



New Jersey Department of Human Services  
Division of Mental Health & Addiction Services  
Disaster & Terrorism Branch



# COVID-19

## COOP, Crisis and Communications Management Essentials

- **Pandemics are predictably unpredictable.**
- Because we cannot predict how bad a future pandemic will be, advance planning is needed for multiple scenarios of a pandemic (e.g. moderate, severe, or very severe).
- Like other public health emergencies, pandemics are a threat that affects the human assets of an organization rather than physical or technological assets.
- **These types of emergencies are very sensitive to human behavior, communication and perception of risk.**
- **The disease could spread easily, resulting in high rates of employee absenteeism.**

- Organizations can protect their workforce from the impacts of pandemics, reduce risks to critical business functions, and minimize financial losses for the enterprise over the long term.
- Planners should anticipate that employees may become ill, and they should plan for the possibility of losing employee skills and knowledge, at least temporarily.
- Well-managed business response and recovery efforts, in partnership with stakeholders, can reduce both the likelihood of widespread infection and the consequences of a pandemic.

# Non-Pharmaceutical Options in Public Health Response

- **For most countries, pharmaceutical interventions will not be an option.**
- **Non-pharmaceutical interventions** can include:
  - Social distancing
  - Closing schools
  - Bans on mass gatherings: Business, cultural and religious
  - Bans on travel
  - Isolation
  - Quarantine



# Our Goal

- **Our goal is to empower leaders and planners to better manage fear and negative behaviors associated with a frightening event.**
- **This is not a Pandemic 101 program** and will only touch upon general planning guidelines.
- Our focus will be primarily on health emergency-specific behavior and communications concepts helpful in reducing disruption of operations and protecting the workforce.



# Overview

Section One

Section Two

Section Three

Section Four

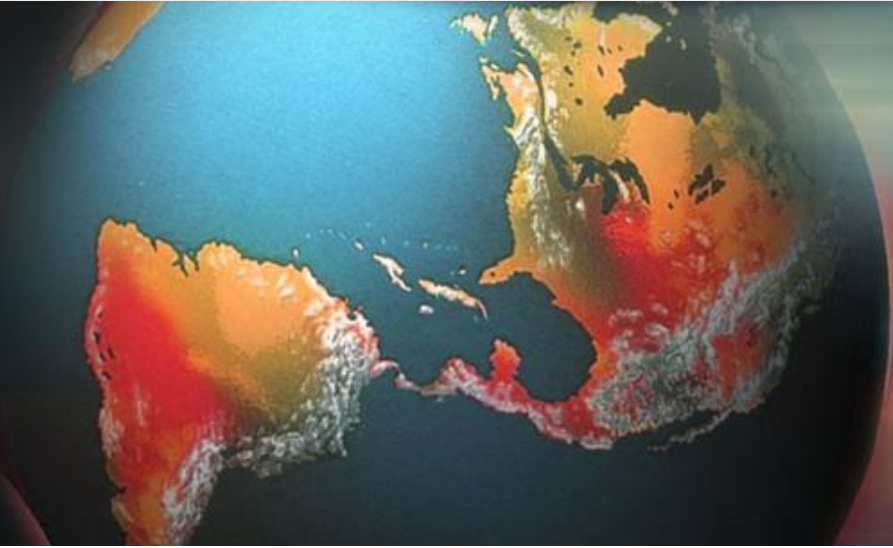
Planning Assumptions

Applying COOP Concepts

Critical Behavioral Considerations

Communications & Fear Management





# Section One Planning Assumptions

# Planning Assumptions

## Livelihoods

- Income loss & decreased economic activity
- Travel, entertainment, retail, etc. all impacted

## Human Health

- High illness & potentially higher death rates
- Overstretched health facilities
- Disproportionate impact on vulnerable

## Governance & Security

- Increased demand for governance & security
- Higher public anxiety
- Reduced capacity due to illness & death

## Social & Humanitarian

- Deterioration of coping & support mechanisms
- Interruption in public services
- Isolation/Quarantine policies

## Economic Systems

- Trade & commerce disruptions
- Degraded workforce
- Interruption of regular supply systems



# Social Impact

Many social responses revolve around loss. These may include the real or perceived loss of:

- Control
- Income
- Privacy
- Autonomy
- Valued civil liberties
- Trust (i.e., in government, medicine, humankind, etc.)
- Beliefs or faith (i.e., patriotism, religious beliefs, etc.)



