

Communications - Appendix 1



Office of Communications Risk Communications Plan Narrative

Plan Purpose and Overview

The Department of Health and Senior Services has formalized its communications protocols to be used in the event of a public health emergency. The purpose of this document is to identify special actions that would occur related to risk and emergency communications during a public health emergency, as well as specific roles and responsibilities assigned to ensure consistent communications for the duration of the emergency.

This plan emphasizes the need to maintain consistent communications with all partners, including:

LINCS agencies, the Governor's Office, NJ Office of Homeland Security, Office of Emergency Management; DHSS programs, including Communicable Disease Service, the Division of Health Infrastructure Preparedness and Emergency Response and other affected divisions; and any other local health officials or administrators, in accordance with federal, state and local emergency plans.

This document will be reviewed and updated quarterly to ensure accuracy and to provide opportunity for refinement.

There is no way to predict the events that may activate this plan. As such, the plan takes an all-hazards approach, anticipating a selected set of known public health threats.

We can assume, however, that New Jersey residents have not made provisions at home for coping with a large-scale emergency. This may ultimately impact ongoing statewide preparedness efforts in public and private sectors.

The DHSS Office of Communications staff is committed to exercise this plan, evaluate its effectiveness and continue to make refinements. This ongoing process in the pre-event phase will no doubt enhance the staff's ability to execute the plan, regardless of the crisis.

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Definition of roles

The following offices within DHSS are those with responsibilities during a public health emergency. The following is a brief description of each office's responsibilities and those people within each division who are primary and secondary contacts.

Commissioner's Office

Commissioner's office will be the lead on public health policy during a public health emergency. Will act as lead spokesperson and primary liaison with Governor's Office.

- Primary contact: Commissioner of Health and Senior Services
- Secondary: Deputy Commissioner

Office of Communications

Coordinates all external communications with partners and media.

- Primary contact: Director of Communications
- Secondary contact: Risk Communications Manager

Health Command Center

Provides lead operational coordination for DHSS during public health emergency.

- Primary contact: Incident Commander
- PIO contact at HCC: HCC PIO on duty

Communicable Disease Service (CDS)

Acts as liaison between Office of Communications and DHSS epidemiologists. CDS is also responsible for Emergency Call Center (public hot line).

- Primary Contact: Director, CDS
- Secondary Contact: Health Educator

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Concept of Operations

The following steps summarize key communication activities that would occur during a public health emergency and the office with primary responsibility.

1. Notification of incident or potential emergency (Director of Communications)
2. Confirm information regarding potential emergency. (Director of Communications, affected program, CDS epidemiologists)
3. Advise senior staff of impact/determine potential media interest/public impact. (Commissioner, Deputy Commissioner, Director of Communications)
4. Evaluate existing public health messages regarding potential emergency (Director of Communications, Risk Communications Manager in conjunction with affected program.
5. Develop/refine and approve appropriate messages (press release, talking points, public health messages) for dissemination. (Develop: Risk Communication Manager and affected program expert; Approve: Director of Communications, Deputy Commissioner and Commissioner).
6. Inform Governor's Office, EOC and Health Command Center commander of approved risk communication protocols. (Director of Communications)
7. Provide update to appropriate public health partners (See contact lists). This includes LINCS agency Health Educators/Risk Communicators, New Jersey Hospital Association and any other individual agencies that might be affected. Update could include:
 - Scope of potential emergency
 - Internal messaging (to employees)
 - Phone numbers or websites providing update/further information. (Risk Communications Manager)
8. Update appropriate information sources such as DHSS website with appropriate information, hotline phone numbers (Risk Communications Manager).
9. Assess media needs/dissemination – press release emails, teleconference media briefing, press conference, media calls (Director of Communications, Risk Communications Manager).
10. Continue to assess incident/issue (Director of Communications)
11. Evaluate communications efforts (i.e., length of time to create messaging). Document evaluation efforts. (Risk Communications Manager/Director of Communications).

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If the situation is upgraded to crisis level:

- 1) HCC activated (Commissioner, Deputy Commissioner)
- 2) Office of Communications staff communicates with EOC/JIC or appropriate PIO
- 3) Assign Office of Communication staff to following tasks:
 - a) Message development
 - b) Rumor/misinformation management
 - c) Media triage/media calls
 - d) Logistics
 - e) JIC staffing
 - f) HCC staffing
- 4) Participate in conference calls with appropriate partners as necessary, i.e., CDC, U.S. Department of Homeland Security; Governor's Office, NJ Office of Homeland Security and Preparedness, NJ Department of Human Services, Hospitals and LINCS agencies.
 - a) Provide situation update for media calls
 - b) Assess statewide communication needs
- 5) Activate full DHSS Risk Communications Plan with protocols, contact lists, etc.
 - a) Establish links with CDC Office of Communications
 - b) Conference call with LINCS Agency HERCs and any other appropriate partners
 - c) Establish regular briefing schedule with partners
 - d) Establish media briefing schedule
 - e) Identify appropriate spokesperson(s)
 - f) Activate expedited review and approval process for public health messages. (see functional annexes)
 - g) Develop key public health messages for specific incident
 - h) Activate dark website (if established) or update DHSS website
 - i) Support risk communication efforts at HCC and/or JIC
 - j) Develop and disseminate internal communications

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- k) Update messaging as needed
 - l) Provide crisis communication support to local health departments including potential on-site deployment
 - m) Re-assess
- 6) Declare threat over and return to normal activities
 - 7) Continue to support affected areas with appropriate messaging
 - 8) Begin recovery communications operation
 - 9) Evaluate communications response and determine ways to improve operations