

# **K** Canadian Pandemic Influenza Plan: Communications Annex

## **Introduction**

The objective of this annex is to ensure that Canada's health partners are prepared to respond to the enormous public communications challenges associated with an influenza pandemic. Specific activities designed to promote consistent, coordinated and effective public communications of federal, provincial, territorial governments and other health partners are set out. As well, emergency communications options are described to ensure that the public communications demands of various scenarios are met.

Operational plans for public communications will reside within the specific organisations involved in the response. For example, Health Canada will use its Crisis/Emergency Communications Guidelines (September 2003), just as specific provincial and territorial ministries will rely on their own plans and systems.

## **Strategic Considerations**

1. Provincial, territorial health ministries and/or local authorities assumes lead responsibility for public communications within their jurisdiction.

Health Canada is the lead organisations for public communications if the pandemic has moved beyond a single province or if a national emergency has been declared. Specific responsibilities include disease surveillance and national guidelines for infection control.

Canadians are unlikely to distinguish between levels of government in the event of a health emergency. Public communications among all involved organisations must be coordinated and consistent.

2. Public Communications around an influenza pandemic will occur in the international context. Key audiences, especially the media, will access various information sources from around the globe including the World Health Organisation. Communications channels must be opened with the WHO, HHS and the CDC to ensure an ongoing exchange of information, key messages and information products.
3. Canadians will turn to various sources to obtain the information they need and want during a pandemic scenario. Professional groups such as the Canadian Medical Association, Nurses Union, Canadian Pharmacists Association will be key partners in disseminating information, as will NGOs such as the Red Cross, Salvation Army, and others. Strong communications networks must be established with these organisations to ensure an ongoing exchange of information, key messages and information products.
4. The public communications demands of an influenza pandemic will likely exist at the top end of anything organisations have experienced in the past. In addition to the full weight of the individual organisation's communications capacity being brought to the table, organisations must find ways to work together to ensure as efficient a national effort as possible.

5. Public communications strategies must consider the information needs of:
  - communities directly affected
  - health professionals and health facility staff
  - regional, national and international media
  - other federal, provincial, territorial and international government organisations
  - key non-governmental organisations (e.g., Canadian Medical Association, Canadian Nurses Association, Red Cross, etc.)
  - industry representatives (e.g., pharmaceutical sector, medical supply sector)
  - specific ethnic communities that may require translated information packages into languages other than English or French
  - internal, non-implicated staff
  - international partners and stakeholders (WHO, HHS, CDC)
  - infectious disease experts
  - Members of Parliament and legislatures
  - Aboriginal communities

**Note:** See Section 11 for additional information on audiences

6. Risk communications principles must be applied in developing both content and strategy for public communications activities in response to an influenza pandemic.

## **Notification Process**

### **1. Integration of communications staff into main notification procedures**

Communications staff will be integrated into the notification processes within the Canadian Pandemic Influenza Plan. It is the responsibility of emergency managers in the implicated organisations to ensure that their own organisation's communications staff are alerted to a developing problem.

### **2. Notifying communications staff of other governments and health partners**

Although the lead province or territory will likely notify other organisations, Health Canada will be responsible to ensure communications staff from the provinces and territories have been notified. This will be done through the Health Emergency Communications Network.

Similarly, Health Canada will be responsible for alerting communications staff of key non-governmental organisations. This will be done through a network currently in development.

## **Public Communications Coordination**

### **1. Health Emergency Communications Network(HECN)**

Teleconferences of the HECN will be organised to ensure coordinated public communications messages and activities among F/P/T organisations.

Health Canada will be responsible for organising these teleconferences, frequency will depend on the need identified by HECN members.

### **2. Intergovernmental Coordination**

Health Canada and involved health ministries will lead teleconferences of other implicated departments to ensure coordinated public communications activities across respective governments. For example, Health Canada may convene teleconferences with communications representatives of Department of Foreign Affairs and International Trade, Office of Critical Infrastructure Protection and Emergency Preparedness, the Privy Council Office and others. Provincial and territorial health ministries will convene similar intra-governmental meetings.

### **3. International Coordination**

Contact – either through email or by teleconference – must be made with key international health organisations including the World Health Organisation, the department of Health and Human Services (US) and the Centers for Disease Control and Prevention (US) to share public communications messages, and coordinate public communications activities.

Health Canada will engage international contacts and report back to the HECN.