# Cultural Factors



Many cultural factors would also influence how individuals and communities respond to the event and mitigation efforts. These include:

- Language
- Cultural interpretation of the event
- Expressions of grief
- Attitudes toward help-seeking
- Varying concepts of mental health
- Levels of distrust or suspicion of government officials
- Fears among undocumented persons

# Economic Disruption

- Potential increased rates of illness and prolonged absenteeism.
- Significant reduction in work productivity.
- Drastic decline in retail, tourism, entertainment, travel and many economic sectors.
- Escalating unemployment.
- Impairment of essential services such as utilities, transportation and communications.
- Disruption or closure of financial markets and banking.



# Impact on Operations [1]



The many factors that may affect businesses of all types and all sizes include:

- Reduction of workforce: Ill or staying home to care for the ill.
- Inability to travel to work.
- Loss of client engagement and attending programs/services.
- Inability of vendors to deliver materials or goods.
- Inability to ship goods or provide services in the field.
- Diminished access to capital.
- Legal, moral and ethical challenges related to continuing payroll, extending sick leaves, continuing medical benefits, etc.

# Impact on Operations [2]

- Unlike many disaster scenarios, a health emergency can impact the workforce and leave physical structures and technologies untouched.
- Most Business Continuity Plans are heavily biased towards recovery of properties and not people.
- Premises and systems will be largely unaffected; **it is people who will be unavailable.**



# Impact on Operations [3]



Organizations may have to rapidly change the ways they operate. Some possible changes may include:

- Telecommuting/Work from Home.
- Large-scale call center operations for customer service and support.
- Job-sharing to compensate for sick or deceased employees.
- Greater reliance on “distance technologies” (i.e., web-based distance training, meetings, sales calls, etc.)

# Impact on Operations [4]



The many factors that may affect businesses of all types and all sizes include:

- Reduction of workforce: Ill or staying home to care for the ill.
- Inability to travel to work.
- Loss of Face To Face contact with consumers
- Inability of vendors to deliver materials or goods.
- Inability to ship goods or provide services in the field.
- Diminished access to capital.
- Legal, moral and ethical challenges related to continuing payroll, extending sick leaves, continuing medical benefits, etc.

# Impact on Existing Clients

Existing consumers of mental health and substance abuse treatment services often encounter increased levels of stress and anxiety, along with disruptions of the care-delivery system. This can impact:

- The ability of consumers to travel to receive medications or treatment services
- The ability of case workers to travel to deliver medications or treatment services
- Separation from natural care givers and community support systems



# Disruption of Typical Service Delivery



## Travel restrictions

- People can't get to service providers and sites
- Outreach workers can't get to clients
- No group sessions

## Disrupted supply chain

- Inability to deliver/stock meds
- Disruption of legal and illegal substances

## Reduced staffing

- Increased case loads
- Change in triage/standards of care

# Substance Abuse Challenges

## Impact of disasters on substance use:

- Potential increase in use of alcohol or other drugs due to isolation and psychosocial stress

## Substance abuse treatment and prevention infrastructure

- Continuity of Operations for substance abuse treatment facilities
- Specific challenge for Opioid Treatment Providers (OTP)
- Recovery without social support?

# Abuse and Dependency Issues [1]



Some specific problem for individual with substance abuse disorders include:

- Reduced supply of drugs and alcohol due to travel restrictions and reductions in manufacturing/delivering non-essential goods
- Interruptions in methadone/suboxone supply and access
- Medical and emotional distress associated with withdrawal

# Abuse and Dependency Issues [2]



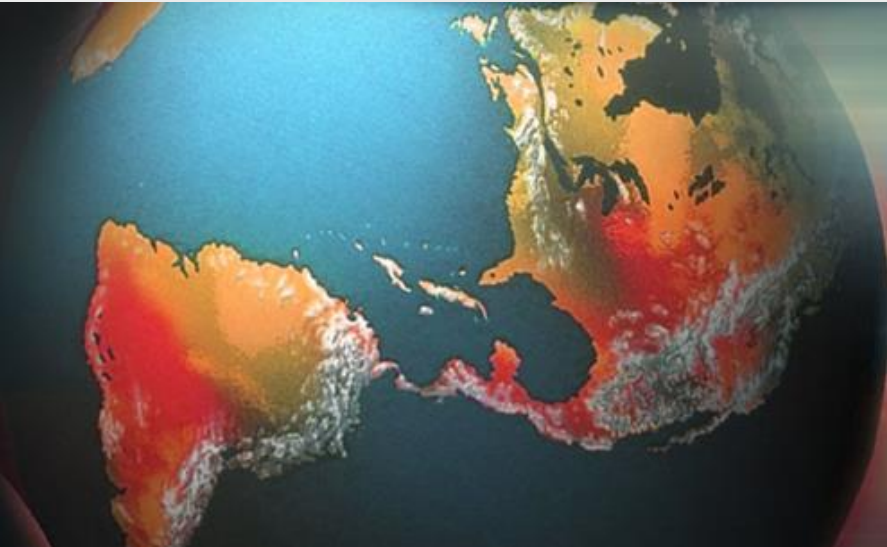
- Competition and price gouging for remaining supply
- Introduction of tampered, bootleg or contaminated substances into the marketplace
- Competition and criminal activity to access substances

