# CHAPTER 9 Communications

## 9.1. INTRODUCTION

Niagara Region Public Health (NRPH) will lead public health communications for our local community, with support and input from the Ministry of Health and Long-Term Care, Public Health Agency of Canada, and key local stakeholders (i.e., Niagara Health System). In order to support this leadership role, communication objectives, principles and accountabilities have been clearly outlined in the event of a pandemic.

Multiple communication activities will be used to ensure that information conveyed is transparent, accessible, accurate, and real time, in order to assist residents, businesses, the health care sector, and other community stakeholders with their pandemic response.

## 9.2. OBJECTIVES

Niagara Region Public Health Communications will do the following:

- Utilize the Incident Management System (IMS) to ensure communication activities align with internal business models, specifically planning, operations, liaison, logistics, and administration.

- Work closely with the IMS Incident Commander to ensure communication activities support the overall management of pandemic in Niagara.

- Link to, and liaise with, the Ministry of Health and Long-Term Care (MOHLTC), Ontario Agency for Health Protection and Promotion (OAHPP), Health Canada, Public Health Agency of Canada (PHAC), and established regional networks.

- Ensure open, transparent, and supportive communications with the Niagara Health System, West Lincoln Memorial Hospital, and Hotel Dieu Shaver Health and Rehabilitation Centre, as the lead health care providers for Niagara.

- Ensure that health care workers, essential services workers, primary health care sector, and the Local Health Integration Network have access to real time information to assist with pandemic response.

- Be the lead organization for public and stakeholder communications within Niagara, pertaining to health-related communications.

- Be supported by provincial, national, and international sources, complemented by information from local hospitals and municipal leaders.

- Distribute clear, concise, and timely information to the public using multiple communications activities.

- Assist in educating Niagara region residents about the influenza pandemic, pandemic planning, how to access self-care information, and how to encourage behaviour change to reduce the spread of illness.

- Be available to provide proactive and reactive advice and information to the broader community and stakeholders.

- Establish and identify local community groups/organizations and develop networks and partnerships for the purposes of informing the public.

- Convey information, key messages, and information products to local networks/ partnerships for distribution to their respective networks.

- Ensure that Niagara Region Corporate Communications will co-ordinate non-health-related communications to inform residents of changes in regional services (i.e., snow removal, waste collection, etc.).

- Use strategies and actions that will consider the information needs of identified internal and external audiences.

- Apply key learning's from leading public health and health care reviews, such as the Walker Report and the Campbell Commission on SARS.

- Convey lessons learned during each phase of the pandemic with decision-makers for ongoing improvement of Niagara Region's pandemic response.

### 9.3. COMMUNICATION PRINCIPLES

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

Key communications principles include the following:

- Roles, responsibilities, policies, procedures, and accountabilities will be aligned per IMS model and the issues-based model used by the MOHLTC.

- All communications materials, from all sub-committees, will be approved by the Medical Officer of Health and/or designate, Public Health Communications, and the Corporate Communications, Senior Manager, as per the Department Policy X-40 "Media Communications and Co-ordination".

- During all stages of pandemic communications, Regional Council/Board of Health and the Corporate Management Team will be briefed regularly on activities and developments, in order to assess emergency management actions.

- Essential information will be disseminated promptly through multiple communications activities.

- Information targeted at the general public will be written and developed using clear communication (e.g., health literacy) and will be provided in multi-lingual formats (available via MOHLTC, Public Health Agency of Canada and Health Canada websites) and in formats designed for the disabled (large print, audio, signed TV segments) upon request.

- Health care stakeholders will receive daily and/or more frequent information, as it is received from the Ministry of Health and Long-Term Care to public health units.

- The media and the general public will be provided with regular, up-to-date information.

- Official spokespersons will be designated, credible, available, and supported by all parties involved in the crisis.

- Communications activities will be conducted in a manner designed to retain public confidence while minimizing anxiety and disruption, and encouraging vigilance.

