

Utah Pandemic Influenza Response Plan
Public and Risk Communications Plan

DRAFT

Revised December 2010

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Purpose

Communications during an influenza pandemic will be critical. Challenges include assuring unified and coordinated messages to the public as well as to responders and healthcare professionals. This plan will identify the entities that need to receive timely and accurate communications, describe the messages that will be developed, identify when these messages should be sent, and describe the process whereby communications will occur with the media. The sister communications plan, “Operational Communications and Coordination Plan,” will describe the process whereby communications will occur with partner agencies.

Situation description

As the events unfold toward a pandemic, communications will become more frequent and the messages will evolve. This plan outlines the categories of messages, the messages contained within the categories, and describes the release of messages as a function of the pandemic period phases. It also describes the two branches of communication recipients, namely the public and professional partners.

Planning assumptions

This plan is based on the following assumptions:

1. Each agency/partner organization has specific responsibilities as outlined in this plan.
2. Each agency/partner organization will be responsible for notifying other agencies/partner organizations of activities, plans, findings, and media contacts according to this plan.
3. Each agency/partner organization is responsible for assuring internal communication with key personnel within that agency, unless other means of notifying those individuals is specifically included in this plan.
4. Prevention and control of pandemic influenza requires that surveillance data be shared rapidly among participants to facilitate effective interventions, including public education and community mitigation. For that to occur, each agency needs to understand and adhere to the data release and confidentiality provisions that govern use of those data.
5. Effective communication with the media and public will require regular communication among the agencies/partner organizations to assure consistent messages. Each partner must be aware of activities and interventions planned and implemented by the other partners.
6. Coordinated activity during an outbreak will require planned regular communication mechanisms, in addition to ad hoc communications.
7. Public information activities are critical for effective health education, promotion of health behaviors and to maintain public trust. This will require ongoing attention to developing consistent messages, reciprocal notification of media contacts and other public information activities, and coordinated releases of information.
8. Communication messages will change as the pandemic phases progress.

9. Communication messages will likely change even within the phases, especially as the pandemic intensifies.
10. All agencies will have communications plans that are consistent with, and fit within, this communications plan.
11. Communications components of the other pandemic influenza plans within Utah will be consistent with, and fit within, this communications plan.

Concept of operations

The concept of operations outlines the messages that require development as well as the rollout of these messages during the pandemic phases. See [Appendix 1](#) for the matrix of messaging by phase/stage/level.

Message Categories (All)

State and local health departments have agreed to classify messages into the following categories by severity of the public health message and risk. It would be helpful if our additional partners followed these guidelines:

- **News Advisory** - Announces an event such as an awards ceremony, news conference, video opportunity, walk/run, etc. (The news release is generally handed out at the event.)
- **News Release/Announcement** - Announces new data, programs, issues, rankings, reports, awards, changes in leadership, position clarification, etc.
- **Health Update** –Provides an update to an issue or problem already discussed. This may provide advice but doesn't carry an expectation of action.
- **Health Advisory** - Indicates something of importance to the public's health but no immediate need to act – just proactive/preventive information, but advice or eventual need to act.
- **Health Alert** – Information about a specific health issue where immediate action is required to protect health. Alerts will be used cautiously.

Identification of responsibilities

See [Appendix 2](#) for the matrix of identification of responsibilities by event.

Roles and responsibilities

A listing of key partner roles and responsibilities is found in [Appendix 3](#).

UDOH emergency contacts can be found in [Appendix 4](#).

Utah Department of Health **Pandemic Alert Period**

Work with media to establish relationships and foster credibility.

See [Appendix 5](#) for a list of media e-mails and phone numbers.

- Develop paid media campaign and negotiate for airtime in large markets. (See [Appendix 6](#) for paid media campaign information and sample messages.)
- Develop primary messages for each of the message areas:
 - What Utah is doing to prepare
 - Hygiene
 - Preventive health care including:
 - Hygiene in offices
 - Safety when cooking chicken
- Work with Utah Department of Agriculture and Food (UDAF), along with the Utah Division of Wildlife Resources (UDWR) to develop safe practices for hunters/farmers
 - Personal preparedness
 - Situational awareness
 - Non-pharmaceutical interventions
 - Altered expectations
- Develop press release templates for all anticipated “events”. (See [Appendix 7](#) for press release templates).
- Develop media “backgrounders” to be given out during key events. [Appendix 8](#) has media backgrounders.
- Work with local health departments (LHDs) to assure that all created messages have consensus approval
- Coordinate media messages with key partners: LHD, Utah Department of Agriculture and Food (UDAF), Utah Division of Wildlife Resources (UDWR), and hospitals
- Identify special needs populations and develop effective distribution methods. (Special needs populations and how to reach them are outlined in [Appendix 9](#).) Utah’s Office of Public Information and Marketing has also produced a document entitled *Crisis Communication Considerations for Utah’s Hard-to-Reach Populations* that will be used by a specially formed workgroup that is being convened to address these populations. (Additional information can be found in the associated appendix.)
- Translate all primary messages – a brochure about pandemic influenza has been translated into nine languages. The translations can be found at: <http://pandemicflu.utah.gov/brochures/brochurelang.htm>
- Develop an expedited process for urgent message approval
- Create handouts/flyers/brochure templates that can be easily modified at the LHD level
- Assure that all printed materials can be easily modified or identified by LHDs
- Maintain the state Pandemic Influenza Web site
- Maintain the state Pandemic Influenza listserv
- Develop coordinated messages for:
 - Healthcare providers
 - First responders
 - Volunteer Organizations Active in Disasters (VOADs)

- Develop a process to assure that external presentations to communities all have a uniform message
- Serve as a conduit for information from federal agencies through to LHDs and other state agencies

Pandemic Period

- Create “situation reports” detailing the current status of a pandemic in a timely manner
- Coordinate media messages with key partners: LHD, UDAF, UDWR, and hospitals
- Develop FAQ sheets for Code Red volunteers
- Develop coordinated messages for:
 - Healthcare providers
 - First responders
 - VOADs
 - Utah’s large employers
(See [Appendix 10](#) for a list of Utah’s large employers and suggested contact information.)
- Maintain the state Pandemic Influenza Web site
- Maintain the state Pandemic Influenza listserver
- Work with LHDs to assure that all created messages have consensus approval
- Assure that all printed materials can be easily modified or identified by LHDs
- Distribute messages to state agencies and state elected officials
- Serve as a conduit for information from federal agencies through to LHDs and other state agencies
- Set up a Joint Information Center (JIC) with representation from all LHDs to coordinate release of information to the public and coordinated messages. (See [Appendix 11](#) for Joint Information Center Operations.)

Pandemic Alert Period

LHDs

- Work to identify special needs populations and develop effective distribution methods
- Aid in UDOH messaging by reading and approving all preliminary messages developed by UDOH. Approve using an expedited approval process
- Work to inform UDOH within requested time frames of problems with messages and assist in developing a consensus replacement
- Agree to use approved messages (with non-essential modifications) for all communications
- Commit to submit all internally-produced flyers/pamphlets/brochures/Web site information/fact sheets to UDOH to assure uniformity of messages prior to final approval process

- Work to develop distribution processes to identify all healthcare workers, first responders, and VOADs within the LHD boundaries
- Make every attempt to assure that all external presentations conform to the state's uniform message
- When necessary, work to distribute messages to local government officials

Pandemic Period

- Work to inform UDOH within requested time frames of problems with messages and assist in developing a consensus replacement
- Agree to use approved messages (with non-essential modifications) for all communications
- Commit to submit all internally-produced flyers/pamphlets/brochures/Web site information/fact sheets to UDOH to assure uniformity of messages prior to final approval process
- Work to develop distribution processes to identify all healthcare workers, first responders, and VOADs within the LHD boundaries
- Make every attempt to assure that all external presentations conform to the state's uniform message
- When necessary, work to distribute messages to local government officials
- Assist with participation in the State Joint Information Center to assure coordinated messages as well as coordinated release of information to the public

ICS Process (UDOH)

Planning assumptions:

It is assumed that during an event of such magnitude that ICS structure will be implemented, that an expedited, coordinated process for creation, approval, and dissemination of all messages will be a critical element in the success of managing the event.

To assure a timely response, an expedited approval process should involve no more than one final reviewer, however that reviewer can request input in making the final decision.

Role of Public Information Officer

Pandemic Alert Period

Training

- Each PIO within the UDOH is responsible for completing Utah's basic public information officer course.
- The UDOH PIOs office will be represented in annual NPHIC and preparedness conferences when feasible.
- Continue quarterly meetings with LHD PIO/RCCs to foster relationships and build cooperation.

