

CRISIS AND EMERGENCY RISK COMMUNICATION GUIDELINES



**TEXAS DEPARTMENT
OF STATE HEALTH SERVICES
CENTER FOR CONSUMER AND EXTERNAL AFFAIRS**

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APPROVAL AND IMPLEMENTATION CRISIS AND EMERGENCY RISK COMMUNICATION GUIDELINES

These Standard Operating Guidelines are hereby accepted for implementation and supersede all previous editions.

Date

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Texas Department of State Health Services

TABLE OF CONTENTS

CRISIS AND EMERGENCY RISK COMMUNICATION GUIDELINES

I. Authority and References.....	1
II. Purpose.....	1
III. Explanation of Terms	1
IV. Situation and Assumptions.....	3
V. Concept of Operations	4
A. DSHS Operations	4
1. Overview	4
2. DSHS News Media Relations.....	5
3. Staffing Requirements	5
4. Public Information Lines	5
5. Joint Information System (JIS).....	5
6. Joint Information Center (JIC).....	5
7. Special Audiences	6
B. State Operations.....	6
1. ESF 8	6
2. Public Information Support	6
VI. Organization and Assignment of Responsibilities	6
A. DSHS Communications Response	7
B. State Operations Center (SOC)	7
VII. Plan Development and Maintenance	7
VIII. Operational Procedures	7
Media Policy.....	Tab A
Multi-Agency Coordination Center (MACC).....	Tab B
Translation Guidelines.....	Tab C
Web Guidelines.....	Tab D
Alternative Public Information Guidelines.....	Tab E
Special Populations.....	Tab F
Strategic National Stockpile	Tab G
Pandemic Flu	Tab H

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

CRISIS AND EMERGENCY RISK COMMUNICATION GUIDELINES

I. AUTHORITY AND REFERENCES

See the following:

- A. Texas Homeland Security Strategic Plan, Part III, State of Texas Emergency Management Plan, Section I
- B. Annex H (Health and Medical) to the State of Texas Emergency Management Plan\
- C. Appendix 1 (Texas Department of State Health Services Emergency Response Plan) to Annex H
- D. Appendix 6 (Texas Department of State Health Services Bioterrorism Response) to Annex H
- E. Appendix 7 (Texas Department of State Health Services Pandemic Influenza Response) to Annex H
- F. Appendix 8 (Texas Department of State Health Services Texas Strategic National Stockpile) to Annex H
- G. Annex I (Emergency Public Information) to the State of Texas Emergency Management Plan
- H. Agency Administration Policy AA-5036, DSHS News Media Policy

II. PURPOSE

The purpose of these guidelines is to describe, pursuant to the National Incident Management System (NIMS), the means, organization, and process by which the Texas Department of State Health Services, through the Center for Consumer and External Affairs, will provide timely, accurate, and useful information and instructions to the public before, during, and after a public health threat or emergency.

III. EXPLANATION OF TERMS

Crisis and Emergency Risk Communication. Urgent disaster communication combined with communication about risks and benefits to stakeholders and the public. Crisis and emergency risk communication provides expert information that helps the receiver and advances a behavior or an action that allows for rapid and efficient recovery from the event.

Disaster. The occurrence or imminent threat of widespread or severe damage, injury, and loss of life or property that is beyond the capability of the governments within the affected area to resolve with their resources.

Emergency. The occurrence or imminent threat of a condition, situation, or event that requires immediate response actions to save lives; prevent injuries; protect property, public health, the environment, and public safety; or to lessen or avert the threat of a disaster.

Emergency Public Information. Information that is disseminated primarily in anticipation of or during an emergency. In addition to providing situational information to the public, emergency public information also frequently provides instructional information to be used by the general public.

Incident. An emergency situation that is limited in scope and potential effects on lives and property and is typically handled by one or two local response agencies acting under an incident commander. An incident may require limited external assistance from other local response forces.

Incident Command System (ICS). ICS is a standardized incident management system used to organize emergency response and designed to offer a scalable response to incidents of any magnitude.

Joint Information Center (JIC). A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies co-locate at the JIC.

Joint Information System (JIS). A JIS is a structure and system for developing public information plans and strategies, for providing information that could affect a response effort; and for controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

Multi-Agency Coordination Center (MACC). An interagency emergency operations center established by DSHS during Texas Response Level II (Escalated Response Conditions) or Texas Response Level I (Emergency Response Conditions). The MACC serves as the central point of coordination for health and medical response by Texas Health and Human Services agencies, including the coordination of communications with affected HHS and DSHS regional offices.

National Incident Management System (NIMS). A system mandated by Homeland Security Presidential Directive (HSPD) 5 that provides a consistent nationwide approach for federal, state, local, and tribal governments, the private sector, and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

Press Officer. The DSHS Press Officer serves as the official spokesperson for

the Department and is responsible for providing the public, the media, and other state and federal agencies statewide incident-related information. The Press Officer develops and disseminates statewide information on the incident's cause, size, and current situation; resources committed; and other matters of general interest for both internal and external use. The Press Officer and DSHS Assistant Press Officers serve on the DSHS Incident Command Staff as PIO.

Public Information Officer (PIO). A member of the Incident Command Staff responsible for working with the public, the media, and other agencies to provide incident-related information.

IV. SITUATION AND ASSUMPTIONS

See Texas Homeland Security Strategic Plan, Part III, State of Texas Emergency Management Plan, Section III.

Public information and rumor control are vital to help the public deal with an emergency, to avoid panic, and to maintain the public's cooperation. Bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies are considered highly sensitive issues.

Negative consequences may affect those who experience a disaster either first hand as survivors or observers. The effects include anxiety, depression, family disruption and violence, substance abuse, absenteeism, and other related physical and mental health symptoms. These consequences can adversely affect public health, and DSHS should be a leader in helping to educate the public and allay people's anxiety and fear to help prevent such negative health outcomes following large-scale public health threats and emergencies, especially ones that include numerous casualties.

When local health agencies solicit assistance from the state, the communications plan should be implemented in cooperation with local agencies. Inquiries about any criminal investigation should be referred to the appropriate law enforcement agency or legal authority.

A disease outbreak, bioterrorist event, or other public health threat or emergency will necessitate extensive communication activities. While a communications plan cannot alleviate the threat of terrorism or solve public health problems, good communications can affect how the public, media, and health care providers react to a health emergency.

The size of the affected area and the speed by which the disease or infection is spread will directly correlate with media interest and involvement. The overt release of a biological agent affecting the public or its water or food supply will cause an immediate need for credible public health information. The affected

area may include a local community, several communities, unincorporated areas of the state, Texas and adjacent states or it may cross the international border with Mexico.

The media should be considered an essential participant in disseminating information and updates. Unverified overt health threats should generally not be made public. Publicized hoaxes tend to breed more hoaxes and raise false alarms. However, the department may need to respond to quell rumors and fears, and internal communications systems may be activated. Rumor control is a major aspect of the public information role. Public feedback and regular monitoring of news reports facilitate this effort and provide a measure of the effectiveness of information released.