### 9.4. COMMUNICATIONS ACCOUNTABILITIES

The Ontario Pandemic Crisis Communications Toolkit for the Broader Health Sector (updated: August 2008) clearly outlines communication roles and responsibilities for the federal government, provincial government, and local government/public health authorities. The specific activities for the public health authority include the following:

- Implement surveillance and outbreak control measures consistent with provincial guidance.

- Communicate with Ministries within the Government of Ontario.

- Communicate with health care facilities and emergency responders regarding provincial guidance on health services delivery, outbreak management, and other issues.

Additional activities for the public health authority, as a liaison between the MOHLTC and Niagara Region, include the following:

- Initiate an IMS model to assist with daily calls with the various branches of the MOHLTC (i.e., communications, operations, etc.).

- Liaise with CAO and Niagara Regional Chair to ensure information is made available to inform organizational and political activities, as needed.

- Communicate information from the MOHLTC and Ontario Agency for Health Protection and Promotion (OAHPP), as appropriate, to Niagara organizations (i.e., Local Health Integration Network).

- Develop key messages and statements based on current, relevant information and the local experience.

- Work with internal experts to interpret Important Health Notices (IHN) from the MOHLTC for community stakeholders, and develop content for internal and external stakeholders.

- Distribute materials and information from the MOHLTC and OAHPP to members and community stakeholders.

- Communicate with the media.

- Identify and help prepare primary and secondary spokespeople as required.

- Determine third-party contacts to use as spokespeople.

- Ensure media monitoring is in place.
- Provide ongoing and regular updates to Niagara Region senior leadership.

Based on the above, NRPH has identified the following terms under which Public Health Communications area will function:

- Distribution of information and key messages will be managed by Public Health Communications, Community Development and Surveillance Division, with support from the Corporate Communications Division, Integrated Community Planning Department.
- The IMS (refer to Appendix E) framework will be applied to pandemic communications and related activities.
- Public Health Communications and Corporate Communications will access the "Communications Plan for Issues and Incidents – Corporate and Departmental Plan" (refer to Appendix 9-G). This plan identifies appropriate responses to issues and incidents and provides the details related to crisis management, roles of Niagara Region staff and the Niagara Regional Chair, the location of a central communications area, the establishment of a public information centre, etc.
- Health promotion staff may be seconded to provide tactical and administrative support to Public Health Communications, Community Development and Surveillance Division, in order to manage the above activities.
- Communications accountabilities will be shared among key public sector communications branches, specifically the Niagara Health System; day care providers; area schools boards; and, post-secondary institutions.

## 9.5. COMMUNICATIONS COMMITTEES

To address the work that is required to sustain communications over a long period of time, two separate committees have been established. They are as follows:

1. Niagara Region Communications Sub-committee

Co-chairs: Director, Community Development and Surveillance, Public Health Communications Specialist, Public Health

Reports to: IMS Incident Commander

Members: Public Health professionals, with support from Corporate Communications and the Office of the Regional Chair.

Goal of Niagara Region Communications Sub-committee:

- Develop and regularly update a pandemic communications plan for the Niagara region.

Objectives:

- Use the IMS model to achieve communication outcomes.

- Ensure that NRPH, with MOHLTC support, is prepared to respond to community communications needs (i.e., general public, health care sector, and service providers).

- Ensure that health care providers have access to transparent, accessible, accurate, real time information that will help them respond to challenges during each phase of the pandemic (as per Appendix 9-A).

- Provide consistent, co-ordinated, effective, and on-going public and provider communications regarding the pandemic plan and in the event of a pandemic outbreak.

- Identify the communications activities that must occur during each phase of the pandemic.

- Develop a plan to meet sustained, intense media demands during the course of the influenza pandemic, and to ensure the materials and means to meet those demands are established, available, and identified.

- Encourage and assist the IMS Incident Commander and IMS committee leads with effective collaboration and communication across pandemic planning committees.