- Tom Hudachko – Public Information Officer – UDOH – takes the lead in assignments
- Charla Haley – Public Information Specialist – UDOH – serves as backup and fills in where needed and as assigned
- Cyndi Bemis – part-time Public information Specialist – UDOH – fills in where needed and as assigned
- Coordinate press releases with LHDs to assure coordinated distribution
 - The Office of Public Information and Marketing (OPIM) will be responsible for verifying that all LHDs have an opportunity to review all press releases prior to media distribution
- Final approval on all written materials (e.g. speaking points, fact sheets, messages) (within 30 minutes)
- Press releases will be developed at the request of the PIO, Executive Director’s office or Epidemiology. Content will be approved by a designated epidemiologist and edited by the PIO.
- Daily review of all Web site materials
- Write all press releases
- Obtain approval for all press releases (approval process for press releases should take no longer than 1 hour) – using PIO communication liaison
- Field all press inquiries

Pandemic Period

- Write all press releases
- Coordinate press releases with LHDs to assure coordinated distribution
 - PIO’s office will be responsible for verifying that all LHDs have an opportunity to review all press releases prior to media distribution

The OPIM has gathered all LHD logos to ease the process in case of a situation requiring a joint news release

- Obtain approval for all press releases (approval process for press releases should take no longer than 1 hour) – using PIO communication liaison
- Final approval on all written materials (e.g. speaking points, fact sheets, messages) (within 30 minutes)
- Press releases will be developed at the request of the PIO, Executive Director’s office or Epidemiology. Content will be approved by a designated epidemiologist and edited by the PIO
- Field all press inquiries
- Hold press conferences as necessary (when mass gatherings are suspended, press conferences will be suspended)

The list of UDOH spokespeople are as follows:

Dr. David Sundwall, Executive Director, UDOH

Dr. Robert Rolfs, State Epidemiologist, UDOH

Teresa Garrett, RN, MS, Director, Division of Epidemiology and Laboratory Services, UDOH

Dr. Rachel Herlihy, Deputy State Epidemiologist, UDOH
Dr. Todd Grey, MD, Office of the Medical Examiner, UDOH
Tom Hudachko, Public Information Officer, UDOH
Charla Haley, Public Information Specialist, UDOH
Cyndi Bemis, Public Information Specialist, UDOH

[Appendix 12](#) lists additional subject matter experts outside the UDOH.

- Hold conference calls in lieu of on-site press conferences (when necessary)
- Identify and log incorrect information being presented on TV, radio, and newspapers
 - Notify Communications Unit so that messages can be changed to address these rumors – using PIO communication liaison
- Coordinate JIC activities with all media partners
- Daily review of all Web site materials
- Work with Communications Unit to develop media backgrounder information (approved by State Epidemiologist or designee)
- Develop daily report detailing media contacts (number and whom), names and number of people working, number of shifts, hours worked, main issues, and copies of all released media
- Deliver this report daily to the Situation Unit in the Planning/Intelligence Section

Role of Planning/Intelligence Section

Role of Situation Unit

- Receive, store and catalog all daily reports from all sections
- Make all reports available in a shared drive to which all section chiefs (and other designated personnel) have read-only access
- Create a daily “situation report” or sit-rep

Role of Policy and Planning Unit

Role of Health Information and Public Education Branch

Create a daily “situation report” from all of the units and forward to the Planning/Intelligence Section, Situation Unit

Role of Code Red Unit and 2-1-1

- Use information (fact sheets) on Web site for information
- Information may change within shifts, so only use Web site information
- Identify and log incorrect information raised by the public
- Notify Communications Unit so that messages can be changed to address these rumors – using Code Red liaison
- Develop daily situation report with number of workers, number of shifts, hours worked, main issues
- Deliver this report daily to the Branch Director

Role of Communications (Production) Unit

The main role of the writers in this unit is to assure that all messages to all audiences are unified.

- Develop all primary messages for the public, healthcare workers, first responders, VOADs
- Develop fact sheets for Web site, Code Red teams and 2-1-1 personnel
- Assure that all messages are approved by State Epidemiologist (or designee) - through unit communication liaison
- Send messages to PIO office for final approval - through unit communication liaison
- Read technical advisories and other information from federal agencies to assure messages are tracking correctly
- Change messages as needed in response to inaccurate information or rumors that are circulating
- Messages will be translated as they are developed
- Read sit reps and other in-house information to assure that messages are consistent with Utah-specific data
- Deliver this report daily to the Branch Director

Role of Communications (Distribution) Unit

- Update Web pages with messages from production unit
- Track and produce listserv messages
- Create brochures, flyers, documents
- Develop daily situation report with number of workers, number of shifts, hours worked, main issues
- Deliver this report daily to the Branch Director

Role of Public Health Operations Branch

Role of Epidemiology Unit

- Create daily “disease report” status which details disease and surveillance parameters of the outbreak
- Deliver this report daily to the Situation Unit in the Planning/Intelligence Section
- **Role of Disease and Investigation Management**
- **Role of Surveillance**

Role of Mass Prophylaxis and Immunization Unit

Role of Lab Services Unit

Role of State Epidemiologist (or designee)

- Approves all written messages (within 1 hour)
- Approves all press releases (within 1 hour)
- Identifies at least 2 spokespersons daily and notify PIO
 - Spokespersons will have access to the daily messages to assure unified messages
- Communicate to all areas who will be functioning in this role each shift (since this person may not occupy a constant position in the Incident Command Structure)

Role of Emergency Operations Center

- Identify and log incorrect information or rumors
 - Notify Communications Unit so that messages can be changed to address these rumors – using Emergency Operations Center (EOC) liaison
- Manage fax machines, perform all fax blast procedures.
- Develop daily situation report with number of workers, number of shifts, hours worked, main issues
- Deliver this report daily to the Planning Section/Situation Unit

Internal Information Verification & Clearance Procedures

New information regarding a public health threat or emergency must be verified. Sometimes, this information will come directly from the media to the PIO. Information concerning disease trends should be verified with Epidemiology, EMS or other program experts, and the EDO. The JIC or PIO may receive information regarding an issue prior to other UDOH entities. This information should be confirmed internally before being verified for the media.

All news releases, backgrounders, fact sheets and other materials distributed to the media must be reviewed and approved by the EDO, and a subject matter content expert. All information and releases will be cleared in person when possible. When a media release is going to be sent out that may generate media calls to the LHDs, an advance copy will be sent to the LHD PIO/RCC.

See [Appendix 17](#) for a sample e-mail list of community partners created during the height of the H1N1 outbreak.

Appendix 1

WHO Phases & Descriptions	US Federal Stages and Descriptions	Utah Pandemic Response Levels and Descriptions	Communication Methods	Message Categories	Messages
Pandemic Alert Period					
Phase 3- Human disease, no or limited human-to-human transmission	Stage – 0 New domestic animal outbreak in at-risk country	No novel circulating strain with high pathogenicity activity in the US	Passive, primarily Web site	Preventive health care Personal preparedness Situational awareness Altered expectations Include special needs information within each category	Develop media campaign Assemble backgrounder information Develop messages and obtain translations Develop robust webpage Develop draft news releases Prepare process to obtain expedited message approval Obtain consensus on unified messages with all partners Develop process to assure unified message dissemination Develop process to deliver message to all partners Develop uniform messages to be delivered through a speaker's bureau Identify special needs populations and mechanisms of delivery Assure all message partners have been identified and are participating in this process
Phase 3/4/5	Novel circulating strain with high pathogenicity activity discovered	No novel circulating strain with high pathogenicity activity in UT	Health advisory press release Media backgrounder	Personal preparedness Situational awareness and understanding	Personal food/medication stockpile Influenza vs pandemic influenza
Phase 3/4/5	Novel circulating strain with high pathogenicity activity	Novel circulating strain with high pathogenicity	Health advisory press release	Personal preparedness Situational awareness and understanding workers, hunters, etc.	Personal food/medication stockpile Influenza vs pandemic influenza Information about limited transmission to at-risk individuals – how to protect yourself

		activity in UT			
Phase 3/4/5	Novel circulating strain with human disease in US – limited human-to-human transmission	No novel circulating strain with human disease in UT	Health advisory press release Media backgrounder	Personal preparedness Situational awareness and understanding	Personal food/medication stockpile Influenza is not pandemic influenza Information about limited transmission to at-risk individuals – how to protect yourself. Risk to not-at-risk individuals
Phase 3/4/5	Novel circulating strain with human disease in UT – limited human-to-human transmission	Novel circulating strain with human disease in UT	Health alert press release	Personal preparedness Situational awareness and understanding Preventive health care	Get a flu shot Cover your cough Stay at home messages
Phase 4 – Increased human-to-human transmission	Stage 1 – Suspected human outbreak overseas		Health advisory press release	Personal preparedness Preventive health care	Strong preparedness messages Steps you should take Steps being taken overseas
Phase 5 – Significant human-to-human transmission	Stage 2 – Confirmed human outbreak overseas		Health advisory press release (unless step 4 and 5 occur within 48 hours)	Personal preparedness Preventive health care Community mitigation overseas Start travel advisories	Strong preparedness messages It is not here yet but will be soon Steps being taken overseas “that we may soon be taking”
Pandemic Period					
Phase 6 – Increased and sustained transmission in the general population	Stage 3 – Widespread human outbreaks, multiple locations overseas	Level A -	Health alert press release	Personal preparedness Preventive health care Community mitigation measures Travel advisories	Start messages on what we DO have Explain how we are seeking to avoid widespread disease Explain how community mitigation measures will help
Phase 6	Stage 4 – First human case in North America	Level B – Human cases in North America, no detection in Utah	Health alert press release	Initiate some expectations Community mitigation measures and trigger points	Start messages on what we DON'T have Start altered expectations messages Reinforce the idea that community mitigation measures will work Last chance for preparedness
Phase 6	Stage 5 – Spread throughout US	Level C – Detection of human cases in	Press conference with ground rules –	Start major rumor control messaging Main issues will be	Provide lists of things to do Continue with messages on things we don't have

		Utah	different numbers for media and public Will NOT hold further press conferences if mass gatherings enacted – on air interviews on a case-by-case basis	community mitigation measures and altered expectations.	Major altered expectations messages
Phase 6	Stage 5	Level D – Established epidemic(s) in UT	Daily information release	Rumor control Situation reports	Primary messages are on temporary fixes – How to know if you need healthcare and how to find it, etc. Major coordination of messaging with healthcare organizations, VOADs
Phase 6	Stage 5	Level E – After epidemic wave in UT (prior to end of pandemic or a subsequent wave)	Health advisory press release	Situation reports	Primary messages are on the possibility of secondary waves – it's not over