A primary purpose for centrally coordinating information dissemination to the news media is to improve the chances that DSHS releases information that is credible, consistent, accurate, current, useful, needed, and appropriate. Information released to the media through several sources (local, state, and federal) also must be coordinated to assure that information released is most beneficial to the public and is not confusing. When local health agencies solicit assistance from the state, the communications plan should be implemented in cooperation with local agencies.

V. CONCEPT OF OPERATIONS

A. DSHS Operations

1. Overview

Pursuant to NIMS, emergency public information is disseminated primarily in anticipation of or in response to an emergency. In addition to providing situational information to the public, it also frequently provides directive actions required to be taken by the public.

This plan and operational guidelines cover two areas of emergency public information for the Texas Department of State Health Services: Direct communication from DSHS through the Communications Unit with the news media, and information dissemination to partners and stakeholders to educate the public regarding exposure risks and effective public response.

Media messages (fact sheets, news releases, frequently asked questions, Web sites) relating to infectious disease prevention, specific critical agents, other public health threats, and emergency situations are prepared in advance and posted to the DSHS Public Health Preparedness Web site. These materials are made available to local health departments, community groups, and special needs populations. Information is provided in English and Spanish, in other languages as needed, and in accessible formats.

General public education activities include media campaigns on infectious

disease topics, health information on Web sites for public access, and creation of various media products such as Commissioner's Commentaries, news releases, and news features for public education.

Upon notification of a significant event requiring state response, DSHS staff will alert identified personnel to be prepared to meet requirements for representing the Health and Medical Services Emergency Support Function (ESF 8) for the following, if activated:

- State Operations Center
- DSHS Multi-Agency Coordination Center (MACC)
- Joint Information Center(s) (JICs)
- State and Federal Joint Field Offices (JFOs)
- Disaster District Emergency Operations Centers (EOCs)
- Regional Unified Command Centers (RUC)
- DSHS Regional Emergency Operations Centers (EOCs)
- Regional Response Teams (RRTs)
- Local Emergency Operation Centers (EOCs)

2. DSHS News Media Relations

See DSHS Media Policy, Tab A.

3. Staffing Requirements

See Multi-Agency Coordination Center (MACC) guidelines, Tab B.

4. Public Information Lines

See Alternative Public Information guidelines, Tab E.

5. Joint Information System (JIS)

Public information activities are coordinated through a Joint Information System (JIS), which provides for integrating public information activities across jurisdictions, with the private sector, and non-governmental organizations.

Key elements of the JIS include:

- a. Providing plans, protocols, and structures used to establish an organized, integrated, and coordinated mechanism to deliver timely, understandable, accurate, and consistent information to the public in a crisis.
- b. Interagency coordination and integration.
- c. Developing and delivering coordinated messages
- d. Support for decision-makers.
- e. Flexibility, modularity, and adaptability.

6. Joint Information Center (JIC)

DSHS will operate its communication system without establishing a DSHS

Joint Information Center (JIC). Health and Human Services agencies will share information as part of the Multi-Agency Coordination Center (MACC).

Should a request come from the Governor's Office, Governor's Division of Emergency Management, or other response agency, DSHS will participate in a state-level or state/federal-level JIC. DSHS will provide support to a regional or local JIC as staffing allows upon request received by the Communications Director. DSHS Press Officer or designee will support DSHS staff who are requested to participate in a joint news conference.

7. Special Audiences

See DSHS Translation Guidelines, Tab C.

See DSHS Special Populations Guidelines, Tab F.

B. State Operations

The Governor's Division of Emergency Management (GDEM), through its emergency public information office, combines both education and information to reduce significant disaster-related casualties, property damage, and provide long-term public education related to hazard awareness. These efforts are intensified during incidents or events and may require augmentation from public information ESF members.

1. ESF 8

DSHS is the lead agency for Emergency Support Function (ESF) 8, Health and Medical Services, Annex H. to the State Emergency Management Plan.

2. Public Information Support

DSHS is the support agency for Public Information, Annex I. In the event additional public information assistance is needed in the state, Public Information ESF members with knowledge of operational and procedural capabilities may be called to assist with public information activities at the State Operations Center, Disaster District emergency operations centers, joint field office(s), joint information center(s), or other officially designated sites.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

See Annex H (Health and Medical) to the State of Texas Emergency Management Plan, Section V.

The Texas Emergency Management Plan assigns responsibility for disseminating information to the public during an emergency to the Governor's Division of Emergency Management (GDEM). The Texas Department of Public Safety (DPS) provides support at the state and district levels. All emergency

public information is to be released by, or coordinated with, these designated entities. GDEM may instruct DSHS and other agencies to release certain information.

The DSHS Press Officer has primary responsibility for coordinating and disseminating department-specific information to the media during emergency event operations. Support is provided by those Health Service Regions or other DSHS entities responsible for specific aspects of the emergency response. This information is coordinated with the Governor's Division of Emergency Management and other agencies as appropriate. The DSHS Press Officer may designate an Assistant Press Officer or other staff to act on his or her behalf.

The Commissioner of the Texas Department of State Health Services (the state's health authority) is the primary agency health and medical expert spokesperson. In coordination with the DSHS Press Officer, a Regional Director may serve as the primary health and medical spokesperson for that region.

A. DSHS Communications Response

DSHS provides public information through the PIO staff position on the Command Staff in the MACC and through the Communications Unit, Center for Consumer and External Affairs. Available communication response personnel include:

1. DSHS Press Officer
2. DSHS Assistant Press Officers
3. Director, DSHS Communications Unit
4. Information Specialists, DSHS Communications Unit
5. DSHS Web Office staff
6. Support Personnel, DSHS Communications Unit

B. State Operations Center (SOC)

1. DSHS designee to the Texas State Operations Center
2. Additional DSHS support to the Texas SOC

VII. PLAN DEVELOPMENT AND MAINTENANCE

The DSHS Communications Unit in the Center for Consumer and External Affairs is responsible for the development of the Crisis and Emergency Risk Communication Plan. Communications Unit staff will exercise or test, review, and update the Crisis and Emergency Risk Communication Plan at least annually.

VIII. OPERATIONAL PROCEDURES

Information in the following Tabs provides the operational procedures for crisis and emergency risk communications at DSHS.