2. Pandemic Response Communications Group (Community-based)

Co-Chairs: Communication Specialist, Public Health
Corporate Communications, Senior Manager, Niagara Region

Members: Public Sector Communicators Group (as per Appendix 9-B). Functions primarily as a virtual working group using electronic methods (e-mail) or collaboration sites to connect and share information, best practices, etc.

Goal of Pandemic Response Communications Group:

- Support the implementation of communications activities as defined by this working team.

Objectives:

- Strengthen communication channels among public sector communications leads across community and health care organizations.

- Ensure a mechanism is in place for two-way communication with these stakeholder groups.

- Leverage existing communication networks within these respective community and health care organizations.

- Assist in educating various targeted audiences about the influenza pandemic, pandemic planning, how to access self-care information, and how to encourage behaviour change to reduce the spread of disease.

- Identify organizational spokespeople and provide key messages and background information (as per Appendix 9-C).

- Share resources to strengthen internal business continuity plans and community-based plans.

- Assist in promoting influenza immunization to prevent morbidity and mortality in the general population.

- Maintain public confidence in public services.

## 9.6. COMMUNICATION METHODS

A number of communication activities will be used to inform the public and stakeholders. A 24-hour clock has been created to co-ordinate daily communication activities (see Appendix 9-G) in line with MOHLTC communication activities, needs of the media, and public expectations.

The following charts identify the appropriate use of these methods for the intended audiences: one external (i.e., general public and community stakeholders) and one internal (i.e., Niagara Region staff).

External Stakeholders (General Public/Community)

Health care providers and emergency responders will need access to all the information conveyed to the general public, including business continuity planning, infection control practices, personal precautions, and general preparedness. External stakeholders include the following:

Area employers.
Chambers of Commerce.
Emergency responders (police, fire, ambulance).
Essential services (i.e., hydro, etc.)
Family physicians.
Faith communities.
Funeral Directors Association of Niagara.
Health professionals and health care facility staff.
Hotel Dieu Shaver Health and Rehabilitation Centre.
Information Niagara.
Industry representatives.
Key non-governmental associations and organizations (e.g., Big Brothers Big Sisters, Community Care).
Local Business Improvement Associations.
Medical laboratories.
Members of provincial and federal parliament.
MOHLTC Communications Branch.
Municipalities directly affected.
Municipalities not directly affected but impacted.
Municipal, regional, provincial, and federal governments.
Niagara Economic Development Corporation.
Niagara Health System (NHS):

NHS locations include Greater Niagara General Hospital, St. Catharines General Hospital, Welland Hospital, Douglas Memorial Hospital, Niagara-on-the-Lake Hospital, and Port Colborne General Hospital.

Niagara Regional Housing.
Niagara Peninsula Conservation Authority.
Niagara Victim Crisis Support Services (NVCSS).

Ontario Agency for Health Protection and Promotion.
Pharmacies.

Post-secondary institutions.
Private educational institutions.
Public Health Agency of Canada.

Regional and national media.
School boards.
Tourism industry.
West Lincoln Memorial Hospital

(See Appendices 9-H, 9-I, 9-J)

Communication activities include the following:

| Product/Activity | Audiences | Distribution Channel | Pandemic Period |
|---|---|---|---|
| Website information (www.niagararegion.ca)<br>subscription to webpage<br>links to provincial, federal and international updates<br>house local resources and tools | Community partners<br>General Public<br>Media | Internet | Phases 1 - 6 |
| Information Line | General Public 905-688-8248, ext. 7765<br>(password will be published internally) | Telephone line | Phases 1 - 6 |
| Pre-recorded message for the public, including FAQs (See Appendix 9-K) | General Public<br>(password will be published internally for updates) | Telephone line<br>905-685-8248 ext.<br>1-888-505-6074 ext.<br>7765 | Phases 1 – 6 |
| Teleconferences | Local, Provincial, and Federal Contacts (i.e. Niagara Health System) | Telephone line | Phases 1 – 6 |
| Print Products<br>Articles (stock articles for community-based newsletters)<br>Fact sheets<br>Memos/Updates<br>Bulletins – hard copies<br>E-Bulletins – electronic copies | General Public and Targeted Audiences (i.e.<br>childcare centres, school newsletters, church bulletins, Municipal Councils, Niagara Public Sector Communication Network) | Newsletters | Phases 1 – 6 |
| Presentations | Municipal Councils<br>Employee Groups<br>Health Care Community<br>Targeted Agencies | Meetings | Phases 1 – 4 |

