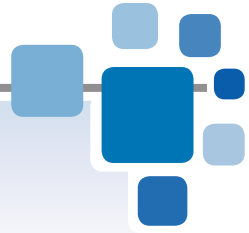




CAPABILITY 4: Emergency Public Information and Warning



Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

This capability consists of the ability to perform the following functions:

- Function 1:** Activate the emergency public information system
- Function 2:** Determine the need for a joint public information system
- Function 3:** Establish and participate in information system operations
- Function 4:** Establish avenues for public interaction and information exchange
- Function 5:** Issue public information, alerts, warnings, and notifications

Function 1: Activate the emergency public information system

Notify and assemble key public information personnel and potential spokespersons, which were identified prior to an incident,⁵⁰ to provide information to the public during an incident.

Tasks

This function consists of the ability to perform the following tasks:

- Task 1:** Prior to an incident, identify Public Information Officer, support staff (depending on jurisdictional vulnerabilities and subject matter expertise), and potential spokesperson(s) to convey information to the public.
- Task 2:** Prior to an incident, identify a primary and alternate physical and/or virtual structure that will be used to support alerting and public information operations. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*
- Task 3:** Prior to the incident, ensure identified personnel are trained in the functions they may be asked to fulfill.
- Task 4:** At the time of an incident, notify Public Information Officer, support staff, spokesperson(s), and subject matter experts, if applicable to the incident, of the need to either be on-call or to report for duty as necessary within a time frame appropriate to the incident.
- Task 5:** At the time of an incident, assemble public information staff at the physical or virtual location, debrief on incident, and assign response duties. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*
- Task 6:** Assist local public health systems in implementing emergency communication abilities.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

- P1: (Priority)** Written plans should include description of the roles and responsibilities for the Public Information Officer, support staff (depending on incident and subject matter expertise), and potential spokesperson(s) to convey information to the public.⁵¹
- P2: (Priority)** Written plans should include message templates that address jurisdictional vulnerabilities, should be maintained on a jurisdictionally defined regular basis, and include the following elements:
 - Stakeholder identification
 - Potential stakeholder questions and concerns
 - Common sets of underlying concerns
 - Key messages in response to the generated list of underlying stakeholder questions and concerns



CAPABILITY 4: Emergency Public Information and Warning

Function 1: Activate the emergency public information system

Resource Elements *(continued)*

PLANNING (P)

Suggested resources

- Message Template for the First Minute for all Emergencies: <http://www.emergency.cdc.gov/firsthours/resources/messagetemplate.asp>
- Communicating in the First Hours / First Hours Resources: <http://www.emergency.cdc.gov/firsthours/resources/index.asp>
- Communicating in the First Hours / Terrorism Emergencies: <http://www.bt.cdc.gov/firsthours/terrorist.asp>

P3: Written plans should include a protocol for identification of a primary and alternate physical and/or virtual structure that will be used to support alerting and public information operations. Staff assembly can occur at a physical location (e.g., an emergency operations center, virtual location (e.g., web-based interface such as WebEOC or conference call), or combination of both. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

P4: Written plans should include a roster/call down list with pre-identified staff to participate in communications. Plans should also include a minimum of one back-up per role to serve if necessary.

P5: Written plans should include job action sheets for staff and volunteers detailing specific tasks of each identified role.⁵² *(For additional or supporting detail, see Capability 15: Volunteer Management)*

P6: Written plans should include a protocol for staff notification and reporting for duty which may include the following elements:⁵³

- Method in which staff will be notified
- Where staff must report
- How quickly staff will be notified of an incident
- How long staff will have to report to designated location

P7: Written plans should include a process to activate Research, Media Operations, and Logistics roles as applicable to the incident. These roles may be conducted by one or more individuals and include, at a minimum, the following: *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

- Fact gathering
- Rumor control
- Media monitoring
- Speaker support

P8: Written plans should include a process to provide support and assistance to local public health systems in implementing emergency communication abilities. *(State jurisdictions)* *(For additional or supporting detail, see Capability 6: Information Sharing)*

SKILLS AND TRAINING (S)

S1: (Priority) Public Information staff should complete the following National Incident Management System training:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Emergency Support Function 15 External Affairs: A New Approach to Emergency Communication and Information Distribution (IS-250)
- National Incident Management System, An Introduction (IS-700.a)
- National Incident Management System Public Information Systems (IS-702.a)
- National Response Framework, An Introduction (IS-800.b)

S2: (Priority) Deliver key messages using principles of crisis and emergency risk communication. To ensure this, the following training must be taken within six months of hire date and at least once every five years thereafter by public information staff within the jurisdiction:

- CDC Crisis and Emergency Risk Communication Basic
- CDC Crisis and Emergency Risk Communication for Pandemic Influenza



CAPABILITY 4: Emergency Public Information and Warning

Function 1: Activate the emergency public information system

Resource Elements *(continued)*

SKILLS AND TRAINING (S)	<p>These courses may be taken in any of the following ways:</p> <ul style="list-style-type: none"> - Self-paced online training, which is available at all times - Any CDC webinar course, which is offered four times per year - In-person training at CDC, which is offered four times per year - Access to Crisis and Emergency Risk Communication courses at the Preparedness and Emergency Response Learning Centers <p>If for any reason staff is not able to attend these courses, completing training given by staff that has been CDC trained is acceptable (train the trainer model).</p> <p>S3: Public Information Officer responsibilities/competencies include the following:</p> <ul style="list-style-type: none"> - Representing and advising the Incident Commander on all public information matters relating to the management of the incident, and monitoring and handling media and public inquiries - Managing day-to-day operations of the Joint Information Center - Coordinating with Public Information Officers from all participating government departments and organizations to manage resources and avoid duplication of efforts
EQUIPMENT AND TECHNOLOGY (E)	<p>E1: Have essential services designation from telecom industry and utilities, including emergency service designation for the designated inquiry line</p> <p>E2: Have or have access to a dedicated phone line for inquiries from the media, stakeholders, and general public</p> <p>E3: Have or have access to 24/7 alerting capacity (phone or alternate method). This includes maintenance, including but not limited to licensing</p> <p>E4: Have or have access to a redundant power supply to support 24/7 alerting and public messaging capacity</p> <p>E5: Have or have access to walkie talkies (due to electromagnetic pulse risk from nuclear incidents), ham radios, or other wireless devices</p>

Function 2: Determine the need for a joint public information system

Determine the need for, and scale of, a joint public information system, including if appropriate, activation of a Joint Information Center within the public health agency. Participate with other jurisdictional Joint Information Centers in order to combine information sharing abilities and coordinate messages.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: As applicable to the incident, establish a Virtual Joint Information Center, if establishment of a full-fledged Joint Information Center is not optimal. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

Task 2: Identify a health department representative to participate in the jurisdiction's emergency operations center to ensure public health messaging capacity is represented if a Joint Information Center (JIC) or Virtual Joint Information Center is not applicable to the incident. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

Task 3: Assign tasks to support staff (with staff redundancy to support extended operational periods) to support message coordination and public information through three principal functions: Research, Media Operations, and Administration,⁵⁴ as applicable to the incident.



CAPABILITY 4: Emergency Public Information and Warning

Function 2: Determine the need for a joint public information system

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

PLANNING (P)

P1: Written plans should include a decision matrix for scalable joint information system operations; considerations include the following:

- Determine if the information needs of the incident will exceed the resources of the health department
- If multiple organizations are responding to the incident, identify procedures as to how the health department will participate in the jurisdiction's Joint Information Center

P2: Written plans should include a process to establish a Virtual Joint Information Center, which consists of the connection of public information agencies or personnel through telephone, internet, or other technical means of coordination without working from a physical emergency operations center. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

P3: Written plans should include a standard operating procedure for requesting additional alerting resources (e.g., personnel and equipment) through the jurisdictional incident management system.

SKILLS AND TRAINING (S)

S1: Public health agency staff or volunteers from partner agencies, who will support the media, research, or administrative support functions during an incident should have awareness-level training specific to media operations during an incident (e.g., IS-702.a).

EQUIPMENT AND TECHNOLOGY (E)

E1: (Priority) Minimum components of a Virtual Joint Information Center:

- Equipment to exchange information electronically within the jurisdiction and CDC, in real-time, if possible
- Shared site or mechanism or system to store electronic files of joint information center products, e-mail group lists, incident information, and scheduling

Minimum components of a Virtual Joint Information Center for territory jurisdictions entail the following:

- Electronic access to both the CDC public website and the World Health Organization shared information site

E2: Recommended support materials for jurisdictions to send and receive information include internet access, contact information for state and local officials and media, computers and printers, fax machines, phones and multiple phone lines, clocks, cell phones, radio, television, video, and recording devices for both radio and television.

Recommended support materials for territory jurisdictions in order to send and receive information include internet access, phones, and radio.



CAPABILITY 4: Emergency Public Information and Warning

Function 3: Establish and participate in information system operations

Monitor jurisdictional media, conduct press briefings, and provide rumor control for media outlets, utilizing a National Incident Management System compliant framework for coordinating incident-related communications.