Tab A
Media Policy

News Media	Policy Number	AA-5036
	Effective Date	September 1, 2004
	Revision Date	March 15, 2007
	Subject Matter Expert	Press Officer
	Approval Authority	Chief Operating Officer
	Signed by: M. Elaine Powell	

1.0	Purpose	
	This policy governs Texas Department of State Health Services (DSHS) interaction with the news media.	
2.0	Policy	
2.1	Responding to News Media Inquiries	
	2.1.1	Except as noted below, all news media calls, inquiries and requests received by DSHS employees must be referred to the DSHS Press Officer.
	2.1.2	“Referred” means that the employee receiving the inquiry must: a) contact the DSHS Press Officer to discuss the inquiry before a response is provided, OR b) provide the news media representative with the DSHS Press Officer’s name and phone number.
	2.1.3	The DSHS Press Officer will determine who will respond to the inquiry or request.
	2.1.4	Exceptions: Hospital Superintendents and Regional Directors may respond to inquiries from local news media about routine (see Definitions) topics without first consulting with the DSHS Press Officer.
	2.1.5	Hospital Superintendents and Regional Directors also may name one designee to respond on their behalf to inquiries from local news media about routine topics.
	2.1.6	The DSHS Press Officer may authorize the appointment of additional designees to respond on behalf of Hospital Superintendents and Regional Directors.
	2.1.7	Hospital Superintendents and Regional Directors must provide the DSHS Press Officer with the names, positions and phone numbers of their designees.
	2.1.8	Responses to news media inquiries should be prompt, accurate and credible.
2.2	Media Contact Reports	
	2.2.1	Employees responding to a news media inquiry in accordance with the provisions of Section 2.1 of this policy should e-mail a brief message providing pertinent information about the response directly to the DSHS Press Officer immediately after the contact.
	2.2.2	Pertinent information includes: media name, city, media representative’s name and phone number, topic and any unusual aspects of the interview or conversation.
	2.2.3	Sending a media contact e-mail is not a substitute for following the provisions of Section 2.1.
2.3	Initiating Contact with the News Media	
	2.3.1	Only the DSHS Press Officer is authorized to initiate DSHS contact with the news media or approve the initiation of such contact.

	2.3.2	This provision applies to DSHS letters to the editor, opinion pieces, phone calls, e-mails, faxes, letters of complaint and to standard media communications methods such as news releases and press conferences.
2.4	Urgent Items	
	DSHS employees should immediately inform the DSHS Press Officer of any health emergencies, crises, or controversial events or situations – regardless of media interest.	
2.5	DSHS News Media Products and Services	
	2.5.1	All DSHS news releases, news features, press conferences, media advisories, news videos and audios and other DSHS communications products, events or services for the news media must be authorized, reviewed and approved by the DSHS Press Officer.
	2.5.2	This provision also applies to draft, fill-in, template or other news items supplied by DSHS for use by other organizations or individuals.
	2.5.2	This section does not apply to the preparation and distribution of scientific articles or papers by DSHS staff for publication in medical or other health profession journals.
2.6	Commitments	
	No commitments to news releases, press conferences, interviews, appearances or other news dissemination products or activities – including commitments in applications for grants or other requests for funding – should be made without authorization from the DSHS Press Officer.	
2.7	Confidentiality	
	DSHS employees are prohibited from:	
	2.7.1	Revealing or confirming health or medical information about an individual.
	2.7.2	Supplying reporters or other media representatives with information that could lead to the revelation or confirmation of an individual's health or medical information.
	2.7.3	Supplying reporters or other media representatives with information that identifies—or could lead to the identification of—clients or participants in DSHS programs if such identification is prohibited by constitutional, federal or state law or regulation or by DSHS policy, protocol or procedure, unless proper approvals have been obtained.
	2.7.4	Directly or indirectly contacting such above-described individuals, clients or participants on behalf of reporters or other media representatives seeking interviews or information, unless authorized by the DSHS Press Officer.
2.8	Waivers	
	The DSHS Press Officer may waive specific requirements of this policy.	
2.9	Designee	
	The DSHS Press Officer may name a designee or designees authorized to act on his or her behalf.	

3.0	Definitions
	<p>3.1 Routine topics are defined as those that are simple and fact-based.</p> <p>3.2 News Media - For purposes of this policy, news media includes television, radio, newspaper, magazine, wire services, newsletters, talk shows and other broadcast programs, and Web/Internet news sites.</p>
4.0	Persons Affected
	This policy applies to all employees of DSHS' state and regional offices, hospitals and other DSHS entities and to DSHS communications contractors and subcontractors.
5.0	Responsibilities
	All DSHS supervisors should continually ensure that their employees are aware of and comply with the provisions of this policy.
6.0	Procedures
	Procedures considered self-explanatory; however, questions may be directed to the DSHS Press Officer.
7.0	Issuance and Revision History

Date	Action	Section
3/15/2007	Policy amended to require certain news media inquiries and requests to be referred to DSHS Press Officer. Rewrite of Section 2.2; addition of 3.1	2.2; 3.1
9/01/2004	New Policy	

Tab B
Multi-Agency Coordination Center (MACC)
Emergency Public Information

Multi-Agency Coordination Center (MACC) Emergency Public Information

(These guidelines have been developed without a specific Multi-Agency Coordination Center plan to follow. These MACC guidelines for emergency public information are based on the Memorandum of Agreement among the agencies of the Texas Health and Human Services Enterprise. This MOA, under the authority of the Executive Commissioner, stipulates that HHS agency employees with the skills or management background relevant to ESF 8 will be available to assist with responsibilities in the event of a public health emergency. PIOs from Health and Human Services agencies other than the Texas Department of State Health Services have not yet been identified or trained to work in the MACC.)

The activation of the MACC represents the highest level of response for DSHS. Priority is given to response work during a disaster or emergency. The DSHS Communications Unit and the Governmental Affairs Unit in the Center for Consumer and External Affairs are represented on the Incident Command Staff in the Multi-Agency Coordination Center, filling the PIO and Liaison positions.

Initially the MACC will be staffed around the clock with two (2) teams a day assigned to 12-hour shifts. Day shift is from 7 a.m. to 7 p.m., evening shift 7 p.m. to 7 a.m. A 30-minute window for briefings is designated for each shift change.

Currently, four (4) teams have been identified by the DSHS Community Preparedness Section to staff the MACC. Expectation is that a team will be on one day and off work the next. Goal is for all command staff personnel to have completed ICS 400 training before assignment to specific positions on the teams. The teams are composed of employees from all Texas Health and Human Services agencies and assignments are updated periodically as people are added, trained, or assigned new duties. Assignments for up to six (6) teams for the Liaison Officer and Public Information Officer are:

ICS Position	ALPHA	BRAVO	CHARLIE	DELTA	ECHO	FOXTROT
	(DAY)	(NIGHT)	(DAY)	(NIGHT)	(DAY)	(NIGHT)
Liaison Officer	Rebecca Herron DSHS	Kirk Cole DSHS	Mary Soto DSHS	Bethany Wooford HHSC		
Public Information Officer	Doug McBride DSHS	Luis Morales DSHS	Emily Palmer DSHS	Carrie Williams DSHS	William Ayres DSHS	

A call-down process begins with notification of a Public Health Information Network (PHIN) representative who then begins the cascade to contact people about duty in the MACC. Once the MACC is activated, Alpha Team members will report to the center. The following are Job Action Sheets for the Public Information Officer and Liaison Officer.

PUBLIC INFORMATION OFFICER (PIO)

Reports to: MACC Incident Commander

Mission: Spokesperson responsible for releasing health and medical emergency-specific information to the media, other agencies, and the public.

Authority: Public Information Officer has the authority to release information to the media, to other agencies, and to the public once the information has been approved by the Incident Commander. PIO has the authority to request assistance from DSHS Communications Unit personnel.