Appendix 2

Identification of Utah Media Responsibility by Event

Event	Primary	Secondary	Other
Novel circulating strain activity in birds or animals in the US	USDA, US Fish and Wildlife, CDC	UDAF and UDWR	UDOH
Novel circulating strain activity in (localized) birds or animals in UT	LHD	UDAF and UDWR	UDOH
Novel circulating strain activity (widespread) in birds or animals in UT	UDAF and UDWR	UDOH	LHDs
Novel circulating strain activity in humans (ltd hu-hu transmission) in US	CDC	UDOH	UDAF, UDWR, LHD
Novel circulating strain activity in humans (ltd hu-hu transmission) in UT (localized)	LHD	UDOH	UDAF and UDWR
Novel circulating strain activity in humans (ltd hu-hu transmission) in UT (widespread)	UDOH	LHD	UDAF and UDWR
Phase 4 and 5 (increased to significant human-human transmission overseas)	WHO	CDC	UDOH, LHD
Phase 6, Level A	CDC	UDOH	LHD
Phase 6, Level B (US not UT)	CDC	UDOH	LHD
Phase 6, Level C (detection	LHD,	UDOH, DES, local hospitals	

in UT – single county)			
Phase 6, Level C/D (detection in UT – multiple counties)	UDOH, DES	LHD, UHA	
Phase 6, Level E	UDOH, LHD	DES	

Appendix 3

Organization/agency	Principle Roles and Responsibilities
Utah Department of Health Bureau of Epidemiology Utah Public Health laboratory Public Information Office	Human health
Utah Department of Agriculture and Food State Veterinarian Public Information Office Veterinary Disease Laboratory	Domestic animal health
Utah Division of Wildlife Resources	Wild animal health
Utah Department of Emergency Services and Homeland Security	Emergency and disaster response
Local Health Departments	Human and environmental health (local)
Hospitals and healthcare providers	Human health
Centers for Disease Control and Prevention	Human health

Appendix 4

Contact information is contained within the full Public and Risk Communication Plan.

Appendix 5 – Media e-mails – revised December 2010

Contact media information is contained within the full Public and Risk Communication Plan

Appendix 6 – Paid Media Campaign

Pandemic Influenza Paid Media Campaign

I. Purpose

The Utah Department of Health (UDOH) will use paid media campaigns (as funds become available through annual grant monies) to prepare the public for a pandemic. These media campaigns are designed to help residents know ahead of time, how their life may change during the outbreak. These campaigns will utilize multiple mediums such as television, radio and print. One critical aspect of this effort is to make sure we are able to reach as many Utahns as possible including rural, ethnic and special needs groups. The first media campaign began in September 2007 with messaging focusing on normalizing preventive behavior.

II. Concept of Campaign

A. The campaign will be completely flexible to respond to any necessary changes occurring within the phases of a pandemic.

1. Pandemic Alert Period

- i. The primary message is the impact that a pandemic may have on a community and what Utah is doing to prepare. This spot began running in September 2007.
- ii. Secondary messages will promote the normalization of preventive behavior to reduce the spread of disease in advance of an influenza pandemic. When the fifth guy commercials were made available from the Florida Department of Health, the UDOH replaced the pandemic influenza spot and began rotating the fifth guy spots.
- iii. The contract for the 2007-2008 season was awarded to Letter23 Communications and they planned a television media campaign for pandemic influenza.
- iv. Proposed campaign components from Letter23 Communications include two potential approaches:
 - Informational. What is a pandemic, how to normalize preventive practices, etc. (The fifth guy spots meet this need.)
 - Emotional. This concept involves using emotion, such as fear, concern or interest to raise awareness. (What could/will happen, how your family will be affected, how society as a whole will be impacted, what you will go without, etc.) The pandemic influenza spots met this goal and ran from September 2007 to early November 2007.

- v. Letter 23 Communications proposed a campaign, designed to generate additional statewide news stories. Their approach consists of bold content and execution designed to generate buzz.

Letter23 Communications has proposed 3 media campaign execution phases:

- Research
 - Creative concepting
 - Implementation
- vi. These messages will be primarily in television. Additional resources may be made available through Florida’s fifth guy campaign including posters and sticky notes if the UDOH has funding available. (A bumper sticker is also being considered.) There is also the option of adapting the message during the season as needs change.

2. Pandemic Period – Spring 2009 through Spring 2010

- i. In September 2009, following the Spring outbreak of H1N1, money became available for the Utah Department of Health to become the “go to” source for accurate, timely information about prevention and vaccination against H1N1 influenza. The UDOH partnered with the state’s 12 local health departments and representatives from the private health care sector, to create a public information and awareness campaign in hopes of decreasing the spread of H1N1 in Utah.
- ii. This campaign, called, “I’m a flu fighter,” was launched through a partnership with local advertising and public relations firm Penna Powers Brian Haynes (PPBH). During the 2010 influenza season, the spots continue to run with information that can be found on the Web site, utahflufighters.org.
- iii. The message promoting preventive behavior will continue to be a priority, with a strong message of what the UDOH and the Governor’s office is doing to help in this pandemic.

III. Budget for Campaign

- A. As federal grants continue to come for pandemic influenza preparedness the media campaign will continue. The campaign may increase/decrease in size, timeframe, and reach as money may increase/decrease in the period prior to an influenza pandemic.

IV. Functional Responsibilities

- A. The Public Information Officer (PIO), along with available LHD PIOs will work with state purchasing to award contracts and choose the best public relations/media marketing company for our needs.
- B. The PIO will work with the contracted marketing company to design marketing materials that coincide with the needs of the UDOH and the specific periods associated with a pandemic.
- C. The PIO will approve messages as changes occur.
 - 1. The PIO may request input from PIO/RCC's from the various Local Health Departments (LHD's) and from the State Epidemiologist on messaging as new situations arise.
 - 2. Final approval on all materials and messaging to be sent to the public will come from the UDOH PIO's office.

APPENDIX 7

News advisory template

News release template

Sample press releases



Day of week, day, month, year
For more information, contact:
Your name here
Title
Phone Number

News

Advisory

Catchy or Informative Title: Don't Give the Story Away!

- What:** Tease the event
- Why:** There must be a good reason why the media would want to cover this event. Make them care.
- Who:** Describe speakers using their role in the event, titles, place of employment. Don't give names **unless** naming the speaker will improve attendance significantly. For example, you may list the Governor's name.
- When:** Date and time
- Where:** Give location. Include directions or helpful hints on getting there, especially if it is hard to find.

List any important notes to help the media arrive prepared. For example, video opps, lighting tips, scheduling notes.

-End-

News Advisory Sample



Day of week, date, year
For more information, contact:
Your name here
Title
Phone

News

Advisory

Governor Launches Campaign to Connect Employers, Workers

What: Governor Walker will introduce Utah to a new program to connect employers with an untapped workforce. The Utah Department of Health's new awareness campaign will be unveiled.

Who: Governor Olene Walker
Program Manager, Utah Department of Health
Marriott Management
Employees

When: Friday, June 25, 2004
10:30 a.m.

Where: Marriott Call Center Complex

South)

Video and Photo opportunities available

-End-



**News
Release**

For Immediate Release:
Day of week, month, day, year,
Media Contact:
Tom, Charla or Cyndi
Title
(xxx) Phone

Headline (< 10 words)

*Subhead if it adds to the interest value; italics <10
words*

(Salt Lake City, UT) – Begin the release with a lead sentence that pulls in the reader. Put the conclusion first.

– MORE –

Page 2 of 2 – Repeat Headline, not subhead

Quotes: Name, title, program, UDOH

Text should not exceed two pages, 1.5 or 2.0 spacing.

Include a way for the public to get more info: Web or phone

Use fonts and sizes provided in this template; Times New Roman

Has this had a readability review?

###

The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death, assuring access to affordable, quality health care, and promoting healthy lifestyles.



Day of week, month, day, year,

Media Contact:

Tom, Charla or Cyndi

Title

(xxx) Phone

**Draft
News
Release**

Pandemic Influenza Confirmed In Europe

Public Should Plan Ahead

(Salt Lake City, UT) – According to the World Health Organization (WHO), it’s a safe bet that pandemic influenza is headed for the United States. To date, _____people have died in _____ and the number and affected areas continue to grow. Currently, the Utah Department of Health is keeping a close eye on influenza activity in Utah and will make a public announcement once the virus is detected in the Beehive state.

In an attempt to reduce the spread of pandemic influenza, members of the public are advised to take the following preventive measures to prevent contracting or transmitting the flu virus:

- Wash hands thoroughly after using the bathroom, before eating, and after coughing, sneezing or blowing your nose.
- Use a tissue to cover your nose and mouth when coughing or sneezing.
- Regularly clean surfaces and objects that are frequently touched or handled.
- Try to limit your exposure to others who may be ill.
- If you’re sick, stay home.

The UDOH continues to follow the progression of pandemic influenza.

#

The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death, assuring access to affordable, quality health care, and promoting healthy lifestyles.



**Draft
News
Release**

Not for Release
--Put Date Here--
Media Contact:

First Case of Pandemic Influenza Confirmed in Utah

Public should seek treatment for flu-like symptoms

(Salt Lake City, UT) – According to the Utah Department of Health (UDOH), the first lab-confirmed human case of pandemic influenza in Utah has been positively identified. **Do we/or will we – want to identify which county and the age of the victim?** Currently, the UDOH is investigating to determine the source of transmission and identify any sources of public risk.

Members of the public are advised to contact a physician immediately if experiencing flu-like symptoms, such as: aches, fever, or chills. Individuals should also take the following preventive measures to prevent contracting or transmitting the flu virus:

- Wash hands thoroughly after using the bathroom, before eating, and after coughing, sneezing or blowing your nose.
- Use a tissue to cover your nose and mouth when coughing or sneezing.
- Regularly clean surfaces and objects that are frequently touched or handled.