# Key Organizational Planning Elements



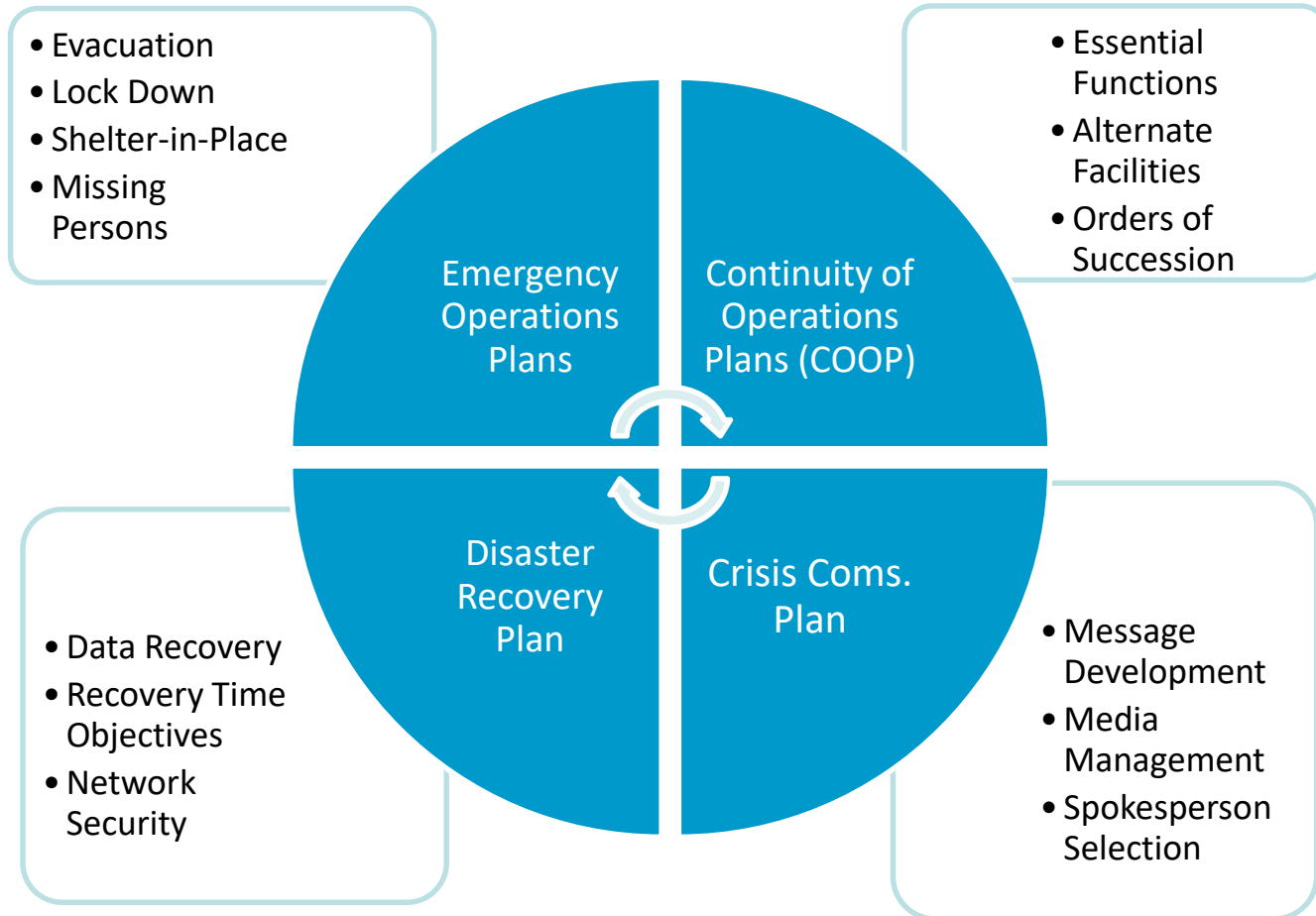
The key elements of pandemic planning incorporate:

- Establishing 'command and control' structure to lead and coordinate the response.
- **Communications**
- Monitoring the pandemic (surveillance)
- Public health system response
- Civil contingencies response/Sure up supply chains
- Preparatory work to support the response
- International collaboration.