Location: MACC

1. Prior to the Event(s):

- a. Review National Response Plan, U.S. Department of Homeland Security, www.dhs.gov/xprepresp/committees/editorial_0566.shtm.
- b. Review State Emergency Response Plan State Emergency Management Plan, Texas Homeland Security, including Appendix H (Health and Medical) www.txdps.state.tx.us/dem/pages/downloadableforms.htm.
- c. Be familiar with HHS Enterprise Emergency Preparedness Planning information, <http://online.dshs.state.tx.us/macc/default.htm>.
- d. Complete applicable training including appropriate level of ICS courses (ICS 700, 200, 300, and 400).
- e. Review DSHS Crisis and Emergency Risk Communication Plan.

2. Position Tasks

- a. Determine from the Incident Commander if there is any information that is not to be released, either currently or in the future.
- b. Develop, access, or revise materials for use in media briefings, public information releases (news releases, key points, frequently asked questions, fact sheets).
- c. Obtain Incident Commander's approval for media releases and other information distributed to the public. Keep the DSHS Communications Director and DSHS on-duty Press Officer updated on information.
- d. Provide copies of news releases, advisories, and other public information documents by e-mail to the Governor's Press Secretary, Governor's

Division of Emergency Management PIO and HHSC Communications Director before release.

- e. Direct the posting of relevant incident information on DSHS Web site, Governor's Disaster Web site, and other health and human services Web sites.
- f. Direct the translation of relevant information for media distribution and Web posting.
- g. Direct the posting of information to the disaster-specific Web site.
- h. Inform media, conduct media briefings, provide, or coordinate interviews.
- i. Coordinate any requests from the Governor's Press Secretary or GDEM PIO for subject matter experts who are requested to be at a state-level news conference.
- j. Arrange for interviews, briefings, or news conferences that may be required for health and medical issues.
- k. Prepare subject matter experts and spokespersons for interviews and news conferences on health and medical issues.
- l. Coordinate requests for support at any state-level or regional joint information centers.
- m. Provide brief, bulleted situational updates to Governor's Press Secretary three times a day by e-mail – early morning, midday and evening. Items to include are:
 - Current priorities
 - Agency resources deployed
 - Key actions or notable operations
 - Critical information for the public
 - Major Web updates
- n. Obtain media information that may be useful to incident planning and convey to the Planning and Intelligence Section.
- o. Maintain current information summaries and updates on the incident and provide information on status of incident to assigned personnel.
- p. Maintain Unit/Activity Log (ICS Form 214).

LIAISON OFFICER

Reports to: MACC Incident Commander

Mission: The Liaison Officer is the point of contact for representatives of other governmental agencies, nongovernmental organization and private entities. Representatives from assisting or cooperating agencies and organizations coordinate through the Liaison Officer.

Authority: Incidents that are multi-jurisdictional or have several agencies involved may require the activation of the Liaison Officer position on the Command Staff.

Location: MACC

1. Prior to the Event(s):

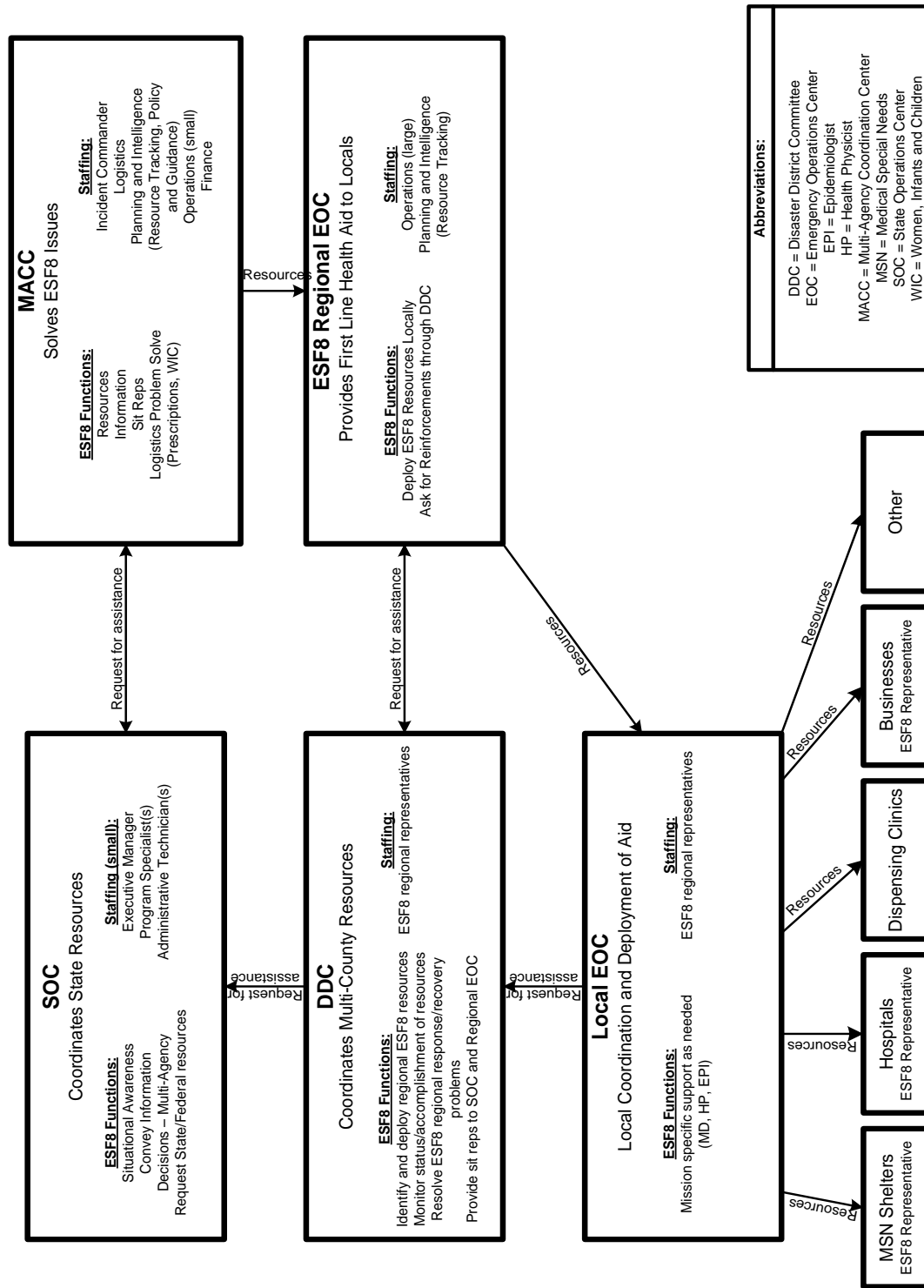
- a. Review the National Response Plan, U.S. Department of Homeland Security, www.dhs.gov/xprepresp/committees/editorial_0566.shtm.
- b. Review the State Emergency Management Plan, Texas Homeland Security, including Annex H, Health and Medical www.txdps.state.tx.us/dem/pages/downloadableforms.htm.
- c. Be familiar with the Texas HHS Enterprise Emergency Preparedness Planning, <http://online.dshs.state.tx.us/macc/default.htm>.
- d. Complete applicable training including appropriate level of ICS courses (at a minimum ICS 700, 200, 300, and 400).
- e. Review DSHS Crisis and Emergency Risk Communication Plan.
- f. Review Common Responsibilities and ESF 8 Functions (Health and Medical).
- g. Develop familiarity with jurisdictions and response capabilities of other agencies (DARS, DADS, DFPS, HHSC, TCEQ, National Public Health Service, Federal and State Homeland Security).