Tasks

This function consists of the ability to perform the following tasks:

- Task 1:** Develop, recommend, and execute approved⁵⁵ public information plans and strategies on behalf of the Incident Command or Unified Command structure. *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*
- Task 2:** Based on jurisdictional structure, provide a single release point of information for health and healthcare issues through a pre-identified spokesperson in coordination with the JIC. *(For additional or supporting detail, see Capability 6: Information Sharing)*
- Task 3:** Facilitate rumor control for media outlets for the jurisdiction such as television, internet, radio, and newspapers.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)	<p>P1: Written plans should include a media contact list, accompanied by a procedure to keep the list up to date and accurate.⁵⁶</p> <p>P2: Written plans should include procedures to accomplish the following:</p> <ul style="list-style-type: none"> - Track media contacts and public inquiries, listing contact, date, time, query, and outcome - Monitor media coverage to ensure information is accurately relayed - Correct misinformation before next news cycle - Coordinate interests and concerns from health-related media interests in the jurisdiction
SKILLS AND TRAINING (S)	<p>S1: Public information staff should be trained in the following:</p> <ul style="list-style-type: none"> - National Incident Management System (IS-701.a) - Emergency Management Institute G291- Joint Information System/Joint Information Center Planning for Tribal, State and Local Public Information Officers
EQUIPMENT AND TECHNOLOGY (E)	<p>E1: Public Information Officers/spokespersons should have access to equipment to receive messaging from the jurisdictions' public health alert system.</p>



CAPABILITY 4: Emergency Public Information and Warning

Function 4: Establish avenues for public interaction and information exchange

Provide methods for the public to contact the health department with questions and concerns through call centers, help desks, hotlines, social media, web chat or other communication platforms.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Establish mechanisms (e.g., call center, poison control center, and non-emergency line such as 211 or 311) for public and media inquiries that can be scalable to meet the needs of the incident.

Task 2: If health department websites exist, post incident-related information on health department website as a means of informing and connecting with the public.

Task 3: Utilize social media (e.g., Twitter and Facebook) when and if possible for public health messaging.

Performance Measure(s)

At present there are no CDC-defined performance measures for this function.

Resource Elements

*Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.*

PLANNING (P)

P1: Written plans should include a procedure to activate designated inquiry line(s) if applicable to the jurisdiction.⁵⁷ Possible considerations include the following items:

- Diversion of unnecessary calls away from the community 911 system
- Diversion of non-critically ill patients away from the healthcare system
- Updated public information regarding health department actions

P2: Written plans should include procedures to identify community partners (e.g., public health, emergency management, 911 authority, Emergency Medical Services, healthcare agencies, community and faith-based partners, and poison control centers) to create a Call Center "Concept of Operations." Minimum components to be included in the "Concept of Operations" are the following:

- What set of circumstances causes the call center system to be activated
- Who activates the call center system
- Designation of call center leader
- Process for call center system activation
- Process for call center increased hours/staffing/de-escalation
- Process for how the call center will interface with the jurisdiction's incident management system/Joint Information Center (JIC)
- Call center scripts/staffing needs

P3: Written plans should include procedure to utilize CDC-INFO as a potential resource to increase response capacity for public and healthcare provider inquiries in emergency and natural disaster incidents, if applicable to the jurisdiction. *(For additional or supporting detail, see Capability 6: Information Sharing)*

P4: Written plans should include a protocol addressing the following items, if using social networking tools:

- Linked websites
- Promotion of participation in Twitter/Facebook
- Evaluation of Twitter/Facebook participation
- Collection of metrics or usage data
- Responsibility for creating and clearing posts
- Time frame or schedule for adding new tweets or posts



CAPABILITY 4: Emergency Public Information and Warning

Function 4: Establish avenues for public interaction and information exchange

Resource Elements *(continued)*

PLANNING (P)	Suggested resource <ul style="list-style-type: none"> - CDC's guidance on using social media: http://www.cdc.gov/SocialMedia/Tools/guidelines/pdf/microblogging.pdf
	<p>P5: Written plans should include guidelines for message development when utilizing social media:</p> <ul style="list-style-type: none"> - Consideration of target audience - Ability of messages to stand alone - Action-oriented messages <p>P6: Written plans should include scripts or message maps for call center staff.</p>
	<p>S1: Public information staff should trained in use of social media and health communications.</p> <p>S2: Public information staff should complete the following training: National Incident Management System Communications and Information Management (IS-704)</p>
EQUIPMENT AND TECHNOLOGY (E)	<p>E1: Have or have access to information technology or telephonic equipment to support the scalability of the inquiry line as indicated by the incident. (A transferred call ties up a phone channel until the call is completed.)</p>

Function 5: Issue public information, alerts, warnings, and notifications

Utilizing crisis and emergency risk communication principles, disseminate critical health and safety information to alert the media, public, and other stakeholders to potential health risks and reduce the risk of exposure to ongoing and potential hazards.

