

# ICCE Net

## Intrastate Crisis Communication Enhancement Network

### **PURPOSE**

The objective of this program is to foster regular and structured meetings between and among professionals at the county, regional, and state levels who are responsible for managing public information during a catastrophic health event or an act of bioterrorism. The Office of Public Health Preparedness and Response (PHP&R) considers it essential that a program be established to enhance the ability of those involved to better conduct and coordinate media and public information efforts before, during and after a crisis.

### **PRIMUS**

During a health crisis it is expected that a multitude of public and private agencies will participate in the response. It is imperative that the people from each sector responsible for coordinating public information establish lines of communication within and between the affected counties as well as the affected regions and the state before an event takes place. The more familiar everyone responsible for public health communications is with each other the more likely it is that vital information will be properly exchanged. To that end, it is vital that we develop solid connections with one another and take full advantage of information-sharing opportunities – and to avert information crises – as they arise.

### **PROGRAM**

This program is based upon the concept that in North Carolina there are three distinct spheres of health communication that must be addressed – intracounty, intercounty (regional), and the communication that takes place between counties, regions, and state offices (statewide). When viewed as a whole, they create an intrastate network of health, medical, and emergency organizations that need to communicate with each other before and during a health crisis. Working together in a structured system will enhance the communication abilities of both the individual groups and the network – thus the name Intrastate Crisis Communication Enhancement Network – or ICCE Net.

#### **County**

Each county or health district will create a Local Information Team (LIT) comprised of those individuals who are responsible for coordinating media and public information efforts during a health crisis. The county health department's lead public information officer (PIO) will take the lead in creating these groups and scheduling regular meetings. The county's Public Health Regional Surveillance Team (PHRST) will provide oversight and guidance to the county PIOs to help them establish their groups and meeting times. The health department PIO should enlist the aid and partnership of the county's lead PIO or designated media coordinator at the beginning of this effort. (Although not all health departments have PIOs, most have either a BT coordinator, public health nurse or a health educator who has received media facilitator training and/or has been designated the department's media coordinator. PHP&R will work with the state Local Technical Assistance and Training office to

coordinate with nurses, health educators, and others serving as media coordinators.) It is suggested that the meetings be held once a month and that they are held within or as close to the county's Emergency Operations Center as possible to foster interaction with this key office.

The following is a list of core agencies and organizations that should be asked to provide a lead PIO, public affairs officer (PAO), or staff member responsible for media/public information. Others can be added as deemed appropriate by each county or health district.

- County
- Health Department
- Large Municipalities
- Emergency Management (if different from county PIO)
- Hospital(s)
- Emergency Medical Services
- Red Cross
- Home Health
- Hospice
- Fire
- Law Enforcement

### **Regional**

Each PHRST will convene a Regional Crisis Communication Alliance meeting – either in person or via teleconference – on a quarterly basis for training, enhancing familiarity between counties, and to discuss crisis communication needs and tasks. Makeup of the alliance will be determined by the PHRSTs, but should include representatives from the four core groups delineated in Section IV of the "Roles and Missions of North Carolina Public Health Regional Surveillance Teams" document. *Note: See "Regional Level" in the "Guidelines and Objectives" section below.*

The PHR&R Communication Coordinator and the Education and Training Coordinator will assist the PHRSTs with determining agendas and focus.

### **Statewide**

In addition to assisting counties and regions, the PHP&R Communication Coordinator will conduct an annual meeting and provide Emergency Risk Communication training on an ongoing basis. As chairman of the state PHP&R Steering Committee's Public Affairs Subcommittee, the PHP&R Communication Coordinator will seek input and guidance from subcommittee members to help determine scope and need, and to foster better crisis communication interaction between key state departments, the PHRSTs and the LITs. The PHP&R Communication Coordinator shall also provide regular reports to the PHP&R Steering Committee for oversight and additional guidance.

## **GUIDELINES AND OBJECTIVES**

### **County Level**

Each county or health district is charged with meeting specific requirements outlined in "The Division of Public Health, Office of Public Health Preparedness and Response Agreement Addenda." Conducting meetings according to this plan will fulfill activities one through six under Risk Communication, Activity #4515.

Specifically, those activities are:

1. Establish and participate in regional meetings for Public Information Officers (PIOs) from Public Health, Hospital Administration and Law Enforcement.
2. Identify appropriate Risk Communication training opportunities. Identify and maintain contact list of appropriate Public Information Officers and local and regional media facilitators.
3. Coordinate Risk Communication educational activities for PIOs and media facilitators.
4. Develop Risk Communication procedures and protocols.
5. Support and participate in county and regional Risk Communication flow matrix (ICCE Net).
6. Participate in state risk-communication network activities (ICCE Net).

To ensure completion of these activities, PHP&R recommends that each local health department's PIO, media facilitator, or designated media coordinator be the staff person responsible for convening the monthly meeting of PIOs from the groups listed above. These meetings should begin as soon as possible but no later than August 2004.