2. Position Tasks

- a. Be a contact point for Agency Representatives and volunteer medical service organizations.
- b. Maintain a list of assistant and cooperating agencies, volunteer medical service organizations, and their representatives.
- c. Assist in establishing and coordinating interagency and inter-organizational contacts.

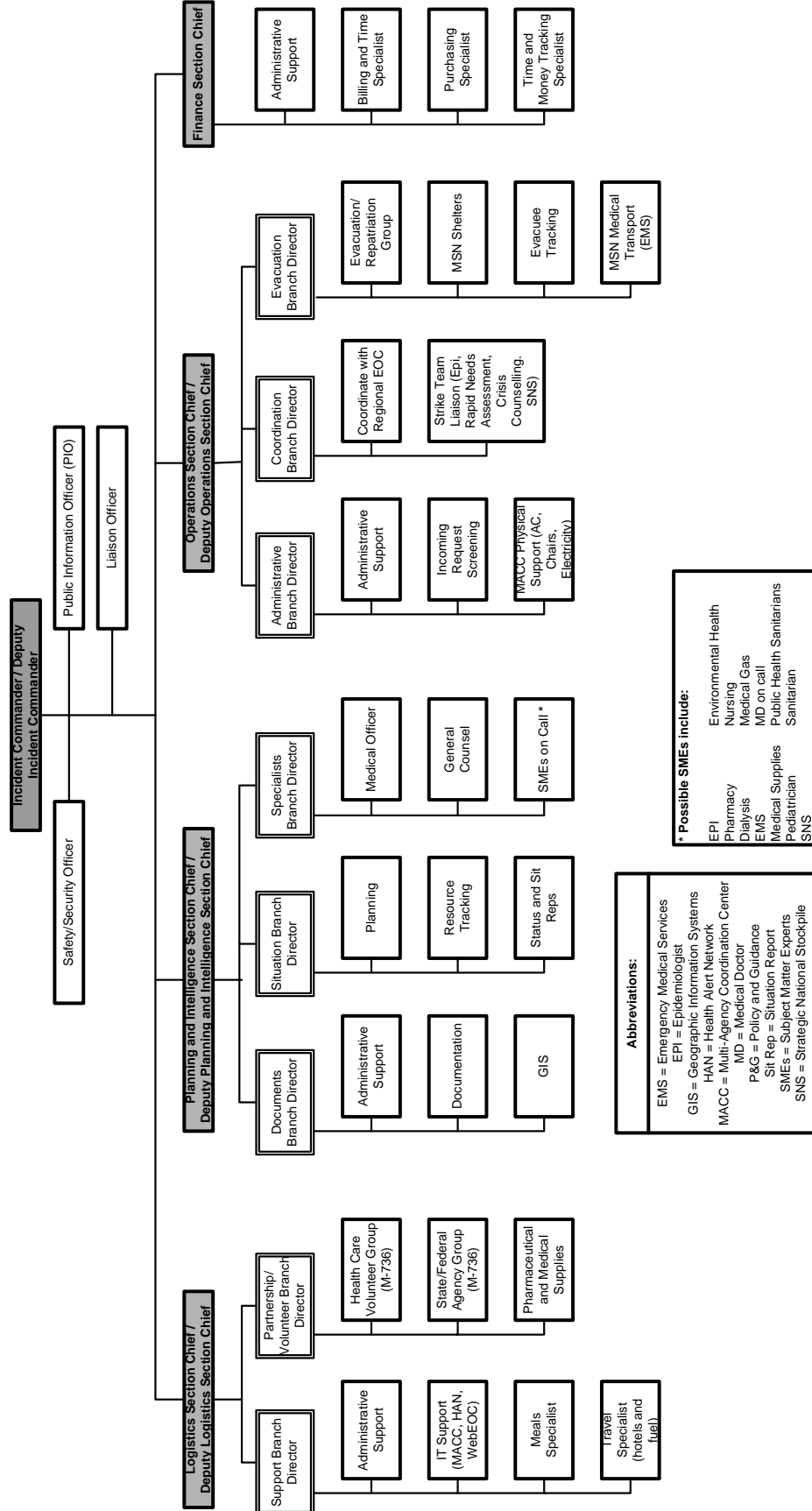
- d. Keep agencies and organizations supporting the incident aware of incident status.
- e. Monitor incident operations to identify current or potential inter-agency or inter-organizational problems.
- f. Participate in planning meetings, providing current resource status, including limitations and capability of assisting agency and volunteer resources.
- g. Assign Assistant Liaison Officer(s) as appropriate.
- h. Maintain Unit/Activity Log (ICS Form 214).

HEALTH AND MEDICAL (ESF8) DISASTER RESPONSE STRUCTURE



Note: This chart does not depict informal communications as informal communications should happen from all centers.

MULTI-AGENCY COORDINATING CENTER (MACC) STRUCTURE



Tab C
Translation Guidelines
Emergency Public Information

Translation Guidelines Emergency Public Information

Procedures to Request Translations Services During Emergencies

Language Services translates information from English to Spanish and from Spanish to English. During emergencies, only the Public Information Officer (PIO) at the MACC, the Press Officer, or Communications Director may request translation service.

To request translation service during business hours:

- E-mail: LanguageServices@dshs.state.tx.us

During non-business hours:

- E-mail: LanguageServices@dshs.state.tx.us
- Follow with a call to Language Services. Consult the Language Services call roster under Tab I Emergency Contact Information for staff member on duty. The roster also can be found on the Language Services CCEA shared directory at: F:\CCEA-Shared\LS Shared\ROSTER.

Include the following information in the e-mail:

- Attached file or URL of online document to be translated.
- In previously translated documents, plainly indicate the new text or changes that will need translation.
- For documents that are updated several times during the same day, clearly indicate the correct sequence of files.

Online Spanish translations available on the Public Health Preparedness Web site include:

- **Natural Disasters**
 - Heat
 - Flooding
 - Hurricanes
 - Tornadoes
 - Extreme Cold Weather
 - Wildfires
 - Power Outages
- **Biological Agents**
 - Anthrax
 - Botulism

- Plague
 - Smallpox
 - Tularemia
 - Viral Hemorrhagic Fever
- **Flu and Pandemic Flu Information**

Links to the English and Spanish DSHS Web page:

- English: www.dshs.state.tx.us/preparedness/default.asp
 - Spanish: http://www.dshs.state.tx.us/preparedness/sitemap_span.shtm
- Bioterrorism: www.dshs.state.tx.us/preparedness/bioterrorism/espanol/
Pandemic Flu: www.dshs.state.tx.us/preparedness/pandemic_flu/espanol/

Please allow approximately one hour of translation time for 250 words of text.

