>• level of readiness</li> <li>• possible decreases in service</li> <li>• alternative care sites.</li> </ul> Review and, if necessary, revise	Activate Crisis Communication Plan. Distribute fact sheets. Continue regular communication with communication partners. Provide information in real time to health care workers, media and the public regarding Ontario's: <ul style="list-style-type: none"> <li>• level of readiness</li> <li>• possible decreases in service</li> <li>• alternative care sites.</li> </ul> Provide regular updates to Joint Health and Safety Committees and receive updates from them as appropriate. Update annual multimedia campaign promoting UIIP, adding information about current influenza activity.

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WHO Pandemic/ Phase	Federal Level	Provincial Level	Local Level
		<p>Telehealth and Infoline messages.</p> <p>Continually update website information.</p> <p>Update annual multimedia campaign promoting UIIP, adding information about current influenza activity.</p>	
<p><b>Pandemic Period: Phase 6 cont.</b></p> <p>Regional and multi-regional epidemics.</p>	<p>Continue to work with P/Ts to provide consistent messages.</p> <p>Monitor effectiveness of communication strategy and modify as required.</p>	<p>Continue to work with PHAC and HUs to provide consistent messages.</p> <p>Continue to implement Crisis and Risk Communication Response Plan.</p> <p>Continue to provide information/ updates to health care workers, the media and the public.</p> <p>Gather information from the field and use that to inform/refine the communications plans.</p> <p>Monitor effectiveness of provincial communication strategy and modify as required.</p>	<p>Continue to work with MOHLTC to provide consistent messages.</p> <p>Continue to provide information/ updates to health care workers, the media and the public.</p> <p>Gather information from the field and use that to inform/refine the communications plan.</p> <p>Monitor effectiveness of local communication strategy and modify as required.</p>
<p><b>Pandemic Period: Phase 6 cont.</b></p> <p>End of First Pandemic Wave; Pandemic Subsiding.</p>	<p>Evaluate federal communications response.</p>	<p>Identify lessons learned.</p> <p>Evaluate provincial communications response.</p> <p>Update public and provide education materials, including scripts for Infoline, Telehealth and public advertising.</p>	<p>Identify lessons learned.</p> <p>Evaluate local communications response.</p>
<p><b>Postpandemic Period return to Phase 1</b></p>	<p>Revise pandemic communications plan based on experience.</p> <p>Return to Phase 1 activities.</p>	<p>Revise pandemic communications plan based on experience.</p> <p>Return to Phase 1 activities.</p>	<p>Revise pandemic communications plan based on experience.</p> <p>Return to Phase 1 activities.</p>