Tasks

This function consists of the ability to perform the following tasks:

Task 1: Prior to the incident, comply with established jurisdictional legal guidelines to avoid communication of information that is protected for national security or law enforcement reasons or that may infringe on individual and entity rights.

Task 2: Disseminate information to the public using pre-established message maps in languages and formats that take into account jurisdiction demographics, at-risk populations, economic disadvantages, limited language proficiency, and cultural or geographical isolation.



CAPABILITY 4: Emergency Public Information and Warning

Function 5: Issue public information, alerts, warnings, and notifications

Tasks (continued)

Task 3: Transmit health-related messaging information to responder organizations through secure⁵⁸ messaging platforms. (For additional or supporting detail, see *Capability 6: Information Sharing*)

Performance Measure(s)

This function is associated with the following CDC-defined performance measure:

Measure 1: Time to issue a risk communication message for dissemination to the public

- **Start time:** Date and time that a designated official requested that the first risk communication message be developed
- **Stop time:** Date and time that a designated official approved the first risk communication message for dissemination

Resource Elements

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

P1: Written plans should include a clearance/approval process designating points of contact to address Information verification and approval of documents.⁵⁹

P2: Written plans should include a process and protocol to translate materials/resources for populations with limited language proficiency.⁶⁰

Suggested resources

- National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities / Translated Material:
http://www.diversitypreparedness.org/Resources/23/resourceTypeld_7782/
- National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities / National Standard:
http://www.diversitypreparedness.org/Resources/Subtype/47/resourceTypeld_14784/subtypeld_16079/
- National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities / National Consensus Statement and Guiding Principles on Emergency Preparedness and Cultural Diversity:
http://www.diversitypreparedness.org/Topic/Subtopic/Record-Detail/18/resourceTypeld_14784/subtypeld_16946/resourceId_16947/
- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response:
<http://www.thinkculturalhealth.hhs.gov>
- CDC/Association of State and Territorial Health Officials At-Risk Populations and Pandemic Influenza: Planning Guidance for State, Territorial, Tribal, and Local Health Departments:
<http://www.astho.org/Display/AssetDisplay.aspx?id=401>
- Preparedness Tools and Resources:
http://www.disability.gov/emergency_preparedness/preparedness_tools_%26_resources

P3: Written plans should include a process and protocol to create low literacy/easy to read printed materials.⁶¹

Suggested resources

- Centers for Disease Control and Prevention/Simply Put: A Guide for Creating Easy-To-Understand Materials:
http://www.cdc.gov/healthmarketing/pdf/Simply_Put_082010.pdf
- National Cancer Institute/Clear and Simple: Developing Effective Print Materials for Low-Literate Readers:
<http://www.cancer.gov/cancerinformation/clearandsimple>

P4: Written plans should include a process and protocol to create materials for the visually or hearing impaired.

PLANNING (P)



CAPABILITY 4: Emergency Public Information and Warning

Function 5: Issue public information, alerts, warnings, and notifications

Resource Elements *(continued)*

PLANNING (P)	<p>Suggested resource</p> <ul style="list-style-type: none">– Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency: http://emergency.cdc.gov/workbook
	<p>P5: Written plans should include a process and protocol to reach rural/ isolated populations.</p> <p>Suggested resource</p> <ul style="list-style-type: none">– Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency: http://emergency.cdc.gov/workbook
	<p>P6: Written plans should include a process to provide information to help at-risk individuals understand personal preparedness, be knowledgeable about available services, and understand where they can obtain services.⁶² (Considerations should include the use of multiple media, multilingual and alternative formats, and age-appropriateness of information.)</p>
	<p>P7: Written plans should include the identification of jurisdictional legal authorities to avoid communication of information that is protected for national security or law enforcement reasons or that may infringe on individual and entity rights.</p>
SKILLS AND TRAINING (S)	<p>S1: Information technology skill set to support health alert system. <i>(For additional or supporting detail, see Capability 6: Information Sharing)</i></p>
	<p>S2: Training health communication staff in health communication and cultural sensitivity</p> <p>Suggested resource</p> <ul style="list-style-type: none">– Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency: http://emergency.cdc.gov/workbook