Translation and Interpretation Services

Texas Health and Human Service agencies have a primary and a secondary vendor to provide language services. Language Line, the primary vendor, provides services in Spanish, Arabic, Cantonese, Farsi, French, Korean, Mandarin, Russian, Somali and Vietnamese for 80 cents a minute. All other languages are 92 cents a minute.

Language Services Associates or InterpreTalk, the secondary vendor, provides services in all languages for 84 cents a minute. If third-party calls are needed, add 10 cents a minute.

If you need further assistance with interpreting services or need other resources, please refer to the Language Services staff contact information above.

Quick Reference Guide provided by Language Line

When placing or receiving a call for an interpreter:

- Use Conference Hold to place the non-English speaker on hold.
- Dial 1-800-379-2134.
- Press 1 for Spanish or press 2 for all other languages. If pressing 2, state the language you are requesting or, if you do not know what language is needed, say “help” at any time and you will be connected to a Language Line Operator.
- Enter your 11-digit HHS Employee ID.
- An interpreter will be connected to the call.
- Brief the interpreter. Summarize what you wish to accomplish and give any special instructions.
- Add the non-English speaker to the line.
- If you need assistance, press 0 (zero) to transfer to a representative at the beginning of the call.

Unknown Language

- If you do not know which language to request, a representative will help you.

Line Quality Problems

- If you have problems before reaching a representative, press 0 (zero) to be transferred. If there is a sound-quality problem, ask the representative to stay on the line to check for sound quality. If you have problems connecting to an interpreter call Customer Service at 1-800-752-6096.

Working with an Interpreter

- Give the interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

Length of Call

- Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning-for-meaning, not word-for-word. Concepts familiar to English speakers often require explanation or elaboration in other languages and cultures.

Interpreter Identification

- Interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone numbers.

**Tab D:
Web Guidelines
Emergency Public Information**

Web Guidelines

Emergency Public Information

Pre-Event

- Construct two emergency Web page templates. One page will have a 2-column layout; the other will have 1-column. Templates will have several column headers with pre-defined subjects, and 2 blank columns. Both templates will have pre-existing code for navigation to related, internal pages, such as emergency information for Professionals or Responders. Both templates will use the DSHS-approved side navigation format. Side navigation area can be populated with standard DSHS navigation information or with links to information specifically related to the current event. HTML code will be commented out for ease of use by other Web developers. The template files will be stored in a common folder on the network and archived to a CD.
- Obtain or construct contact list of potential information providers:
 - DSHS PIO
 - Information source related to the MACC
 - Texas Governor's office
 - Federal agencies including the CDC
 - State agencies and entities
 - Local agencies and entities
- Construct databank of fact sheets pertinent to each of the major threat categories.
- Construct databank of tools, links and resources pertinent to each of the major threat categories.
- Construct flowchart for steps to follow.
- Contact DSHS Web Office to be set up with a Virtual Private Network (VPN) to access the DSHS Web server. A VPN allows remote access (from home) of emergency information and posting to the DSHS server in the event travel is restricted or impossible. Store a current set of the emergency web site templates at home.

During the event

Upon trigger event initiated by the DSHS Commissioner, MACC Incident Commander, Governor's Division of Emergency Management (GDEM), or other appropriate individual or agency:

- Determine the event's threat category. This will help determine what additional stored information could be used if deemed appropriate.

- Bioterrorism event
 - Disease outbreaks (including avian and pandemic influenza)
 - Chemical emergency
 - Radiation emergency
 - Natural/weather emergency
 - Agroterrorism event
 - Other
- Alert Web Office of upcoming changes to the DSHS home page. Web Office will post English and Spanish information on News Release page and home page.
 - Have Web Office create directory on DSHS server if necessary, and give emergency Web developer ftp rights to that directory. Contact [Vivian Brandt, ext. 2131] or [Lisa Routon, ext. 6447].
 - Open appropriate Emergency Event page template in preparation for adding information. Page templates are stored on the network.
 - Identify emergency event information resources:
 - Public Information Officer on duty
 - MACC Incident Commander or designee
 - Translator(s) as determined by PIO
 - Engage established system for receiving emergency information from MACC, PIO, translators and others to be posted on the Web
 - E-mail
 - Documents on the network
 - Phone updates
 - News releases
 - Other
 - Modify appropriate Emergency Event page templates using information received from sources. Use additional stored information if necessary. Pages will be re-named according to specific threat.
 - FTP modified emergency pages to pre-determined directory. Test pages for correct display of text, working links, and other features.
 - Notify information source(s) when emergency information is posted and wait for any additions or corrections.

After initial postings

- Check links and contact information on a regular basis.

- Add new or updated information as provided by PIO on duty or designee in Communications Unit.
- Update links to other related Web pages as provided by PIO on duty or designee in Communications Unit.

After event is concluded

- Archive materials.
- Contribute to After-Action Report.

Tab E
Alternative Public Information Guidelines
Emergency Public Information

Alternative Public Information Guidelines Emergency Public Information

In addition to media channels, alternative means for disseminating public information in emergencies should be considered. State-managed telephone hotlines and Web sites may be effective or essential ways to communicate with the public during health threats, particularly when there is a high demand for specialized information or a need to control rumors.

Providing Information to the Texas Information and Referral Network – 2-1-1

In recent years, the public has come to rely upon the HHSC-managed Texas Information and Referral Network (TIRN) as a resource for information and referrals to local health and human services during both emergencies and non-emergencies. TIRN is accessible everywhere in Texas by dialing 2-1-1.

TIRN call specialists can provide callers with similar information being reported by the media; however, their mission is to refer callers to services and expert resources. DSHS-operated call centers, state agency Web sites and local health departments all are appropriate sources.

News releases and other documents produced for media use may not be suitable for call specialists. Short statements and messages about topics such as precautions being recommended by DSHS or locations where treatments are being administered are appropriate. So are brief recorded messages or PSAs that can be played when telephone lines are answered or while callers are on hold.

Emergency information also can be linked to or posted on the TIRN Web site: www.211texas.org (English) and www.211texas.org/211/aboutUsSpanish.jsp (Spanish)

DSHS-produced emergency communications shelf kits (especially electronic or online versions) may serve as valuable briefing materials for call specialists in some emergencies or in anticipation of particular outbreaks.

The procedures for engaging TIRN for emergency public information purposes are as follows:

- **When the State Operations Center is activated.**
 - The on-duty Public Information Officer (PIO) at the Multi-Agency Coordination Center (MACC) must receive approval from the Incident Commander (IC) or designee before making a request.
 - Once approval is received, the PIO should deliver the request to the on-duty DSHS Emergency Management Council representative at the State Operations Center (SOC). The DSHS representative will follow standard

operating procedures for the SOC and advise the MACC PIO when the request is approved or denied, and whether further action or information is required.