## **Establishment and Coordination of Toll-Free Lines**


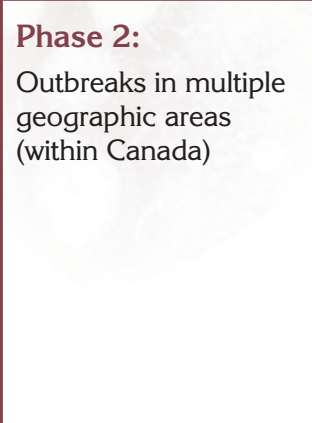
1. Involved organisations will likely set up toll-free information lines for both the health professionals and the general public. Background material used by operators on such lines should be shared to ensure that consistent information is being disseminated.

## **Website Management**

1. Websites of all involved organisations should include links to central information sources (such the World Health Organisation and Health Canada), as well as other involved organisations and information sources.
2. If the emergency escalates, a central, emergency specific website should be established. The address of such a central website would be included as part of the public communications activities of all involved organisations. Health Canada is currently developing options for such a central, emergency specific website.

## Recommended Public Communications Activities

<p><b>Phase 0, Level 1:</b> Novel virus identification in a human</p>	<ul style="list-style-type: none"> <li>› Notification of the Health Emergency Communications Network(HECN), as well as communications staff with international and non-governmental organizations</li> <li>› Review existing communication systems (e.g., emergency contact lists, toll free capacity, dedicated Internet site capacity, information sharing systems )</li> <li>› Work with partners to improve the local, provincial/territorial and federal informatics infrastructure to support the potential information campaign</li> <li>› Ensure names/numbers/e-mails are up-to-date and document sharing is possible</li> </ul>
<p><b>Phase 0, Level 2:</b> Human infection confirmed</p>	<ul style="list-style-type: none"> <li>› Activate inter- and intra- governmental response through national teleconferences (including the HECN, and the NGO health emergency communications group)</li> <li>› Refine/modify F/P/T communication plans as needed and ensure consistency with the emergency preparedness and response framework to be established by the Special Task Force to the Conference of F/P/T Ministers of Health</li> <li>› Ensure that rapid 24 hour translation capacity is in place and that all responders know how to access this resource</li> <li>› Ensure that web-site production staff are alerted to the potential need for development of sites and linkages</li> <li>› Identify gaps in the existing systems that will require additional resources (e.g., funding for toll free lines, dedicated press conference facilities and HR support for comm. staff)</li> <li>› Stage background technical briefings for media, external experts and other stakeholders</li> </ul>
<p><b>Phase 0, Level 3:</b> Human-to-human transmission confirmed</p>	<ul style="list-style-type: none"> <li>› Increased engagement with international partners</li> <li>› Establish ongoing communications with media, partners and public</li> <li>› Activate Emergency Communications processes (as set out in the Emergency Communications Plans within each implicated organizations)</li> <li>› Establish 1) communications lead 2) strategic considerations 3) draft initial response</li> <li>› Recruit/supply additional resources to fulfill previously identified gaps in the existing systems</li> <li>› Implement plans and mechanisms for communications with all relevant audiences, including media, key opinion leaders, stakeholders, employees</li> </ul>

<p><b>Phase 1:</b> Pandemic confirmed</p> 	<ul style="list-style-type: none"> <li>› Institute daily conference calls of the HECN, ensure it is integrated with PIC meetings</li> <li>› Ongoing communication with global partners</li> <li>› Ongoing communications with media, partners and public</li> <li>› Establishment of joint website/linkages</li> <li>› Launch multi-media campaign targeting specific target groups including the general public, health care workers and local community support network</li> <li>› Stage joint media and stakeholder briefings with representatives of Health Canada, relevant P/T officials, CMOH rep, etc.</li> </ul>
<p><b>Phase 2:</b> Outbreaks in multiple geographic areas (within Canada)</p> 	<ul style="list-style-type: none"> <li>› Ongoing communication with HECN, international organizations and other health partners including NGOs</li> <li>› Ongoing communications with media, partners and public</li> <li>› Training of additional communication leads to allow for staff rotation</li> <li>› Evaluation of implemented communication strategy</li> <li>› Updating of public resources</li> <li>› Ensure that all audiences, including media, key opinion leaders, stakeholders, employees are satisfied with the level of communication</li> <li>› Daily joint briefings of media involving representatives of the implicated organizations</li> </ul>
<p><b>Phase 3:</b> End of first wave</p>	<ul style="list-style-type: none"> <li>› Evaluate communication strategy</li> <li>› Update public education materials and scripts for phone line staff</li> <li>› Scale back staffing as need diminishes</li> </ul>
<p><b>Phase 4:</b> Second or later waves</p>	<ul style="list-style-type: none"> <li>› As per previous phases</li> </ul>
<p><b>Phase 5:</b> Post-pandemic/recovery</p>	<ul style="list-style-type: none"> <li>› Review performance measurement criteria and evaluate response</li> </ul>