The UDOH is keeping a close watch on progression of pandemic influenza in Utah and will likely make additional recommendations in the future aimed at reducing the number of Utahns impacted by the disease. At this point, voluntary isolation is recommended for any ill person who does not require isolation. In order to be effective, isolation requires the individual to stay home and avoid contact with others for seven to 10 days.

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The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death, assuring access to affordable, quality health care, and promoting healthy lifestyles.



**Draft
News
Release**

News Release
For Immediate Release
Contact:
Phone:



Utah Department of Health Confirms First Case of Pandemic Influenza in Salt Lake County

Public should seek immediate treatment for flu-like symptoms

(Salt Lake City, UT) - The first case of pandemic influenza in Salt Lake County was confirmed today in a ##-year-old resident, according to the Utah Department of Health (UDOH), which is currently investigating to determine the source of transmission and identify any sources of public risk. This is the ## case of pandemic influenza detected in the state of Utah. The first case was detected on (date) in a resident of _____ County.

The public is advised to contact a physician immediately if experiencing flu-like symptoms such as aches, fever or chills. Individuals should also take the following preventive measures to prevent contracting or transmitting the flu virus:

- Wash hands thoroughly after using the bathroom, before eating, and after coughing, sneezing or blowing your nose.
- Use a tissue to cover your nose and mouth when coughing or sneezing.
- Regularly clean surfaces and objects that are frequently touched or handled.

Pandemic influenza was first discovered in _____ in _____. Since then it has spread to _____ and outbreaks are now being seen in _____ to _____. Symptoms can range from typical flu-like symptoms such as fever, cough, sore throat and muscle aches, to eye infections, pneumonia, severe respiratory diseases and other severe health complications. At this point, voluntary isolation is recommended for any ill person who does not require isolation. In order to be effective,

- More -

Page 2 of 2 – First Case of Pandemic Influenza in Salt Lake County

isolation requires the individual to stay home and avoid contact with others for seven to 10 days.

In addition to asking those who are sick to stay home, the UDOH advises that anyone who has been exposed to the virus through a family member, but is not yet ill, voluntarily quarantine themselves to prevent exposure to healthy persons during the pre-symptomatic period. To make an impact on spread of pandemic influenza, it is recommended that you remain in quarantine for seven days after the onset of illness in the sick household member. In the case of multiple household members ill, persons should remain quarantined until seven days after the last household member's became ill.

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**Draft
News
Release**

Not for Release
--Put Date Here--
Media Contact:

**Health Department Confirms First Death Due to
Pandemic Influenza in Utah**

A total of ### human cases of pandemic influenza reported in Utah

(Salt Lake City, UT) - The first death as a result of pandemic influenza in Utah was confirmed today. According to the Utah Department of Health, a #-year-old _____ County resident has died from the virus. Utah’s state public health laboratory has confirmed a total of ### human cases of pandemic influenza in Utah since (date).

“The Department of Health is monitoring the outbreak of pandemic influenza in Utah very closely and is working with health care providers across the state to ensure patients receive antiviral medication and supportive therapy,” said Utah Department of Health Executive Director, Dr. David N. Sundwall. “Our primary goal is to identify cases so we can contain the outbreak and prevent more Utahns from being infected with the virus.”

The public is advised to contact a physician immediately if experiencing flu-like symptoms such as aches, fever or chills. However, individuals who believe they may be experiencing symptoms are urged not to report to emergency rooms in order to prevent transmission of the virus in the hospital setting. Emergency departments are being advised to divert patients presenting symptoms of pandemic influenza to the patient’s primary care physician or a separate treatment center.

Dr. Sundwall says, “If you are experiencing flu-like symptoms, it is critical that you contact your primary care physician right away so you can begin taking appropriate action as soon as possible.” Sundwall added, “However, the best defense against

-MORE-

Page 2 of 2 – First Pandemic Influenza Death in Utah

spreading or becoming infected with pandemic influenza is for everyone to take simple preventive measures to improve hygiene and reduce transmission.”

Individuals should take the following preventive measures to prevent contracting or transmitting the virus.

- Wash hands thoroughly after using the bathroom, before eating, and after coughing, sneezing or blowing your nose.
- Use a tissue to cover your nose and mouth when coughing or sneezing.
- Regularly clean surfaces and objects that are frequently touched or handled.
- Stay home from work or school and avoid all non-essential visits to public places if you are sick.
- Employers and schools should encourage the appropriate use of sick leave for anyone who is ill.

Symptoms can range from typical flu-like symptoms such as fever, cough, sore throat and muscle aches, to eye infections, pneumonia, severe respiratory diseases and other severe health complications.

#

The mission of the Utah Department of Health is to protect the public's health through preventing avoidable illness, injury, disability and premature death, assuring access to affordable, quality health care, and promoting healthy lifestyles.



Day of week, day, month, year
For more information, contact:
Your name here
Title
Phone Number

Pandemic Influenza Sparks Suggestions to Reduce the Threat of Deaths in Utah

(SALT LAKE CITY) – As influenza continues to spread, the Utah Department of Health (UDOH) is issuing some strong recommendations aimed at decreasing the number of deaths in Utah from the pandemic. The suggestions were the result of a year of study and debate in 2007.

“Communities that were most successful in warding off deaths during the 1918 pandemic quickly enacted a number of measures, according to Dr. Robert Rolfs, Utah State Epidemiologist. As a result, the UDOH is proposing the following recommendations for the public:

- Wash hands frequently with soap and water.
- Cough and sneeze into a tissue.
- Clean hands after coughing or sneezing with soap and water or an alcohol-based hand cleaner.
- Sick persons should stay home and avoid contact with others for 7-10 days after becoming sick.
- Sick persons should isolate themselves from other household members by staying at least 3 feet away, preferably in another room.
- Healthy persons who live in the same house as a sick person should remain at home for 7 days after their household member becomes sick to prevent other healthy persons from being exposed.
- In the event that more than one household member is sick, persons should remain at home until 7 days after the last household member became sick.
- Preventing children from gathering together will reduce the spread of influenza to everyone.

-MORE-

Page 2 of 2 - Pandemic Influenza Sparks Suggestions to Reduce the Threat of Deaths in Utah

- School is the biggest place where children are together.
- Use technological advancements (telecommute, teleconference) whenever possible.
- Work during non-traditional hours if possible.
- Limit shopping to necessary items.
- Plan on shopping during off-peak hours to prevent being in crowded situations.
- Participate in alternative recreational activities with less risk of exposure.

Additional suggestions to protect you and your family can be found at the Utah Department of Health Web site at: www.health.utah.gov.

#

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Appendix 8 – Media Backgrounders

This section includes information concerning a pandemic influenza that may be useful as media backgrounders.

Bird Flu (Avian Influenza - H5N1)



H5N1 is a virus that is killing large numbers of birds and a few people in other parts of the world.

- H5N1 has been found in Europe, Africa, and Asia.

Bird flu is mainly a disease in birds.

- Bird flu has been found in wild birds.
- Bird flu has been found in domestic birds such as chickens and ducks.
- The birds can look normal and still be infected.

Bird flu is hard for people to catch.

- Very few people have ever caught bird flu.
- Most people who get bird flu have close contact with infected birds – usually their droppings and blood.
- Bird flu does not spread easily from one person to another.
- You can't get bird flu from eating cooked chicken or turkey.

There is no bird flu in the U.S.

- No people have bird flu.
- No birds have bird flu.

Pandemic Influenza



Pandemic influenza is not bird flu.

- Pandemic influenza is a disease in humans.
 - It would be a new disease.
 - It would spread easily from one person to another.
 - It could be mild, moderate, or very severe.
 - There is no pandemic vaccine (flu shot) at this time.
- If the disease is severe:
 - You may be asked to stay home if you are sick.
 - Schools, churches, and large gatherings (such as sporting events) may be cancelled.
 - Stores may be closed and food and water may be hard to find.
 - Healthcare will be different than it is now.

There is no pandemic influenza anywhere in the world at this time.

Preparing for a Pandemic



Be informed.

- Go to www.pandemicflu.utah.gov.
- Watch the news for regular updates.

Talk to people.

- Tell your family about this disease.
- Talk about ways to prevent disease such as:
 - Cover your coughs and sneezes.
 - Wash your hands often.
 - Stay away from others when you are sick.
- Talk about how you will stay in touch with families and friends.

Have a plan.

- Stock up on supplies for an emergency (see next page)
- Make a list for every member of your family of the following items:
 - Current medical problems.
 - Drugs that you take (how much and how often).
 - Allergies (especially to drugs).

What is a Pandemic?

The word pandemic is used to describe a disease that affects people worldwide. Flu pandemics have occurred approximately every 20 to 30 years throughout history, the most serious being the so-called “Spanish flu” of 1918, the “Asian flu” of 1957 and the “Hong Kong flue” of 1968.

These conditions result in a pandemic:

- The emergence of a new flu strain
- The strain infects humans and causes serious illness
- The strain is easily spread among humans

An Influenza Pandemic is Inevitable

Most experts agree that the question isn't *if*, but *when* another pandemic will occur. Some scientists feel an outbreak is looming, still others doubt that there is any immediate danger.

Pandemics in the 20th century

Pandemic influenza occurs three to four times per century, can take place in any season, and may come in “waves” of flu activity that could be separated by months. Experts predict an infection rate of 25 percent to 50 percent of the U.S. population. All age groups are at risk, with a mortality rate determined by the severity of the flu strain.