| Product/Activity | Audiences | Distribution Channel | Pandemic Period |
|---|---|---|---|
| | Physicians | | |
| Updates | MOHLTC Communications Branch<br>OAHPP<br>PHAC | To be determined | Phases 1 - 6 |
| Marketing materials for vaccination clinic times and locations | General Public<br>Niagara Public Sector Communications Network | Direct mail<br>Public Information Centre<br>Workplace Wellness Network | Phases 2 – 6 and updated as needed |
| Media Relations Activities | Local, National, and International media<br>Niagara Public Sector Communications Network | Media products<br>Media briefings | Phases 2 – 6 |
| Paid Ads (for public health measures, flu assessment centres, vaccination clinics) | General Public | Newspapers, radio, and TV (i.e. CHTV, COGECO) | Phases 2 – 6 |
| Mass faxing | Outbreak Emergency Management Database members | Fax through Infectious Disease Program Assistant | Phases 2 – 6<br>(as needed) |
| Website Collaborative Dark site | Niagara Health System, health care provides, and Public Health employees | Managed through NRPH communications and Information Systems (IS) | Phases 5 – 6 |
| Social Media 2.0<br>YouTube<br>Twitter<br>Facebook | General Public | Internet tools | Phases 5 - 6 |
| Establishment of Public Information Centre(s) | General Public | As per Niagara Region Crisis Communications Issues and Incidents Plan | Phases 5 – 6 |

Internal Stakeholders

It is recognized that the following audiences will need varying levels of information to perform their work. Communications activities will ensure that the key messages/information meet the needs of the respective audiences. Internal stakeholders include the following:

Office of the Regional Chair.
Office of the Chief Administrative Officer.
Members of the Board of Health/Regional Council.
Executive Officer to the Regional Chair.
Senior Manager, Corporate Communications.
Crisis Communications Response Team (web-admin; telecommunications; corporate communications).

Corporate Management Team.

Departmental Senior Management Teams.
Regional Emergency Operations Control Group.

IMS Incident Commander.
IMS Committee.
Niagara Emergency Management Services (NEMS) Senior Management Team.

Public Health.
Niagara Region employees.

Communications activities include the following:

| Product/Activity | Audiences | Distribution Channel | Pandemic Period |
|---|---|---|---|
| Teleconferences | Staff involved in communications, service delivery, and/or business continuity planning | Telephone line | Phases 1 - 6 |
| Internal Briefings and Updates | Regional Chair and Regional Council<br>Chief Administrative Officer<br>Standing Committees<br>Regional Emergency Control Group<br>Emergency Measures Office<br>Regional employees<br>Public Health Department staff (i.e. Infectious Disease and Vaccine Preventable Disease staff)<br>Community Services Department staff (i.e. Homes for the Aged) | Meetings, teleconferences, briefings, and e-mail | Phases 1 - 6 |
| Presentations | Regional Council<br>Public Health and Social Services Committee<br>Public Health staff<br>Community Services Department staff<br>Niagara Region employees | Meetings | Phases 1 - 3 |
| Telephone Voice Broadcasted messages | Niagara Region employees (limited capacity – not available at all regional work sites) | Telephone | Phases 4- 6 |
| E-Bulletins/Niagara Current | Niagara Region employees | E-mail | Phases 1 - 6 |
| Regional web-site | Niagara Region employees | IS staff | Phases 1 - 6 |
| Intranet Web Pages (SHERPA) | Niagara Region employees | IS staff | Phases 1 - 6 |