## Section Two Applying COOP Concepts

# The Four Pillars of Emergency Preparedness



# Continuity of Operations Plans

A COOP Plan defines an organization's strategy for performing **essential functions** during any emergency

This includes possibly relocating the essential functions to another location





# Planning Objectives



- Ensure continued performance of **essential functions**
- Reduce loss of life/minimize damage
- Ensure succession to office of key leadership
- Reduce/mitigate disruptions to operations
- Protect essential assets
- Achieve timely recovery/reconstitution
- Maintain Training, Testing and Evaluation (TT&E) program for validation

# Elements of a Viable COOP Capability



- Plans and Procedures
- **Essential Functions**
- Delegations of Authority
- Orders of Succession
- Alternate Facilities
- Interoperable Communications
- Vital Records
- **Human Capital**
- TT&E
- Devolution
- Reconstitution



# Identifying Essential Functions



- Define the agency **mission** and **goals**.
- Identify the **functions** that are needed to accomplish the mission.
- Identify the **tasks** to accomplish those functions.
- Identify the **resources** needed to support those tasks.

# Defining Essential Functions



Essential Functions are those functions that enable an organization to:

- Provide vital services
- Maintain the safety of the workforce and public
- Sustain the economic base

# Essential Functions



Essential functions:

- **Most important planning element.**
- Basis for determining resource requirements:
  - Staff
  - Vital information/critical systems
  - Equipment
  - Supplies and services
  - Facilities

# Prioritizing Essential Functions

## Identifying/Prioritizing Essential Functions

Organizations should determine functions that **must** be continued in all circumstances.



## Ranking essential functions:

- Critical- function cannot be delayed.
- Important- function can be delayed but should be resumed as soon as possible.
- Non-essential- function can be delayed until normal business operations resume.

# Sample COOP Template



## CONTINUITY OF OPERATIONS PLAN FACE SHEET

**Agency Name:** [Redacted]

**Agency Address:** [Redacted]

**Agency Phone Number:** [Redacted]

**Executive Director:** Name, Title, Office Phone Number, Cell-Phone Number, Email Address

**Secondary Contact:** Name, Title, Office Phone Number, Cell-Phone Number, Email Address

**Primary Relocation of Business Operations:** Name of Facility, Address, Phone #

**Secondary Relocation of Business Operations:** Name of Facility, Address, Phone #

Dev. by: Susanne Rainier

**Purpose:** This face sheet is designed to easily identify points of contacts for each essential function and vendor(s).

### Contacts for Essential Functions

Essential Function Vendor and Contact #	Financial/Payroll Vendor Contact #	Clinical Vendor Contact #	Housing Vendor Contact #	Medical/Pharmacy Vendor Contact #	Nutrition/Food Vendor Contact #	I.T. Technology Vendor Contact #	Personnel Issues Vendor Contact #	Human Resources Vendor Contact #	OTHER
Essential Function Team 1	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email
Essential Function Team 2	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email
Essential Function Team 3	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email

# Personnel Issues and Coordination



- Prepare communications plan to disseminate information.
- Address health and safety of employees and their families.
- Ensure payroll procedures are in place.
- Address medical and special needs issues.



# HR Considerations [1]



- Potential health and safety issues
  - Liability assessment by general counsel
- Union issues (overtime issues, disaster support, etc.)
- Training on contingency plans
- Employee Assistance Programs (EAP) for mental health and health insurance provisions

# HR Considerations [2]

- Plan for a reduction in workforce.
- Identify emergency policies for:
  - Overtime
  - Leave with pay
  - Leave without pay
  - Flexible leave options
  - Vacation time
  - Sick time
- Identify plans for appropriate employees to work from home:
  - Telework