- If TIRN approves the request, it may be necessary or recommended to issue a news release advising the public or a segment of the public to call 2-1-1 for information.
- **When the State Operations Center is *not* activated.**
 - The on-duty PIO at the MACC must receive approval from the IC or designee before making a request.
 - Once approval is received, the PIO should deliver the request directly to the TIRN program manager or designee.
 - If TIRN approves the request, it may be necessary or recommended to issue a media alert advising the public or a segment of the public to call 2-1-1 for information.

Providing Information to DSHS-Operated Hotlines

During some emergencies, there may be a public demand for specialized health information that media outlets are unable to provide to general audiences. Public inquiry hotlines staffed by DSHS experts may be useful or necessary, provided adequate staffing is available. DSHS has toll-free telephone numbers reserved for use as public inquiry hotlines. They can be answered centrally or by Health Service Regions. Once the need for a DSHS hotline is determined by the Incident Commander, the Logistics Section Chief is responsible for providing the communications. These telephone lines are handled through DSHS Operations. Clint Pate, (512) 458-7732, is contact for assistance with setting up these toll-free lines.

The MACC PIO will provide critical messages for the operators if requested and will provide information to the public on the availability of DSHS hotlines. The MACC PIO is not responsible for staffing the hotline or finding personnel to operate the phone lines.

Use of Texas Online

The Texas Emergency Portal on Texas Online offers access to critical information during emergencies. Information about health threats and actions the public should take are ideally suited for posting on the portal, which is accessible under the Emergency Preparedness tab at www.texasonline.com (English) or Texas online – Texas a su alcance www.texasonline.gov/?language=esp (Spanish)

The Texas Emergency portal is administered by the Department of Information Resources (DIR) under the direction of the Governor's Press Office,

The procedures for making requests to post public health information on Texas Online or create links to DSHS Web pages are:

- **When the State Operations Center is activated.**
 - The on-duty PIO at the MACC must receive approval from the IC or designee before making a request.
 - Once approval is received, the PIO should deliver the request to the on-duty DSHS Emergency Management Council representative at the SOC. The DSHS representative will follow standard operating procedures for the SOC and advise the MACC PIO when the request is approved or denied, and whether further action or information is required.
 - If the request is approved, it may be necessary or recommended to issue a media alert advising the public or a segment of the public to visit the Texas Emergency Portal at www.texasonline.com (English) or Texas online – Texas a su alcance www.texasonline.gov/?language=esp (Spanish). Release of the media alert should be coordinated with the Governor’s Press Office and DIR’s Public Information Office.

- **When the State Operations Center is *not* activated.**
 - The on-duty PIO at the MACC must receive approval from the IC or designee before making a request.
 - Once approval is received, the PIO should deliver the request to the Governor’s Press Office: 463-1826. In situations in which a state emergency has not been declared, the PIO should deliver the request to DIR’s Texas Emergency Portal Manager: 463-5973.
 - If the request is approved, it may be necessary or recommended to issue a media alert advising the public or a segment of the public to visit the Texas Emergency Portal at www.texasonline.com (English) or Texas online – Texas a su alcance www.texasonline.gov/?language=esp (Spanish). Release of the alert should be coordinated with either or both the Governor’s Press Office and DIR’s Public Information Office.

Tab F
Special Populations
Emergency Public Information

Special Populations Emergency Public Information

Disseminating timely, accurate information to public health officials, health care providers, the media, and the general public is one of the most important facets of emergency public health preparedness and response. In a state as large and diverse as Texas, special efforts must be made to assure that all citizens – no matter how difficult to reach – are informed of a pending emergency and given clearly-understood instructions for response.

This section focuses on areas of Texas where special populations have been identified. These areas include rural (remote) regions, *colonias* along the Texas-Mexico border, and areas where there is low English-language proficiency. Among these special populations will be the elderly, people with mental health issues, and people with vision and hearing difficulties. This section of the DSHS Crisis and Emergency Risk Communications Plan for Special Populations will be coordinated with the overall public information component at the Multi-Agency Coordinating Center (MACC).

In an emergency situation the media are likely to ask what is being done to inform (and care for) people in Texas who have few resources or do not have the ability or resources to respond appropriately. It is important to clearly outline the steps being taken to inform people through our local stakeholders who, in turn, are responsible for disseminating critical information to special populations.

Pre-Event

- Develop a listing of community outreach resources to augment the state Public Health Information Network (PHIN). The list includes contacts in all DSHS Health Services Regions, with regional and local community preparedness personnel, emergency responders, community health workers (promotoras), in community-based organizations, faith-based organizations, advocacy groups, ethnic-focused organizations, and others.
- Listing is available on the Communications shared drive, Excel file name: Special Pops Contacts Spreadsheet.xls.
- Review and update spreadsheet listing quarterly. Place list on Communications shared drive, MACC server for use by PIO desk, and copy onto CD and thumb drives for back-up and remote use.
- Develop, review, and update as needed culturally sensitive emergency public information messages in English and Spanish (and other languages when appropriate). Place the list on MACC server for use by PIO desk.
- Develop message activation plan to be carried out by PIO.

- Develop set of circumstances for participating in and staffing of a Joint Information Center (JIC) or Emergency Operations Center (EOC) with a qualified bilingual (English – Spanish) specialist.
- Develop and update call list of qualified bilingual (English – Spanish) DSHS subject-matter experts.

Event

- Coordinate messages and information with bordering states and Texas-Mexico border jurisdictions and their Mexican counterparts in coordination with the DSHS Office of Border Health.

Tab G
Strategic National Stockpile
Emergency Public Information

Strategic National Stockpile Emergency Public Information Guidance

OVERVIEW

The Texas Strategic National Stockpile (SNS) Plan is Appendix 8 to Annex H, Health and Medical to the State of Texas Emergency Management Plan. Public Information is an important component of a successful Strategic National Stockpile (SNS) plan. The coordination of federal, state, regional, and local dissemination of public information is essential to mitigating fear, confusion, and inefficiency in an emergency situation. According to the State SNS Plan, **public information has been designated as a local responsibility**. The state-level role of the Texas Department of State Health Services Communication Unit is to provide pre-approved emergency messages and information about toxic agents and instructions for prevention and care.

In the event of a call-down of an SNS package, the PIO position will be operational as part of the Command Staff in the Multi-Agency Coordinating Center (MACC). (See Tab B, Multi-Agency Coordination Center, in the DSHS Crisis and Emergency Risk Communication Plan.)

ROLES & RESPONSIBILITIES

State

The Texas Governor, with recommendation from DSHS, will request the SNS from the U.S. Health and Human Services. The announcement of the request will come from the Governor's Office. DSHS may acknowledge that the SNS has been requested.