| Staff Info Telephone Line – pre-recorded messages | Niagara Region Employees | Telephone Line | Phases 1 - 6 |
|---|---|---|---|
| Internal e-mail account for two-way communication | Niagara Region Employees | E-mail account | Phases 1 - 6 |
| Articles for newsletters | Department and Regional employee newsletters | Submissions to editors of newsletters | Phases 1 - 6 |

Misinformation, Rumour Management, and Risk Mitigation Strategies

Several steps must be taken to stop rumour development and to control the spread of misinformation:

- Communications must remain consistently proactive, transparent, and timely.

- Media coverage must be evaluated on a daily basis and link to local surveillance data, proactive interventions, etc. This includes analyzing hard news coverage, editorials, and letters to the editor.

- Finally, those responsible for communications must anticipate public sentiment and explain public risk to manage potential sources of misinformation. This requires developing new key messages for spokespeople and establishing the proper vehicles and channels to disseminate the information.

Medical and Media Advisories

Appendices 9- D and 9-E are templates that are utilized for communicating information updates to the Niagara Region medical community and media stakeholders. A detailed list of Medical advisories that were distributed during the 2009 H1N1 influenza pandemic can be found in appendix 9-K.

Niagara Region H1N1 Website Activity

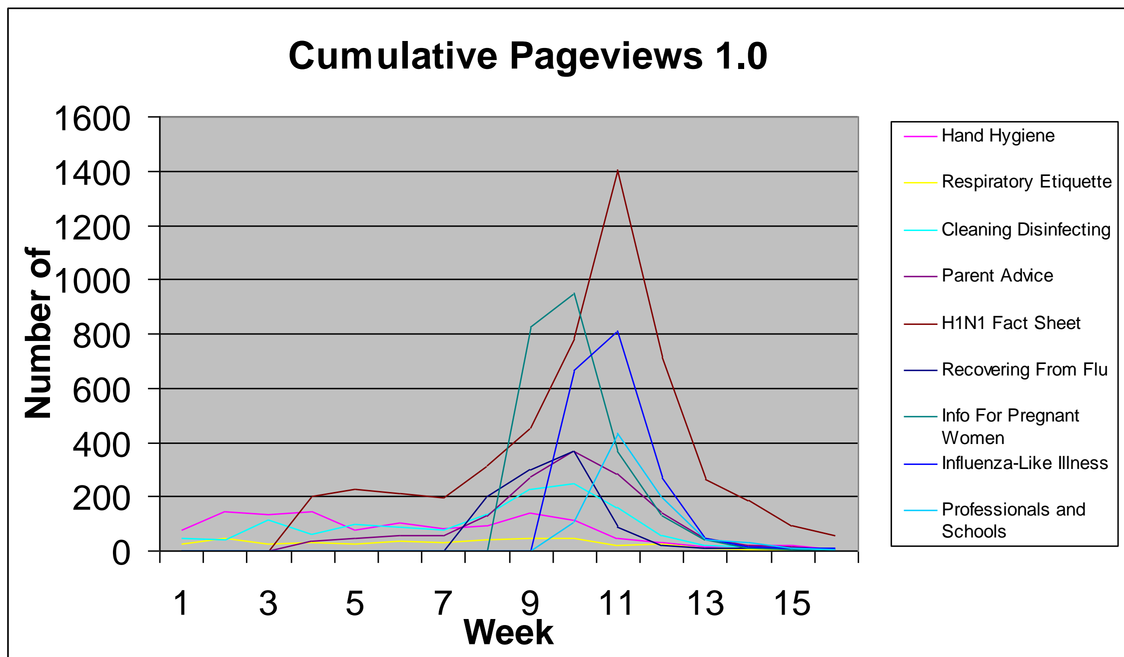
The Niagara Region website provided regular and timely H1N1 information to Niagara residents. Over 200,000 visitors accessed information from the H1N1 web pages between September to December 2009. A subscription function feature was added to the H1N1 landing page late September 2009. As of December 18, 2009, there were over 800 subscribers to the site. A weekly alert was sent each Friday updating subscribers to new or updated information. A total of 10 alerts were sent from September 23 – December 18, 2009. During this period, website analytics were collected and interpreted weekly to determine what H1N1 information Niagara residents were seeking and how they were finding the information to ensure our website was used and designed most effectively. The information below summarizes the overall analysis.