## Health Emergency Communications Network - Contacts

Name	Office	Cell
Sheila Watkins, Health Canada Élaine Chatigny, Health Canada	(613) 957-2979 (613) 957-2987	
John Rainford, Health Canada	(613) 946-7245	
Andrew Swift, Health Canada	(613) 957-2988	
Carol Chawrun, Alberta Health and Wellness	(780) 427-7164	
Michelle Stewart, British Columbia Ministry of Health Planning & Health Services	(250) 952-1423	
Joe Czech, Manitoba Health	(204) 945-0750	
Carole Payne, Health and Wellness, Province of New Brunswick	(506) 453-2536	
Carolyn Chaplain, Government of Newfoundland and Labrador	(709) 729-1377	
Laura Seddon, Department of Health and Social Services Government of the NWT	(867) 920-8927	
Kim Silver, Nova Scotia Department of Health	(902) 424-7942	
Department of Health and Social Services Government of Nunavut	(867) 975-5700	
John Bozzo, Ontario Ministry of Health & Long- Term Care	(416) 327-4352	
Connie McNeill, PEI Department of Health and Social Services	(902) 368-6172	
Debra Dollard, Ministère de la Santé et des Services sociaux	(418) 266-8905	
Marg Moran McQuinn, Saskatchewan Health	(306) 787-8433	
Patricia Living, Department of Health and Social Services, Government of Yukon	(867) 667-3673	

## International Communications Contacts

International		
U.S. Centers for Disease Control and Prevention	Jana Telfer, Manager, Media Relations	404-639-7290
Health & Human Services (USA)	Marc Wolfson, Public Affairs Bill Hall, Public Affairs	202-205-1300 202-690-7264
World Health Organization	Dick Thompson	+41 22 791 2684
Department of Health (UK)	Lis Birrane, Chief Media Officer	20 7210 5225

## NGO Communications Contacts

Organisation	Name	Contact
Canadian Association of Emergency Physicians	Sue Norrington	613-523-3343 ext. 15
Canadian Healthcare Association	Rhona Lahey	613-241-8005 ext. 210
Canadian Infectious Disease Society	Matthew Perry	613-260-3233
Canadian Medical Association	Jill Skinner Carole Lavigne	613-731-8610 ext. 2329 613-731-8610 ext. 1266
Canadian Nurses Association	Karen McCarthy Joanna Filion	613-237-2133 ext. 252 613-237-2133 ext. 312
Canadian Pediatric Society	Elizabeth Moreau	613-526-9397 ext. 231
Canadian Pharmacists Association	Janet Becigneul	613-523-7877 ext. 267
Canadian Public Health Association	Judy Redpath Louise Cécire	819-827-3648 613-725-3769 ext. 127
Canadian Red Cross	Suzanne Charest Cheryl Smith	613-740-1928 613-740-1989
College of Family Physicians of Canada	Leslie Stafford	905-629-0900 ext. 303
Royal College of Physicians and Surgeons of Canada	Pierrette Leonard Genevieve Lacroix	613-730-6201 613-730-6286
St. John Ambulance	Julie Desjardins	613-236-1283 ext. 228
Salvation Army of Canada	Jim Ferguson	613-234-3372

## Audiences to Consider

Audience	✓
Public within the circle of the emergency. <i>Concerns:</i> Personal safety, family safety, stigmatization, property protection.	
Public immediately outside circle of the emergency. <i>Concerns:</i> Personal safety, family safety, interruption of normal life activities.	
Public health and medical professionals involved in the emergency. <i>Concerns:</i> Resources adequate to respond, personal safety, family safety.	
Public health and medical professionals not involved in the emergency. <i>Concerns:</i> Ability to respond to patients with appropriate information, access to treatment supplies if needed/wanted.	
Emergency response and recovery workers. <i>Concerns:</i> Resources to accomplish response and recovery, personal safety, family safety.	
Media <i>Concerns:</i> Personal safety, access to information and spokespersons, deadlines.	
Stakeholders and partners specific to the emergency. <i>Concerns:</i> Inclusion in decision-making, access to information, and other resources	
Trade and industry. <i>Concerns:</i> Business issues (loss of revenue, liability, business interruption) and protection of employees.	
Members of Parliaments/Legislatures <i>Concerns:</i> Informing constituents, review of statutes and laws for adequacy and adjustment needs, opportunities for expressions of concern.	
Civic leaders, local, provincial, and national. <i>Concerns:</i> Response and recovery resources, liability, leadership, and quality of response and recovery planning and implementation; opportunities for expressions of concern; trade and international diplomatic relations.	
Infections disease specialists, likely providing comment to media <i>Concerns:</i> Access to accurate information, updates on specific steps being taken	