During an event requiring the delivery of the SNS, the Multi-Agency Coordination Center (MACC) for the Health and Medical response in Austin will be activated. A Public Information Officer (PIO) will be on duty as part of the MACC Command Staff during all shifts. The PIO's duties include:

1. Releasing background information on the Strategic National Stockpile
2. Managing media relations and the release of all public information about DSHS activities related to the SNS
3. Coordinating with DSHS's representative at the State Operations Center (SOC)
4. Coordinating with PIOs from state and federal agencies involved in the SNS
5. Providing support to PIOs at Local Health Departments (LHD), Health Service Regions (HSR) and Joint Information Centers (JIC) as requested.

Additional state-level duties include:

1. Using Web EOC for tracking and sharing information
2. Setting up state-level event Web site
3. Providing SNS information to partners and stakeholders

Health Service Regions

DSHS's Health Service Regions (HSR) are responsible for conducting public information activities for local jurisdictions within their regions that do not have local health departments. The HSR medical director or designee, in coordination with the DSHS Press Officer or designee, will release information about local dispensing sites or alternative dispensing methods in these local jurisdictions.

Local Jurisdictions

Local Health Departments are responsible for conducting public information activities within their jurisdictions during delivery of the SNS. DSHS's HSRs and Communications Unit will provide support as needed. LHD PIOs are advised to:

1. Release information on local dispensing sites and alternative dispensing methods
2. Release information on medications, including updates advising people to take all medications as directed
3. Identify locations and staffing for local or regional Joint Information Centers
4. Establish immediate relations and protocols with Dispensing Site Directors who are designated as initial contacts for media showing up at their dispensing sites
5. Assist Dispensing Site Directors by directing media to the Joint Information Center for briefings and news conferences
6. Use public information, media relations guidance, and event-specific templates in the DSHS-produced shelf kits to help ensure uniformity and consistency of messaging statewide (see Resources)

All Jurisdictions

The following information may **not** be released:

- Where the SNS is coming from
- How the SNS is being transported
- When and where the SNS will arrive
- Where the SNS will be received, staged and stored
- How and when the SNS is being transported to local dispensing sites.

RESOURCES (messages, methods, materials)

1. Shelf Kits:

Shelf kits on six Category A CDC-identified biological threats and one on Pandemic Flu have been developed in English and Spanish and distributed statewide to LHDs, hospitals and emergency management officials. They also can be requested from the DSHS Communications Unit in printed or CD formats (English and Spanish). The kits offer guidance on conducting **media relations** and **public information** activities during all phases of an outbreak. Materials in the shelf kits include templates for news releases, advisories, alerts and radio and TV public service announcement scripts. Public information materials include disease fact sheets, fliers and posters intended for mass reproduction and

distribution at PODs. Videos also are included on the biological agents and prophylaxis, to be played continuously while the public wait in line to receive medications.

2. Texas Department of State Health Services Crisis and Emergency Risk Communication Plan
3. Public Health Preparedness Web site:
<http://www.dshs.state.tx.us/preparedness/default.shtm> (English)
http://www.dshs.state.tx.us/preparedness/sitemap_span.shtm (Spanish)
4. Template for state-level emergency public information Web site
5. Web EOC (MACC)
6. Pre-approved emergency public information messages
7. Translation/interpretation services (state-level)
8. Cellular communications
9. Electronic/internet communications
10. Subject-matter experts
11. List of statewide media outlets
12. Channels of dissemination to special populations

**Tab H
Pandemic Flu
Emergency Public Information**

Pandemic Flu Emergency Public Information

The Texas Pandemic Influenza Plan is Appendix 7 to Annex H. The Texas Antiviral Allocation, Distribution and Storage Plan is under development. A phased approach to crisis and emergency risk communication is planned for pandemic influenza preparation and response, based on the 2005 World Health Organization's (WHO) pandemic periods and phases. (See below). The focus for each period includes:

- Interpandemic Period (Phases 1 and 2), Focus: Development of professional and public communication strategies.
- Pandemic Alert Period (Phases 3, 4 and 5), Focus: Assessment of when to activate provider and public communication.
- Pandemic Period (Phase 6), Focus: Activation of appropriate professional and public communication.
- Subsided Period, Focus: Assessment of all communication strategies providing adjustments as needed.
- Postpandemic, Focus: Evaluation of the overall communication plan.

Pandemic Phase Chart (WHO 2005)

WHO Pandemic Phase	Definitions
Interpandemic Period Phases 1 and 2	<p>Phase 1 – No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals, the risk of human infection or disease is considered to be low.</p> <p>Phase 2 – No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>
Pandemic Alert Period Phases 3, 4, and 5	<p>Phase 3 – Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4 – Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5 – Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>
Pandemic Period Phase 6	Phase 6 – Pandemic phase: increase and sustained transmission in general population.
Subsided Period	Between waves
Postpandemic Period	End of pandemic and return to Interpandemic Period.

Activation of the Multi-Agency Coordination Center

If the Multi-Agency Coordination Center is activated, communications will follow the guidelines in Tab B, Multi-Agency Coordination Center (MACC) Emergency Public Information.

Strategic National Stockpile

If the Strategic National Stockpile is requested for Texas, communications will follow the guidelines in Tab G, Strategic National Stockpile Emergency Public Information.

Emergency Response Required, Multi-Agency Coordination Center idle

(These guidelines have been developed without an approved DSHS Continuity of Operations Plan [COOP] to follow. Alternate location/facility information is expected to address relocation of staff. Devolution planning will address how DSHS will identify and conduct its essential functions in the aftermath of a worst-case scenario, one in which the majority of the agency's Austin-based leadership is incapacitated. Devolution allows the agency to transfer all of its essential functions and responsibilities to personnel at a different office or location in the aftermath of a catastrophic incident or event. Detailed sections on alternate location/facility and devolution are expected to be a part of the final COOP for DSHS.)

In the event that pandemic flu is widespread, the MACC may not be activated to help decrease the potential for flu transmission among staff. Public information will continue, either within the Communications Unit offices, at another designated site, or if required, off-site at home. If an Incident Command structure is following during the response, the PIO position on the Command Staff will be filled according to designated response teams.

The Communications Director or designee will work with the press officer, assistant press officer(s), Web staff and Language Services staff to ensure that those who will be on duty off-site have the equipment and supplies they need to perform their job.

Requirements for working off-site at home include:

- Equipment (all off-site staff)
 - Personal computer loaded with Microsoft Office, fax software, and Web access including e-mail access
 - or
 - DSHS-provided laptop computer with Microsoft Office, fax software, and wireless internet access
 - Printer
 - Telephone or cell phone
 - VPN (virtual private network) setup
 - Blackberry for PIO

- Supplies
 - Flash drive or CD/DVD
 - General office supplies
 - (Printer ink, paper, notebooks, pens, pencils, markers, highlighters, calendar, sticky notes, tape, staplers, folders, paper clips, computer disks or CDs)

- Resources
 - For PIO
 - Media contact information
 - Internal contact information
 - News header template(s)
 - Shelf Kit material
 - Instructions for using GovDocs, Texas Media Directory
 - Fax capability
 - Reference materials

 - For Language Services
 - Internal contact information
 - DeJaVu database
 - Resource books, documents

 - For Web staff
 - Internal contact information
 - Resource books, documents