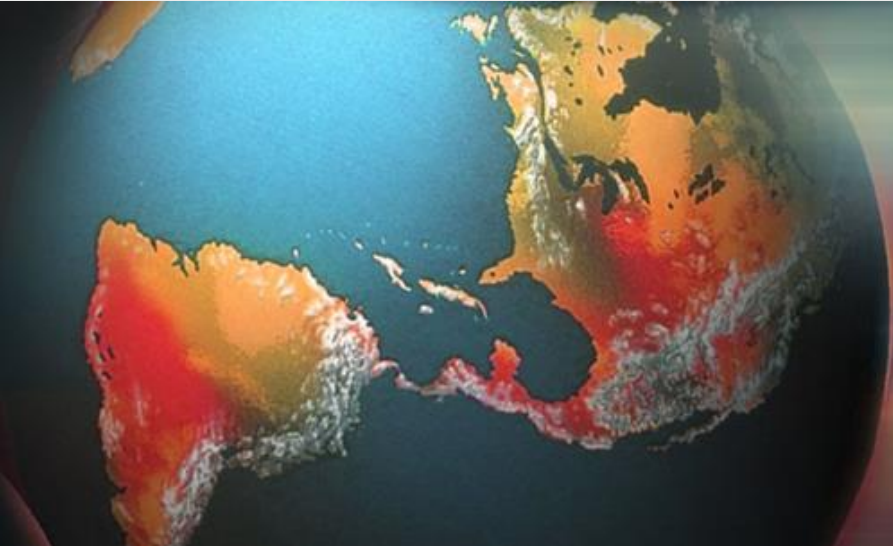


# Work-from-Home Considerations



## Key Questions/Concerns

- Which, if any, functions can be performed remotely?
- Which workers can/should work from home?
- Network access: Bandwidth, IT security, access to right applications, passwords, etc.
- Protecting client data/confidentiality in home offices
- Safety & security when working remotely



# Section Three Critical Behavioral Considerations

# Common Behavioral Response

## 3 Basic Behavioral Responses

Type One: Neighbor-helps-neighbor.

Type Two: Neighbor-fears-neighbor.

Type Three: Neighbor-competes-with neighbor.



# Economics and Behavioral Response

- Disaster recovery planners typically count on a “neighbor-helping-neighbor” response.
- During a contagious disease outbreak individuals fear that a neighbor will:
  - Infect them or their family.
  - Compete with them for critical supplies.
- Such events tear at the social cohesion that is so important for communities to survive and recovery from disasters.



# Economics and Behavioral Response

Economics is not just about the stock market, it is about how rare assets are allocated.

- Equipment will also be in high demand and low supply.
- There is a likelihood of price gouging and the development of a “black market” for essential goods.
- Vaccines, antiviral medications, hospital beds, and later perhaps basic necessities will be in tremendous demand.
- Other important goods, such as food, water, and power will be short supply, as will critical medicines like insulin, heart drugs, and other prescription medications.
- Masks, gloves, antibacterial soaps, and other protective gear.



# The “Bookends” Concept

- Events which have clear “bookends” (i.e.-it is clear when they begin and end; who is in the affected area, who is not) tend to produce acute stress reactions and PTSD-like symptoms.
  - Most natural disasters
  - Many technological disasters
  - Conventional terrorism: Bombing, shooting and kidnapping incidents



Events which lack “bookends” and have the element of invisibility (cannot see, smell, hear or taste threatening substances, etc.) result in chronic stress reactions and long-term behavioral consequences

- Unconventional terrorism: CBRN/WMD
- Disease outbreaks



# Reactions to Invisible Threats

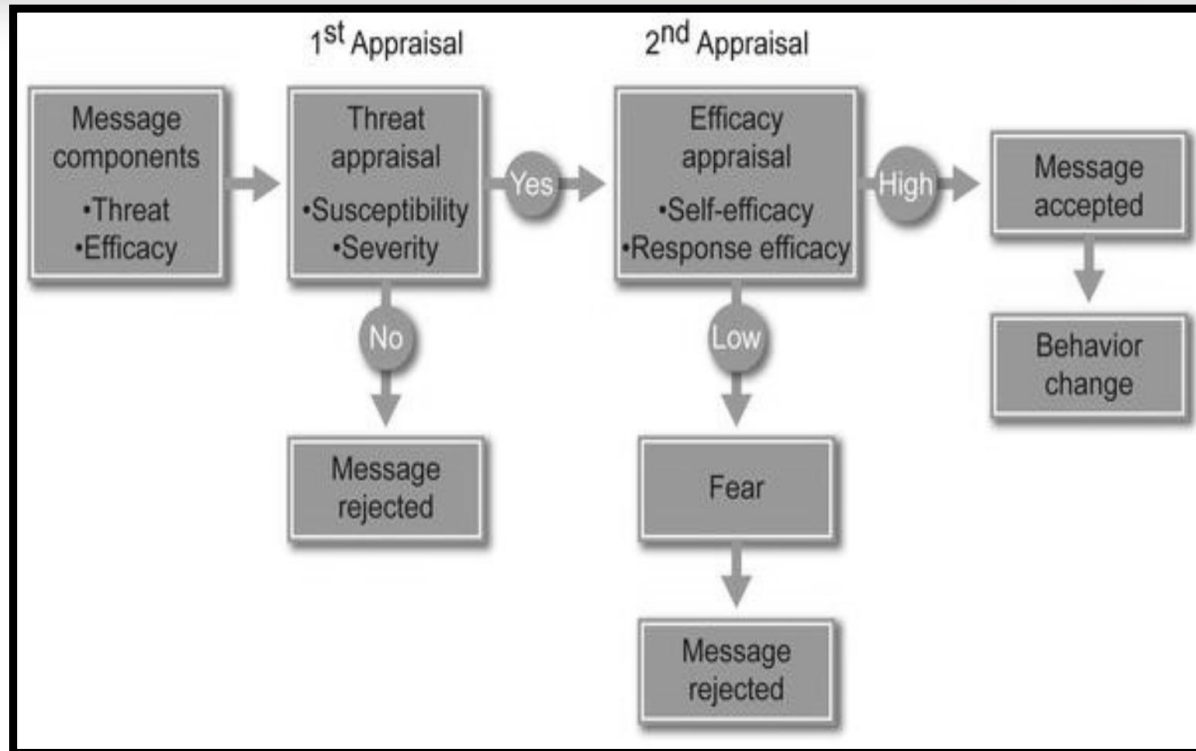
CBRNs and Public Health crises (i.e., SARS, pandemic influenza, etc.) also result in different responses that are not seen in natural or technological disasters. Those include:

- Multiple Unexplained Physical Symptoms (MUPS)/Multiple Idiopathic Physical Symptoms (MIPS)
- Misattribution of normal arousal
- **Sociogenic illness**
- **Panic**
- **Surge in healthcare seeking behavior**
- **Greater mistrust of public officials**

**These reactions further complicate and confuse the public health and medical response to the situation.**

Pastel, R.H. 2001. Collective Behaviors: Mass Panic and Outbreaks of Multiple Unexplained Symptoms. Military Medicine 166:44-6.

# Threat Control vs. Fear Control



The **extended parallel process model** (EPPM) is a framework developed by Dr. Kim Witte which attempts to predict how individuals will react when confronted with fear-inducing stimuli.

Research demonstrates people go through a sequential appraisal process in decision-making related to crisis response.

# Managing Fear

People best approach frightening challenges when they have a reasonable degree of:

## Concern (Threat)

- Severity-How bad/dangerous is it?
- Susceptibility-Does it threaten me?

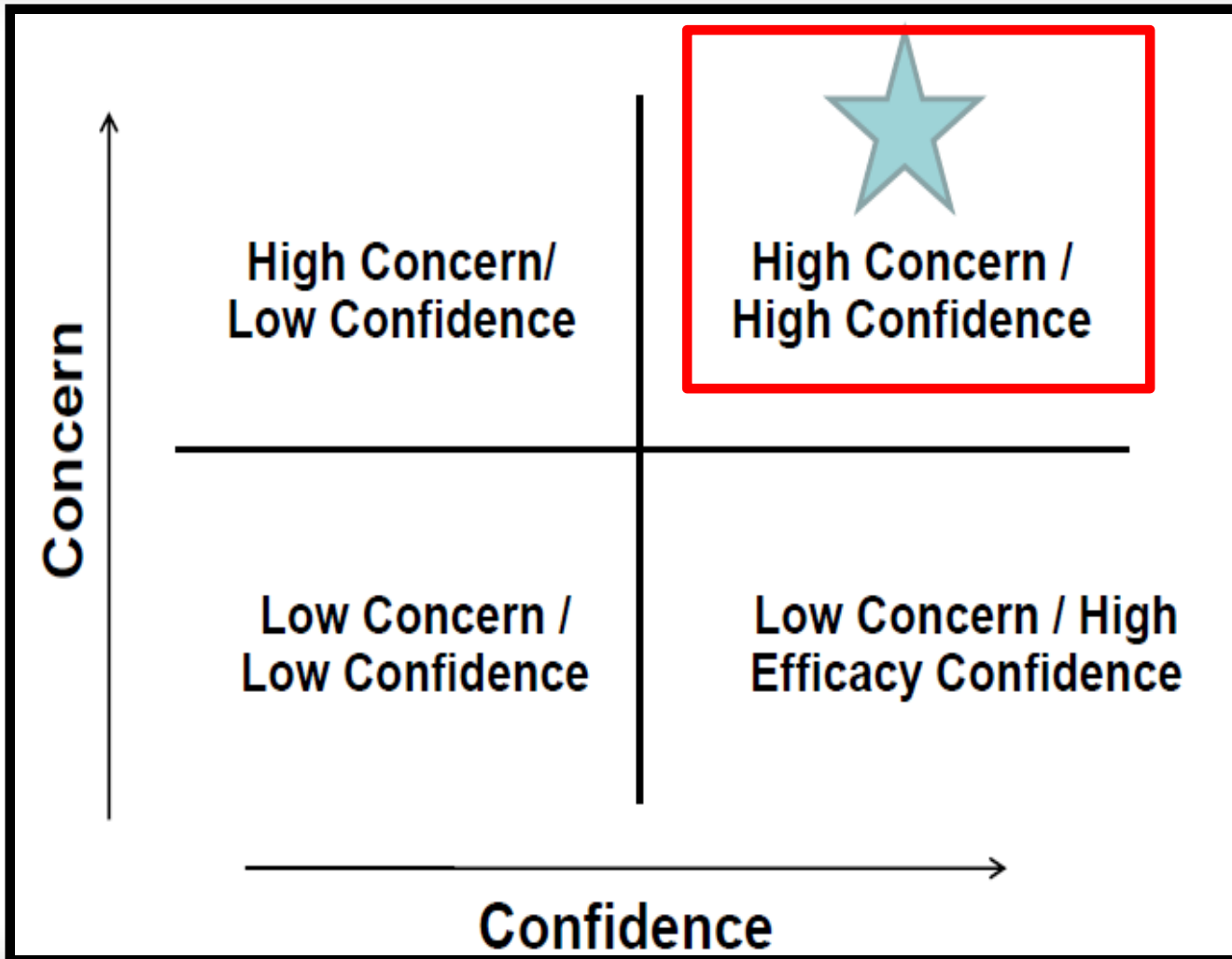
## Confidence (Efficacy)