Three pandemics swept the globe in the last century: “Spanish influenza” in 1918, “Asian influenza” in 1957, and “Hong Kong influenza” in 1968. The 1918 pandemic, one of the deadliest disease events in human history, killed an estimated 40-50 million persons worldwide.

The next pandemic threat

Experts predict that a moderately severe flu pandemic could kill more than a half a million Americans, hospitalize more than two million, and cost the U.S. economy \$70 billion to \$160 billion. Experts expect pandemic influenza will cause substantial economic and social disruptions. Some say during pandemic flu we could experience:

- Overwhelmed medical facilities
- Food shortages
- Power outages
- Workplace and school closures; cancellation of mass gathering places
- Breakdowns in transportation networks
- Travel restrictions
- Service disruptions at banks, government office and phone companies

In the 1900s, the pandemics circled the globe in six to nine months, even when most international travel was by ship. And experts predict, even with border closures and travel restrictions, the pandemic flu may be delayed but not stopped.

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, generally in winter	Occurs rarely (only three times in the 20 th century – most recently in 1968)
Most humans usually have some immunity built up from previous exposure	No previous exposure with little or no preexisting immunity
Healthy adults are usually not at risk for serious complications; the young, elderly and those with certain other health conditions are most at risk for serious complications	Otherwise healthy people may be at increased risk for serious complications
Health systems are usually able to keep up with public and patient needs	Health systems may be overwhelmed
Vaccine is developed based on known flu strains and is available for the annual flu season	Vaccine wouldn't be available in the early stages of a pandemic
Adequate supplies of antivirals are usually available	Effective antivirals will likely be limited
U.S. deaths average approximately 36,000 per year	Number of deaths could be high
Symptoms include: fever, cough, runny nose, muscle aches. Death is often caused by complications, such as pneumonia	Symptoms may be more severe with complications occurring more often
Generally causes only a modest impact on society (e.g. random school closures, encouraging those who are sick to stay home)	May cause major impact on society (e.g. widespread travel restrictions, mandatory closure of schools, businesses, cancellation of large public gatherings)
Manageable impact on economy	Potential for severe impact on economy

Bird Flu and You

Many birds around the world are getting sick from H5N1 avian influenza, sometimes referred to as “bird flu.” Experts believe this disease will come to the United States, possibly sometime this year, but it’s not here now.

If it does arrive, you should know:

Bird flu is not the same thing as “pandemic flu.”

- Pandemic flu would make a lot of people sick all over the world.
- It would spread easily from one person to another.
- Bird flu doesn’t do that.
- Bird flu would have to change form to become pandemic flu. We don’t know if this will ever happen.

Bird flu is hard for people to catch.

- Most people who got sick with bird flu had touched sick chickens and ducks with bare hands.
- You could also get bird flu by touching things that had droppings from sick or dead birds on them.
- Meat that has been completely cooked cannot give you bird flu.

Even though bird flu isn’t here right now, never touch wild birds with your BARE HANDS.

- Birds carry many kinds of germs that can make us sick.
- A bird could look fine, but still be sick.
- If you **MUST** handle a sick or dead bird, wear gloves and wash your hands after.

What You Can Do

To Prevent the Spread of Influenza

- ***Get a flu shot***
To find a flu shot near you, visit www.health.utah.gov, contact your healthcare provider, or call the Immunization Hotline at 1-800-275-0659.
- ***Practice good “respiratory etiquette”***
Stay home when you are sick. Cover your mouth and nose when you cough or sneeze. Wash your hands frequently with soap and hot water.
- ***“Ask for a Mask”***
Ask for a mask when visiting healthcare offices and hospitals if you have a fever with a cough or rash.

To Prepare for Pandemic Influenza

- ***Prepare an emergency kit***
Have emergency supplies and other essentials on hand to care for yourself or other family members. Consider including food, water, first-aid supplies, and medication you take on a regular basis. Plan to care for family members who may be sick.
- ***Stay informed***
Visit www.health.utah.gov, www.ag.utah.gov, and www.pandemicflu.gov for updates on local, national, and international influenza information. Pay attention to the media for any updates on the flu.

From the Centers for Disease Control and Prevention

How Germs Spread

The main way that illnesses like colds and flu are spread is from person to person in respiratory droplets of coughs and sneezes. This is called "droplet spread."

This can happen when droplets from a cough or sneeze of an infected person move through the air and are deposited on the mouth or nose of people nearby. Sometimes germs also can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches his or her own eyes, mouth or nose before washing their hands. We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks.

How to Stop the Spread of Germs

In a nutshell: take care to

- Cover your mouth and nose
- Clean your hands often
- Remind your children to practice healthy habits, too

Cover your mouth and nose when coughing or sneezing

Cough or sneeze into a tissue and then throw it away. Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

The "Happy Birthday" song helps keep your hands clean?

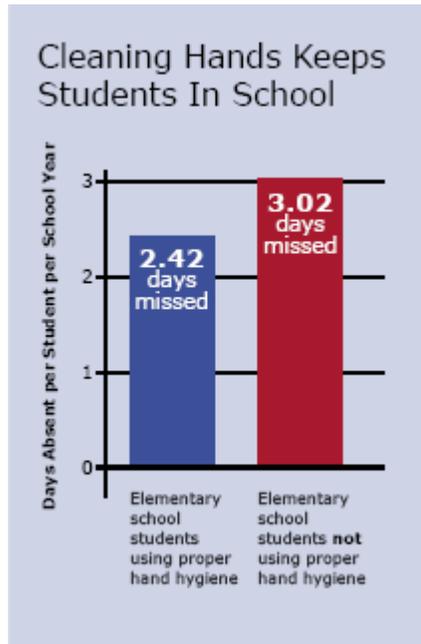
Not exactly. Yet we recommend that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. That's about the same time it takes to sing the "Happy Birthday" song twice!

Alcohol-Based Hand Wipes and Gel Sanitizers Work Too

When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.*

* Source: FDA/CFSAN Food Safety A to Z Reference Guide, September 2001: [Handwashing](#).

Germs and Children



Source: Am J Infect Control 2000;28:340-6.

Remind children to practice healthy habits too, because germs spread, especially at school.

The flu has caused high rates of absenteeism among students and staff in our country's 119,000 schools. Influenza is not the only respiratory infection of concern in schools -- nearly 22 million schools days are lost each year to the common cold alone. However, when children practice healthy habits, they miss fewer days of school.

School administrators, teachers and staff: See [Preventing the Spread of Influenza \(the Flu\) in Schools](#) for CDC interim guidance.

More Facts, Figures, and How-Tos

CDC and its partner agencies and organizations offer a great deal of information about handwashing and other things you can do to stop the germs that cause flu, the common cold, and other illnesses. See [Other Resources](#) and [Posters](#) on this Stop the Spread of Germs site for a select listing of Web sites, materials, and contact information.

CDC Fact sheet

Isolation and Quarantine

To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation and quarantine. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill.

Isolation: For People Who Are Ill

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public.

Quarantine: For People Who Have Been Exposed But Are Not Ill

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

States generally have authority to declare and enforce quarantine within their borders. This authority varies widely from state to state, depending on state laws. The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases.

Recent Example of Effective Use of Isolation and Quarantine:

SARS and Isolation

During the 2003 global outbreak of severe acute respiratory syndrome (SARS), patients in the United States were isolated until they were no longer infectious. This practice allowed patients to receive appropriate care, and it helped contain the spread of the illness. Seriously ill patients were cared for in hospitals. Persons with mild illness were cared for at home. Persons being cared for at home were asked to avoid contact with other people and to remain at home until 10 days after the resolution of fever, provided respiratory symptoms were absent or improving.

SARS and Quarantine

In the United States, where there was limited transmission of SARS-CoV during the 2003 SARS outbreak, neither individual nor population-based quarantine of contacts was

recommended. CDC advised persons who were exposed but not symptomatic to monitor themselves for symptoms and advised home isolation and medical evaluation if symptoms appeared. Individual quarantine was an integral part of the control measures used in countries more severely affected by the 2003 SARS outbreak. Quarantine of large groups was used only in selected settings where extensive transmission was occurring.

CDC - FACT SHEET

Legal Authorities for Isolation and Quarantine

Introduction

- **Isolation** and **quarantine** are two common public health strategies designed to protect the public by preventing exposure to infected or potentially infected persons.
- In general, **isolation** refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.
- **Quarantine**, in contrast, generally refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease.
- Both isolation and quarantine may be conducted on a **voluntary basis** or **compelled on a mandatory basis** through legal authority.

State, Local, and Tribal Law

- A state's authority to compel isolation and quarantine within its borders is derived from its inherent "police power"—the authority of a state government to enact laws and promote regulations to safeguard the health, safety, and welfare of its citizens. As a result of this authority, the individual states are responsible for intrastate isolation and quarantine practices, and they conduct their activities in accordance with their respective statutes.
- Tribal laws and regulations are similar in promoting the health, safety, and welfare of tribal members. Tribal health authorities are responsible for isolation and quarantine practices within tribal lands, in accordance with their respective laws.
- State and local laws and regulations regarding the issues of compelled isolation and quarantine vary widely. Historically, some states have codified extensive procedural provisions related to the enforcement of these public health measures, whereas other states rely on older statutory provisions that can be very broad. In some jurisdictions, local health departments are governed by the provisions of state law; in other settings, local health authorities may be responsible for enforcing state or more stringent local measures. In many states, violation of a quarantine order constitutes a criminal misdemeanor.
- Examples of other public health actions that can be compelled by legal authorities include disease reporting, immunization for school attendance, and tuberculosis treatment.

Federal Law

- The HHS Secretary has statutory responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States, e.g., at international ports of arrival, and from one

state or possession into another.