### Cumulative Content Performance Charts

The following charts represent the 12 pages on the H1N1 site. These include: H1N1 landing page, Hand Hygiene, Respiratory Etiquette, Cleaning and Disinfecting, Parent Advice, H1N1 Fact Sheets, H1N1 Immunization Clinics, Recovering From Flu, H1N1 Information For Pregnant Women, H1N1 FAQ, Influenza-like Illness, and Professionals and Schools. Data begins in week 1 (August 27-September 3, 2009) and continues to week 16 (December 10–17, 2009).

Note: Some pages have been added to the data collection in later weeks

Figure 9-1 Cumulative Niagara Region Public Health web site pageviews

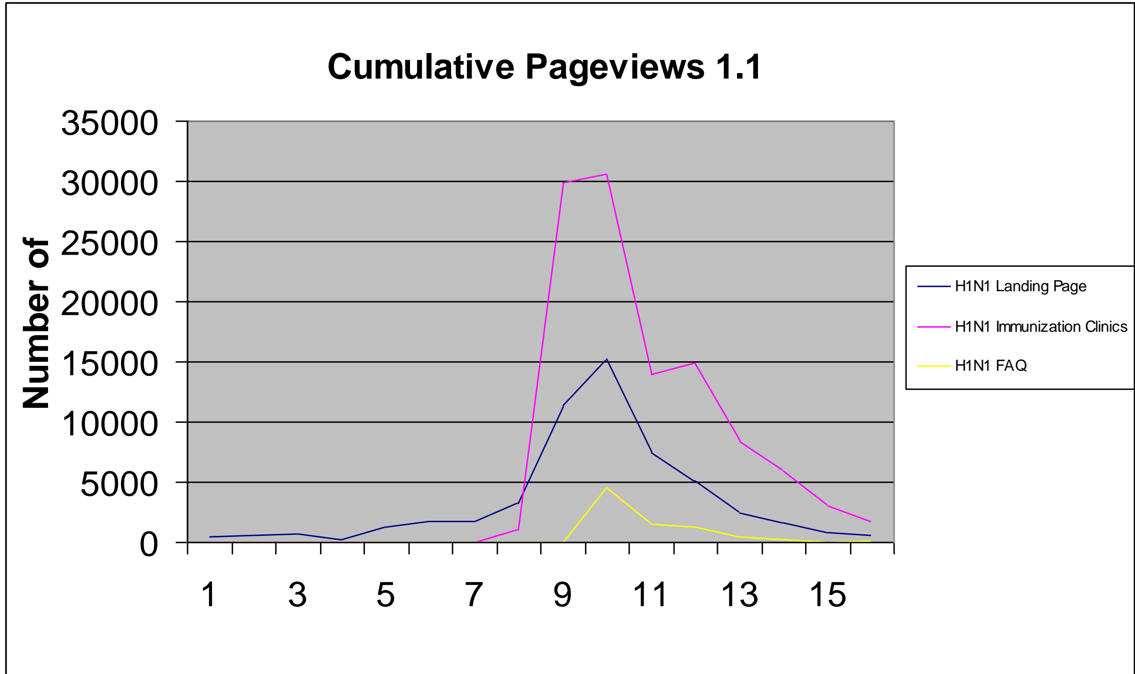



Note: this chart does not include three H1N1 pages as they received significant views which skew the above data. This data can be observed in Chart 9.1 below.