- In self
- In the organization's ability to respond

(Witte, K., 2000)



# Response Categories



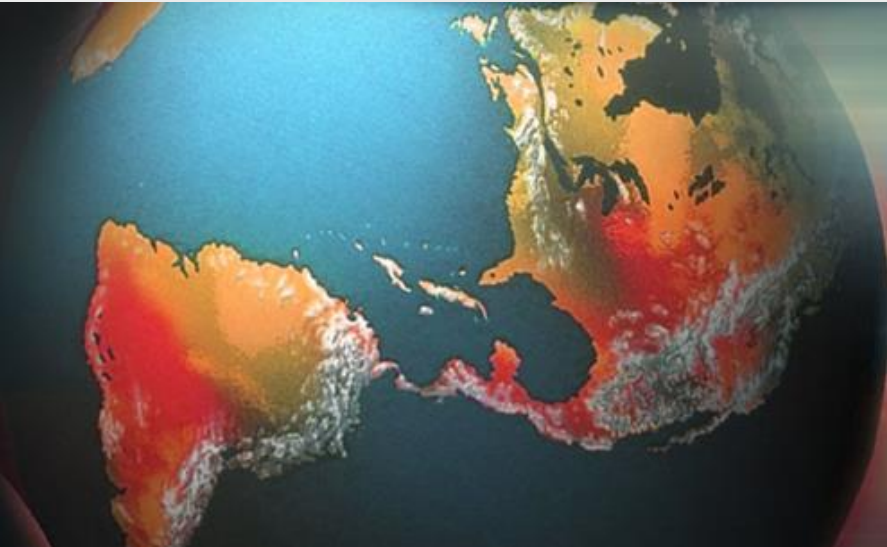
# Perceptions & Attitudes



Research participants also indicated significant attitudes including:

- *“My response makes a difference.”*
- *“I can do what is expected of me.”*
- *“I have an important role in the response.”\**

\* Those with perceived “important roles” declared substantially higher rates of participation.



# Section Four Key Communications Concepts

# What Should We Communicate?

- Flu facts-
  - avian vs. seasonal vs. pandemic
  - Flu vs. cold, other illnesses
- Handwashing- 20 seconds
- Cough etiquette
  - disposable tissues
  - cough into elbow
- Social distancing
  - 6 feet rule
  - no “close talking!”
- Flu shots
- Emergency supplies- 2 weeks of self-reliance
  - Water, Food, Medicines



**Cover  
 your  
 cough.**



**If you're  
 sick, avoid  
 public  
 gatherings.**



**Wash  
 your  
 hands.**



**Avoid  
 touching  
 your eyes,  
 nose or  
 mouth.**

# How Should We Communicate?

- **Speed counts – marker for preparedness; have templates ready.**
- Facts – consistency is vital.
- Trusted source – can't fake these. Consider the importance of messenger.