- The communicable diseases for which federal isolation and quarantine are authorized are set forth through executive order of the President and include **cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, and severe acute respiratory syndrome (SARS)**. On April 2005, the President added to this list **Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.**

- By statute, U.S. Customs and Coast Guard officers are authorized to aid in the enforcement of quarantine rules and regulations. Violation of federal quarantine rules and regulations constitutes a criminal misdemeanor, punishable by fine and/or imprisonment.

- Federal quarantine authority includes the authority to release persons from quarantine on the condition that they comply with medical monitoring and surveillance.

Interplay between Federal and State, Local, and Tribal Laws

- State, local and tribal jurisdictions have primary responsibility for isolation and quarantine within their borders. The federal government has authority under the Commerce Clause of the U.S. Constitution to prevent the interstate spread of disease.

- The federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States.

- By statute, the HHS Secretary may accept state, local and tribal assistance in the enforcement of federal quarantine regulations and may assist state, local, and tribal officials in the control of communicable diseases.

- It is possible for federal, state, local, and tribal health authorities simultaneously to have separate but concurrent legal quarantine power in a particular situation (e.g., an arriving aircraft at a large city airport).

- Because isolation and quarantine are "police power" functions, public health officials at the federal, state, local, and tribal levels may occasionally seek the assistance of their respective law enforcement counterparts to enforce a public health order.

Mitigation Plan Key Messages

General Messages (for all audiences)

- Community mitigation measures will limit the impact of an influenza pandemic on the community at large by minimizing the spread of influenza.
- Community mitigation measures will start once one case of pandemic influenza is detected in Utah.
- A group of public health experts will decide what community mitigation measures will be necessary based on what is known about the specific influenza strain.

Audience: Public

- Wash hands frequently with soap and water.
- Cough and sneeze into a tissue.
- Dispose of tissues in an appropriate waste basket.
- Clean hands after coughing or sneezing with soap and water or an alcohol-based hand cleaner.
- Masks and respirators can be useful in preventing exposure, but reducing contact with other people is still best.
- Facemasks can be used by persons who need to enter crowded settings, to protect themselves from becoming sick from others and to protect others from becoming sick from the wearer.
- Respirators can be used by persons that have unavoidable contact with a sick person. This can include selected persons who must take care of a sick person (e.g., family member with a respiratory infection) at home.
- Sick persons should stay home and avoid contact with others for 7-10 days after becoming sick.
- Sick persons should isolate themselves from other household members by staying at least 3 feet away, preferably in another room.
- Healthy persons who live in the same house as a sick person should remain at home for 7 days after their household member becomes sick to prevent other healthy persons from being exposed.
- In the event that more than one household member is sick, persons should remain at home until 7 days after the last household member became sick.
- Limit shopping to necessary items.
- Plan on shopping during off-peak hours to prevent being in crowded situations.
- Participate in alternative recreational activities with less risk of exposure.
- Children are very efficient at spreading influenza, especially to other children
- Preventing children from gathering together will reduce the spread of influenza to everyone.
- School is the biggest place where children are together.
- Use technological advancements (telecommute, teleconference) whenever possible.
- Work during non-traditional hours if possible.

Audience: Schools/childcare

- Students, teachers and employees should have sufficient access to water, soap, alcohol-based sanitizers, tissues, and trash cans.
- Desktops, countertops, and other frequently handled surfaces should be appropriately and frequently sanitized by custodial staff.
- Schools should plan to have an isolation room on-site out of heavy traffic flow where sick persons can be isolated until they can go home.
- Known influenza cases should not be allowed at school until they are better.
- Persons who become sick should be removed from classrooms and sent home.

Audience: Business

- Businesses should provide appropriate access for employees and the public to tissues and trash cans
- Businesses should provide appropriate access for employees and the public to soap and water.
- Businesses should provide increased access for employees and the public to alcohol-based hand sanitizers.
- Appropriate and frequent sanitization of countertops and other frequently handled surfaces by custodial staff.
- Use technological advancements (telecommute, teleconference) whenever possible.
- Work during non-traditional hours if possible.
- Exclude sick employees from work until they are better.
- Encourage employees to telecommute or teleconference when possible.
- Stagger employee shifts.
- Cancel large meetings and conferences.

Audience: Locations/mass gatherings

- Employees and the public should have sufficient access to tissues and trash cans.
- Employees and the public should have sufficient access to soap and water.
- Employees and the public should have increased access to alcohol-based hand sanitizers.
- Countertops and other frequently handled surfaces should be appropriately and frequently sanitized by custodial staff.
- Gatherings during a pandemic should not exceed 20 persons.
- If closure or cancellation orders are necessary, they will be issued by the Utah Department of Health or local health departments.

Appendix 9 – Persons with Access and Functional Needs

The Utah Department of Health has identified Utahns considered to be persons with access and functional needs in a crisis situation due to barriers in communication and has the following recommendations concerning message dissemination.

In the document published in June 2006 by the Office of Public Information and Marketing, Utah Department of Health entitled Crisis Communication Considerations for Utah's Hard-to-Reach Populations research identified eight populations as hard-to-reach. They include:

- Hispanic persons
- Asian persons
- American Indian persons
- Elderly persons
- Rural residents
- Homeless persons
- Persons who are deaf or hard of hearing
- Persons with physical disabilities

Office of Ethnic Affairs

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Salt Lake City, UT 84111
Ph. (801) 538-8691
sauvaa@utah.gov

An ethnic media directory for Utah can be found at:

<http://ethnicoffice.utah.gov/documents/updated.media.list060506.pdf>

Hispanic Population

Individuals considered Hispanic (for the purposes of this document and the above referenced report), trace their ancestry to Mexico, Puerto Rico, Cuba, Spain, the Spanish-speaking countries of Central and South America, the Dominican Republic, and other Spanish cultures regardless of race.

The Utah Department of Health has several Hispanic local television stations and radio outlets that are on the distribution list for news releases and advisories. And we do have UDOH employees who have been identified to provide interviews in Spanish.

Message considerations

- Should be translated accurately
- Short, clear and simple, listing specific steps to follow

- Accommodate lack of literacy by making information visual

Spokespersons

- Spokespersons should be someone who is Hispanic and a native Spanish speaker. Local religious and community leaders are most trusted. Newscasters or Spanish television/radio personalities who are known by the population are also trusted.
- Avoid messengers who are government officials, police officers, other law enforcement representatives in uniform, non-Hispanic agency officials, and someone who is not a native Spanish speaker.

Communication channels

- Spanish radio stations – specifically AM, are the best medium
- Spanish-speaking television stations are also effective, during the evening hours
- Spanish newspapers, Internet, and local religious and community leaders could also be used

A list of **Hispanic/Latino** community based organizations is located:

<http://ethnicoffice.utah.gov/documents/Hispan.Latino.cbo3-09-07.pdf>

KRCL features culture-specific radio shows. For a list see:

<http://www.krcl.org/genres.htm>. They are also on our distribution list.

- **Utah Hispanic Chamber of Commerce** – media and public relations
- **Utah Office of Ethnic Affairs**
- **Hispanic/Latino Council Chair/Vice-Chair**
- **KSL – Hispanic media**
<http://www.munhispano.com/>

Asian Population

Individuals who are Asian (for the purposes of this document and the above referenced report) have origins in any of the indigenous peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

The Utah Asian Advisory Council has been identified as a means of reaching the Asian population and it has established a communication network to create awareness of available resources and ethnic events within the community.

Message considerations

- Short, concise and convey a sense of urgency and trust
- Should be translated into each language to avoid misunderstanding and develop trust
- Accommodate lack of literacy by making information visual
- Urge them to communicate with friends and family

Spokespersons

- The Utah Asian Advisory Council serves as a liaison between the State Office of Ethnic Affairs and the Asian Community of Utah and represents each Asian community
- The various members of the council, would best facilitate the translation and communication of messages through proper channels
- The Asian Association of Utah also has numerous ties to various communities and works heavily with refugees relocated to Utah
- Religious and other organization leaders could also be used to reach individual ethnic groups with specific messages.

Communication channels

- Existing e-mail lists
- Telephone calling trees
- Posters or signs in grocery stores, restaurants, and cultural centers where Asians tend to congregate
- In addition to television, various ethnic newspapers are circulated, as well as culture-specific radio shows

Asian Council Chair/Vice-Chair

A list of **Asian** community based organizations is located:

http://ethnicoffice.utah.gov/ethnic_website/documents/Asian%20CBO%20List%204-2-07.pdf

In addition, there are various newspapers and magazines targeting Utah's Asian population.

An ethnic media directory for Utah can be found at:

<http://ethnicoffice.utah.gov/documents/updated.media.list060506.pdf>

KRCL features culture-specific radio shows. For a list see:

<http://www.krcl.org/genres.htm>. They are also on our distribution list.

-
- **Pacific Islander**

A list of **Pacific Islander** community based organizations is located:
<http://ethnicoffice.utah.gov/documents/PI%20cbo%203-12-07.pdf>

KRCL features culture-specific radio shows. For a list see:
<http://www.krcl.org/genres.htm>. They are also on our distribution list.

An additional resource might be:

- **Utah Office of Ethnic Affairs**
- **Pacific Islander Council Chair/Vice-Chair**

-
- **Black** persons

Black Council Chair/Vice-Chair

Black community based organizations are located:
http://ethnicoffice.utah.gov/ethnic_website/documents/Black%20CBO%20list%20May%2031,%202007.pdf

KRCL features culture-specific radio shows. For a list see:
<http://www.krcl.org/genres.htm>. They are also on our distribution list.

American Indian Population

The practical definition of “American Indian” will be used (for the purposes of this report and the above referenced document), as an individual who has origins of the original peoples of North American and maintains tribal affiliation or community attachment.