*Note: If the health department does not have a PIO, trained media facilitator or designated media coordinator, it is highly recommended that the health director designate a media facilitator as soon as possible. Past public health crises have demonstrated that, during a crisis it will NOT be possible for the health director to perform his or her duties AND coordinate the media at the same time.*

Each county or health district will, with the assistance of the PHRSTs and the PHP&R Communication Coordinator, create an Emergency Risk Communication Plan that establishes policies regarding the communication of health issues within the county and with other counties within the region. Such policies will establish lead spokespeople, approval of messages, message coordination with county and state agencies, message dissemination, media availability schedules, and other key communication elements. Once completed the plans will be submitted to the county's PHRST for review and coordination. If a county has an existing Emergency Risk Communication Plan they will submit their plan to the PHRST for review as soon as possible.

The LITs also will use their monthly (or regularly scheduled) meetings to determine additional health communication goals and needs specific to their counties. The

PHRSTs and PHP&R Communication Coordinator will help facilitate those goals as requested.

### **Regional Level**

According to the "Roles and Missions of North Carolina Public Health Regional Surveillance Teams," each PHRST is charged with meeting specific requirements related to risk communications. Adherence to ICCE Net will help the PHRSTs accomplish many of those requirements as listed in Section IV of the "Roles and Missions" document.

Subsection A of Section IV states: *PHRSTs will ensure that risk communications and release of information to the public and media are only as authorized by competent jurisdictions or authorities. Any announcements or other communications will clearly identify the identity and titles of the source and releaser of information.*

The PHRSTs will accomplish these tenets when facilitating county efforts to establish Emergency Risk Communication Plans and/or when those plans are submitted for final review.

Subsection B states: *PHRSTs will maintain regular communications and consultation with Local Health Departments in their regions and will be prepared to provide:*

- 1. Immediate consultation and advice for development of risk communication materials and messages.*
- 2. Written, online, and other materials as requested.*
- 3. Subject matter expertise, when requested and within the professional qualifications and competence of the PHRST member.*

Providing assistance to the LITs to help coordinate and conduct their monthly meetings will satisfy the main component of this requirement and facilitate accomplishing the three subsets as listed above.

Subsection C states: *PHRSTs will convene regular conferences with Public Information Officers within their regions. Minimum frequency: Quarterly. Organizations invited will include:*

- 1. Local Health Departments*
- 2. Hospitals*
- 3. Emergency Management agencies*
- 4. County and municipal governments*

Convening quarterly meetings in person or via teleconference will satisfy the main component of this requirement. In addition to the four base categories listed above, PHRSTs may want to consider including all members of each LIT. One strategy would be to limit teleconference participation to members representing the four base categories and inviting all LIT members to regular conferences. PHP&R recommends that PHRSTs conduct at least one meeting each year where members meet in person.

Subsection D states: *PHRSTs will maintain contact lists of Public Information Officers in counties in region.*

Facilitating LIT meetings will naturally lend itself to fulfilling and updating this task.

Subsection E states: *PHRSTs will be prepared to conduct conference calls with one or more counties in region, as circumstances dictate. This capability should be exercised at least quarterly, preferably as a part of an exercise or actual response.*

Following the recommendations under Subsection C above will fulfill most of this requirement.

Subsection G states: *PHRSTs will maintain a regional website with links to NCHAN, CDC, regional and local agencies, etc.*

Quarterly meetings with the LITs will provide an easy opportunity to assess and determine what types of links and information should be included on the regional website that will address local public information needs.

Subsection I states: *PHRSTs will publish a quarterly newsletter within their region (copies furnished to NC PHP&R) actively marketing their services and support to local health departments and other partners in the region.*

The regular communications with the LITs via their monthly meetings and the PHRSTs' quarterly meetings should be used to help determine newsletter content, solicit contributions, and establish distribution lists.

### **State Level**

The PHP&R Communication Coordinator will provide guidance and oversight to both the LITs and the PHRSTs in all aspects of the ICCE Net plan. Additionally, the PHP&R Communication Coordinator will attempt to convene a yearly conference bringing as many of the county, regional, and state ICCE Net members together as possible for education, training, and networking. Funding for the annual conference will be requested in the grant proposal submitted to the CDC for Grant Year 5. If approved, the funding will allow the conference to be offered to participants at no cost other than travel and per diem expenses. (Local health department participants should set aside BT-related Aid to County funds for this purpose.)

Section IV, Subsection J of the PHRST "Roles and Missions" document states: *PHRSTs will obtain training in Crisis Emergency Response Communications for all assigned personnel and will invite regional partners to participate in this training.*

The PHP&R Communication Coordinator, with the help of the Education and Training Coordinator, will establish a schedule to train LIT and PHRST members how to use the CDC's "Emergency Risk Communication CDCynergy" CD-ROM tool

box. Each county and PHRST will be provided a copy of the CD-ROM that includes guidelines and templates for creating a communication plan. The CDCynergy CD-ROM contains many tools and resources and is to be considered the standard for public health emergency-risk communications.