- Accuracy is important.
- Never speculate.
- **Remember: It's is very difficult to “unscare” people!**



# Communicating in a Crisis is Different

- Stakeholders must feel empowered – reduces fear and victimization.
- Mental preparation reduces anxiety.
- Taking action reduces anxiety.
- Uncertainty must be addressed.
- Revert to rudimentary “fight or flight” reasoning.
- Limited intake of new information.



# The Message, the Messenger & the Means



## Remember:

- People judge the messenger before the message.
- People judge the messenger in terms of trust.
- Information about trust comes from non-verbal communication as well as verbal.

## Recommendations:

- Be credible.
- Be sincere and genuine.
- Remember facts play virtually no role compared to perception.

# Finding the Balance:

## *Expertise versus Empathy*

### **Low Stress**

Message recipients focus on competence and expertise.

The more frightening the situation, the more important it is to lead communications with empathy.



### **High Stress**

Message recipients focus on honesty and empathy.

# Five Keys to Effective Communication in a Crisis

- Clarity
- Repetition
- Honesty
- Empathy
- **Efficacy (Give people actionable things to do)**



Words to live by:

**ACTION BINDS ANXIETY!**

*-P. Sandman*

# Five Pitfalls When Communicating in a Crisis

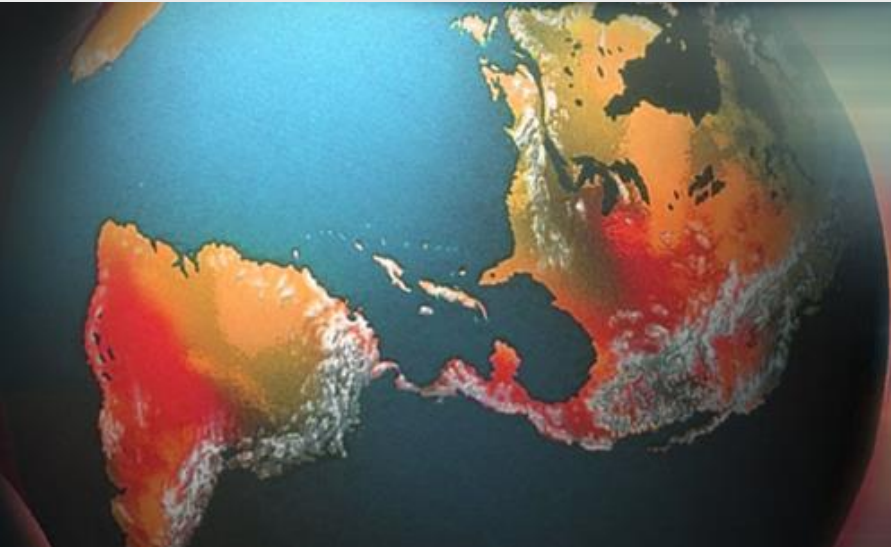
1. Mixed messages from multiple experts.
2. Information released late.
3. Paternalistic attitudes.
4. Not countering rumors and myths in real-time.
5. Public power struggles and confusion.



# Pandemics & the New Media Landscape



- **Social media is a two-edged sword in public health emergencies.**
- There have been many examples of social media apps and emergency notification technologies expediting the delivery of good information to a concerned public.
- But there have been an equal number of instances in which bad information, misinformation and rumor have moved through communities with light-speed fueling the reactions described above.
- **Social media in public health emergencies does not cause extreme psychosocial or psychophysiological reactions, but it can contribute to the rapid and potentially exponential fear response in the community.**



# Summary & Wrap Up

# In Summary



- The human response to disasters and emergencies is both *phase specific* and *hazard specific*.
- Hazards that lack *“bookends”* create more somatic and long-lasting behavioral consequences.
- **Employees and Consumers benefit from truthful hazard-related information**, but balanced with education about their roles and the organization’s role in response.
- **“Action Binds Anxiety”**-Get people involved in preparedness at work and home. Preparedness is best done *with* the workforce, not *to* the workforce.
- Keep you COVID-19 plans current—monitor current risks—promote wellness, hygiene, and annual flu vaccines.



# Keep Informed

- The NJDOH Novel Coronavirus Call Center is open and is taking calls from the general public only. It is open 24/7 and can accommodate callers in multiple languages.
- They can be reached at [1-800-222-1222](tel:1-800-222-1222).



## For more information

- Visit the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- Visit the New Jersey Department of Health website at <https://www.state.nj.us/health/cd/topics/ncov.shtml>

# For More Information



## DISASTER & TERRORISM BRANCH

New Jersey Department of Human Services  
Division of Mental Health & Addiction Services

Office: 609-438-4325

Disaster Mental Health Helpline: 877-294-HELP

<https://nj.gov/humanservices/dmhas/home/disaster>