Utah has seven Tribal governments and health programs in addition to one Indian Health Services Clinic. In addition to the Tribal contacts, the UDOH has access to the Urban Indian Health Program. The Indian Walk-In Center is a non-profit organization that offers a broad range of health education and referral services to urban American Indians and will be valuable asset in getting the word out. There is also a public radio program on Sunday mornings called “Living Circle” that will be of assistance. The UDOH has an Indian Health Liaison on staff. She will help us determine additional avenues to reach this population.

Message considerations

- Most American Indians living in urban setting speak English and have some access to daily newspapers, television, radio, telephones, cell phones, fax, mail and e-mail.
- Due to the diversity among the various tribes, messages will be most effective if originated at the individual tribe level.
- Individual tribal leaders are the best source for determining the proper method of delivering messages to those living on reservations and trust lands.
- Messages should be properly translated.
- Avoid culture-specific communications practices that may be offensive, such as too much eye contact, handshaking in certain ways, pointing and certain phrases that may be considered bad luck.
- Some American Indians avoid talking about emergencies due to a belief that discussing it might cause it to happen.

Spokespersons

- Individual tribal and community leaders, friends and American Indian-oriented media
- In the Navajo Nation, individual chapter coordinators and presidents would be most effective.
- Non-government sources tend to be more viewed as more credible than government sources.

Communication channels

- American Indians living in urban areas could receive messages through the same channels as the general population
 - Messages should also come from American Indian sources
 - Tribal leadership and organizations like the Indian Walk-In Center, a non-profit organization located in downtown Salt Lake City, offers a broad range of health services to American Indians
 - Many American Indians listen to the Sunday morning public radio program “Living Circle”
- **Indian Walk-In Center**

KRCL features culture-specific radio shows. For a list see:

<http://www.krcl.org/genres.htm>. They are also on our distribution list.

Utah Indian Tribal Leaders

<p><i>Goshute Indian Tribe</i> (Confederate Tribes of Goshute Reservations)</p>	<p><i>Paiute Indian Tribe</i></p>	<p><i>Utah Navajo Nation Representative</i></p>
<p><i>Navajo Nation</i> www.navajo.org</p>	<p>San Juan Southern Paiute Tribe</p>	<p>Utah Navajo Commission www.NavajoNationCouncil.org</p>
<p>Northwestern Band of Shoshone Nation www.nwbshoshone-nsn.gov</p>	<p>Skull Valley Band of Goshute Indians www.skullvalleygoshute.org</p>	<p>Utah Navajo Trust Fund untf.utah.gov</p>
<p><i>Ute Indian Tribe</i> www.uteindian.com</p>	<p><i>Ute Mountain Ute Tribe</i> www.utemountainute.com</p>	<p><i>White Mesa Administration</i> www.utemountainute.com</p>

7/16/2007

Elderly Population

Elderly individuals, for the purpose of this document and the referenced report, are persons age 65 and older.

Message considerations

- Printed messages need to be in large, bold print
- If it's in the form of a crawl on television, use a slow speed and a large type
- Open captioning should be used on television because it appears on the screen automatically without the need for special formatting
- Messages should be short, simple, to the point and repeated several times.
- Define the problem and outline steps that need to be taken
- Telephone messages may be less effective due to hearing impairment

Spokespersons

- Uniformed officials, local leaders, or family members are the best in-person messengers
- A media representative should be someone with a high profile that is recognized in the community, such as a mayor or news broadcaster that the elderly have trusted in the past

Communication channels

- Television, radio and print media
- Senior centers and services that assist the elderly in their homes could also distribute information

Local area agencies on aging:

http://www.hsdaas.utah.gov/pdf/utah_area_agencies_on_aging.pdf

- **Aging and Adult Services in Utah**

Rural Population

Individuals who fall into the rural category, for the purpose of this document and the referenced report, are those living in areas with fewer than 2,500 residents.

Message considerations

- Use messages that are factual, concise and clearly express the seriousness of the situation
- Typed messages either through e-mail, text messages or pamphlets

Spokespersons

- Utah's rural residents are fairly trusting of most official sources

- Police and fire authorities could be used as well as public health agencies and officials
- Mayors, county officials and the governor would also be viable options
- Church leaders

Communication channels

- Television is the most common medium
- Radio would also be effective in reaching those in remote locations
- Land line telephones
- E-mail
- Door-to-door contact if communication lines are down
- Utilize schools, post offices, and churches
- Use written materials
- Translate into Spanish
- Home health agencies, food banks and those who work with the disabled

A list of rural radio stations can be found:

http://radiostationworld.com/locations/united_states_of_america/utah/radio.asp?m=moa

Homeless Population

Individuals who are considered homeless (for the purpose of this document and the referenced report), do not have an adequate and/or stable place to sleep

Message considerations

- Use messages that are factual, concise and clearly express the seriousness of the situation
- Use visual materials
- Use direct language that relays the severity of the situation without causing panic
- Use verbal and written instructions in both English and Spanish
- Utilize homeless shelters and soup kitchens
- Use homeless organization directors and staff

Spokespersons

- Homeless organization directors and key staff
- Police and fire authorities

Communication channels

- “Word-of-mouth” communication is the most prevalent method of communication (misinformation must be tracked and managed)
- Homeless shelters and soup kitchens
- Non-profit organizations that serve the homeless have existing measures in place including, pre-meal announcements, bulletin boards, and trained medical staff
- Catholic Community Services –

- Volunteers of America Resources – see <http://www.voaut.org/DesktopModules/Footer/AboutUs/ContactUs/tabid/1919/Default.aspx>
-

Persons who are Deaf or Hard of Hearing

Individuals considered deaf or hard of hearing (for the purpose of this document and the referenced report), experience difficulty hearing without the use of a hearing device

Message considerations

- Use simple and easy to follow instructions
- Use visual materials
- Use written instructions
- Use television open captioning or large crawl
- Use Internet, Utah Association for the Deaf (UAD)-Announce network, text messaging, pagers, and other mobile devices
- Use certified American Sign Language (ASL) interpreters
- Avoid radio, telephones (unless user has TTY or TDD capabilities), or other networks that require hearing
- Avoid using spokespersons that are hard to lip read (have mustaches or foreign accents, etc.)

Spokespersons

- A certified ASL interpreter is essential
- A person who is familiar with the frustrations of hearing loss would be a reliable source of information
- Many will lip read to gain information
- Choose a spokesperson who will be easy to understand

Communication channels

- Use television open captioning or large crawl
 - Newspapers, text messaging, and e-mails
 - UAD has a reliable e-mail system with access to over 750 names
 - TTY or TTD phone communication
 - The Sanderson Community Center of the Deaf and Hard of Hearing is a good location to congregate and distribute information
 - **Utah Association for the Deaf** e-mail group uad-announce-owner@yahoogroups.com
 - **Robert G. Sanderson Community Center of the Deaf and Hard of Hearing**
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Persons with Physical Disabilities

Individuals with a physical disability, for the purpose of this document and the referenced report, have a long lasting physical, mental, or emotional condition with makes it difficult to do activities such as dressing, bathing, walking, or climbing stairs. This section primarily focuses on persons who live at home.

Message considerations

- Be clear, simple and brief
- Use simple steps
- Distribute information in several formats such as written, verbal and visual
- Use visual symbols such as red light, sirens, or emergency symbols
- Use television, radio, newspaper and the Internet
- Use independent living centers and similar organizations to distribute information
- Use phone trees or reverse 911
- Include caregivers and family in messages
- Give extra time for them to follow instructions
- Use face-to-face communication when possible
- Include alternative transportation methods if evacuation is needed

Spokespersons

- If the message comes through mass media the message should be given by a person who is easily recognized as having authority.
- If the message is relayed in person, some familiar with the person's needs, such as a family member, caregiver or caseworker
- Someone with authority such as uniformed law enforcement
- Work with institutional and industry-specific groups to get the word out

Communication channels

- Television is the most used medium
- Radio, newspapers and the Internet would also be effective
- Phone trees set up by independent living centers
- Person-to-person communication
- **The ARC of Utah**
- **Access Utah Network**
- **People First – Utah Development Disabilities Council**
MRAU

Local liaisons can be found at: http://www.hs.utah.gov/local_liaison.html

- **Salt Lake Act**
- **Brain Injury Association of Utah**
- **Utah Association of Community Services**

- **Center for Persons with Disabilities**
- **Disability Law Center**
1-800-662-9080 (Voice) or 1-800-550-4182 (TTY)
- **Utah Registry of Autism and Developmental Disabilities**

Appendix 10

**List of Utah's Largest Employers (Possible Contact Information)
Utah Department of Workforce Services – 2005**

As outlined within the full “Public and Risk Communication Plan”

Appendix 11 – Joint Information Center

Pandemic Influenza Joint Information Center (JIC) Operations

I. Purpose

During a pandemic influenza outbreak, the Utah Department of Health's (UDOH) priority will be to provide maximum protection to public health. A Joint Information Center (JIC) would be activated when the state Emergency Operations Center (EOC) is activated or when the Public Information Officer (PIO) determines media calls are overwhelming the normal response system. The JIC may be either an actual physical or a "virtual" operation where public information staff will coordinate and disseminate official, timely, accurate, easy to understand, and consistent information to the media and public. (Because of the nature of pandemic influenza, once the UDOH determines that community mitigation measures are necessary in an attempt to stop the spread of the disease, the JIC will become a virtual JIC.) When a decision is made to establish a physical location for a JIC, planners should identify a location that is both close to the incident and EOC, yet sufficiently removed to ensure that JIC personnel are safe and that operations do not conflict with the emergency response. If the main JIC facility doesn't contain sufficient space for media representatives, there should also be a nearby location capable of holding press conferences and other media events. The JIC will serve as the primary point of contact for the media for information regarding all pandemic influenza preparation and prevention issues, vaccine information and community mitigation measures.

II. Concept of Operations

A. Objectives

1. The objectives of a JIC are to fulfill all responsibilities of the **Public Information Officer**, which include:
 - Develop, recommend and execute public information plans and strategies on behalf of the **Unified Command (UC)**
 - Gain and maintain public trust and confidence
 - Be the first and best source of public health information
 - Gather information
 - Ensure the timely and coordinated release of accurate information to the public by providing a single release point of information
 - Capture images of the crisis in video and photos
 - Monitor and measure public perception
 - Inform the UC of public reaction, attitudes and needs

- Determine how best to counteract misinformation and rumors
- Advise the UC concerning public/community relations issues that could have an impact on response

B. Initial Response – First 24 Hours

The responsibility of disseminating updated information is assigned to the PIO immediately once it becomes apparent that a pandemic is imminent. The checklist below includes the tasks that the PIO must accomplish prior to and in preparation for the establishment of a JIC.

Establish Initial Response

Establish Initial Organization

The initial Public Information Officer (PIO) should use the job aid below to prepare for media and other inquiries early in the incident.

STEP	ACTION	✓
1.	Establish a dedicated phone line for inquiries from the media. Code Red will handle calls from stakeholders, and general public	
2.	Gather basic facts about the pandemic – who, what, where, when, why, and how	
3.	Use this information to answer inquiries	
4.	Activate the following positions: Assistant Information Officer for Internal Affairs (Information Gathering) Information Products Officer Assistant Information Officer for External Affairs (Media Relations)	
5.	Select a location for the Joint Information Center (JIC). The location should meet the following criteria: <ul style="list-style-type: none"> • Enough space for everyone to work, based on personnel resource requests • Enough alternating current (AC) outlets and/or power strips, used within fire codes • Access to a photocopier • Access to a computer and/or access to the internet • Access to phone lines • Access to a fax machine • Located at or near the Incident Command Post (ICP) 	
6.	Call for more assistance, preferably people trained in public information, JIC, and Incident Command System (ICS) operations. Make requests for additional resources via the Logistics Section	

B. Staffing

The **Public Information Officer** supports the information needs of the

UC; establishes, maintains and deactivates the JIC; and represents and advises the **Incident Commander**. The **Public Information Officer** or his or her designee fills this role.

Depending on the public information needs of the response, the PIO may perform all public information-related functions or these functions may be subdivided among the following major position within the JIC:

Assistant Information Officer for External Affairs (Media Relations)

The first person assigned to assist the initial Public Information Officer (PIO) will respond to requests for information. The Assistant Information Officer for External Affairs should use the job aid below to prepare for duties.

STEP	ACTION	✓
1.	Use the dedicated phone to answer calls from the media.	
2.	Record names, phone numbers, and organizations of the callers; also note dates/times of calls, the nature of the inquiries, and the callers' deadlines for receiving additional information	
3.	Use approved news releases and information from the Information Products Officer to answer media calls	

Assistant Information Officer for Internal Affairs (Information Gathering)

The second person assigned to assist the initial PIO will gather data. The Assistant Information Officer for Internal Affairs should use the job aid below to prepare for duties.

STEP	ACTION	✓
1.	Gather verified information about the incident from sources throughout the response organization, particularly the Situation Unit Leader and Code Red	
2.	Provide this information to the assistants handling inquiries and writing news releases	

Information Products Officer

The third person assigned to assist the initial PIO will prepare written news releases. The Information Products Officer should use the job aid below to prepare for duties.

STEP	ACTION	✓
1.	Assemble the facts into two or three sentences that answer who, what, when, where, why, and how	
2.	List the remaining facts and information in bullet form <i>Example: List responding agencies, type and amount of equipment, etc.</i> NOTE: The news release should ideally be only one page in length	
3.	Spell check and edit the release and give it to the PIO for editing, approval, and routing to the Incident Commander for final approval	
4.	Give approved news releases to the Assistant Information Officer for External Affairs	

5.	Distribute the news release to the news media and other partners	
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III. Functional Responsibilities

- A. The PIO will decide when to open a JIC. However, this decision may be driven by requests from other State agencies.
1. The JIC will coordinate information for message continuity and provide regular/continual availability to the media.
 2. The number of JIC staff may be increased to accommodate an increased workload during a pandemic influenza. The PIO can secure additional JIC staff by activating UDOH media liaisons.

See Appendix 13 for a list of UDOH media liaisons.

The following staff numbers may be needed in addition to regular OPIM staff:

Media Call Takers	3
Public Call Takers	2
Administrative Support	1
Status Board Operator	1
Media Analyst	1
News Writers	1
Total Staff	9

- B. The PIO may also request additional assistance by sending out a notification to the State PIO Association, state agency PIOs or even the PIO/RCC's from the various Local Health Departments (LHD's).

See Appendix 14 for a list of State PIO Association members.

See Appendix 15 for a list of State PIOs.

See Appendix 16 for a list of PIO/RCCs from LHDs.

1. These individuals may either be PIO's or Risk Communication Coordinators (RCC's).
2. Again, because of the nature of pandemic influenza, it is likely that a virtual JIC will be instituted to replace the physical JIC. If/when that

occurs, the PIOs who have been asked to help out will work from whatever remote location makes the most sense.

3. If it becomes necessary for the LHD staff to concentrate on working with their agencies, extending the length of shifts may become necessary.
4. If there is an urgent issue, acting JIC staff should continue working until management of the issue has been successfully passed to the incoming PIO.

IV. Direction and Control

- A. The Public Information Officer (PIO) may decide to open a JIC. The PIO will manage operations in the JIC.
- B. The JIC will coordinate information for message continuity.
- C. The PIO can secure additional JIC staff by requesting assistance from various trained PIOs through the state.
- D. When cross-cutting/cross jurisdictional issues arise, coordinated news releases will be issued from the JIC. The release will be issued on the lead agency's news release letterhead. Coordinated news releases must be distributed to all affected agencies for approval prior to release to the media. Expedited approval steps will be required.

As far as media coordination is concerned, the UDOH communicates and coordinates with the mainstream and ethnic media via an extensive e-mail list. During any type of public health event, that list would be used for news advisories, releases and even health alerts. The UDOH has a strong working relationship with all media within the state of Utah and most, if not all, would aid in getting the information out to the public.

1. While the JIC may only need to be used during regular business hours, the PIO may determine that in the best interest of the public's health, hours of operation need to be extended. If the decision is made to move to extended hours shifts should overlap for a minimum of one hour to ensure a smooth transfer of information and events between staff.
2. Staff may be asked to perform a variety of job functions outside their normal assignments, crossing into other areas and job functions. Staff may frequently be required to work outside of their regular scope and should remain flexible, performing any assignments when asked.

E. Location

1. Currently the UDOH JIC consists of the Office of Public Information and Marketing offices. No other room has been designated as the emergency JIC in the UDOH Cannon Building.
2. Media Briefings and conferences may be scheduled in Room 125 on the first floor of the Cannon Building. However, in the case of pandemic influenza – following the initial news conference outlining the outbreak and potential community mitigation steps, the PIO may decide it is in the best interest of public health to resort to virtual news conferences and briefings.
3. A JIC may be established in other locations outside of the OPIM offices utilizing mobile JIC kits.
4. UDOH News Conference Facilities: (See the Utah Public Health Network (UPHN) CERC Plan in the attachments for locations across the state.)

D. Equipment and Supplies

1. JIC Kits
 - a. Three JIC kits exist within the UDOH. Each local health department as well as the Department of Environmental Quality (DEQ) and the Department of Agriculture and Food (UDAF) have JIC kits.

JIC Kit Contents

Three JIC kits are available at UDOH through the representatives of the OPIM namely, Tom Hudachko, Charla Haley and Cyndi Bemis. Each LHD RCC also has a JIC kit. Kits contain the following resources:

- Laptops [Acer TravelMate 800XCi](#) 1.3GHz Mobile Intel Pentium M processor w/Centrino, 512MB RAM, 30GB hard drive, 10X8X24 CD-RW/8X DVD-ROM, 56K, 10/100 Ethernet, Intel WiFi 802.11b, Windows XP Pro and a 14.1" XGA active-matrix display
- Portable printers: HP 450s with cable. They have the capability of cable, USB, or IR connection.
- Portable scanners: Visionier Strobe single sheet color scanners

- Digital Cameras: Canon Powershot, S230, ELPH
- Microcassette Recorders: Panasonic tape recorders with 9 extra tapes
- Power Inverters: 400 Watt power inverters to convert AC power from 12 Volt outlets
- Pelican Case 1620 Dimensions are 22x17x12 These are foam filled cases and you can configure them anyway you want.
- We are still assessing PDA's at this point. This is dependant upon the demos that are here now.
- 12 volt power battery eliminators for 800MHz radios (for those who have 800 MHz radios both EF Johnson and Motorola)
- Public Affairs Officer identifier vests
- Crowd control items: e.g., Identification tape, delineators to attach the tape to
- Portable sound system
- 2 - four foot tables
- EZ up canopy
- USB attachable laptop lights
- Office supplies including; paper, envelopes, sticky notes, clipboard, stapler, ruler, scissors, rubber bands, binder/paper clips, pushpins, glue stick, tape dispenser, pens, highlighters, mechanical, pencils, markers, calendar, hole punch and video tapes.

b. General office supplies for short-term off-site operation are included with the JIC kits.

2. Three kits of office supplies exist in the OPIM.

“CONTACT” Appendices 12-17:

As outlined within the full “Public and Risk Communications Plan” housed within the Utah Department of Health.