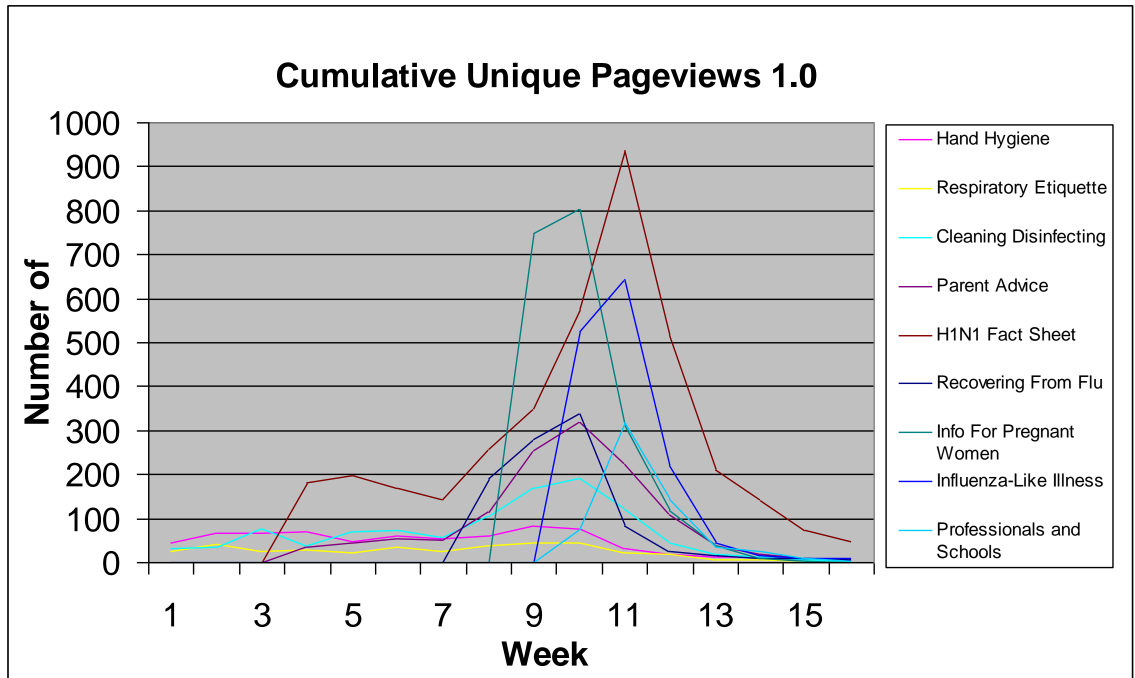
Cumulative Pageviews: Illustration 1.0 details the number of pageviews for each page on the H1N1 site, received from week 1 to week 16. The first three weeks contained only 4 pages – H1N1 landing page, Hand Hygiene, Respiratory Etiquette, and Cleaning and Disinfecting.

The Hand Hygiene, Respiratory Etiquette, and Cleaning and Disinfecting, Parent Advice, and Professionals and Schools pages had consistent activity throughout the weeks. Prior to the start of H1N1 vaccination clinics, these pages provided information that was preventive in nature and encouraged infection prevention and control. After several weeks of vaccination clinics, these pages began to decline in activity. This may be attributed to the public feeling safe as there was less illness circulating, and having all the prevention information they required.

As new factors relating to H1N1 arose, many pages were added to the site. H1N1 Fact Sheets, Information for Pregnant Women and Influenza-like Illness pages were created and immediately began exhibiting activity, evidently showing what was important to those visiting our website. As expected, all pageviews began to drop significantly as we reached the later weeks of the H1N1 clinics and the community had received the information they required about preventing the illness or taking care of an ill person.

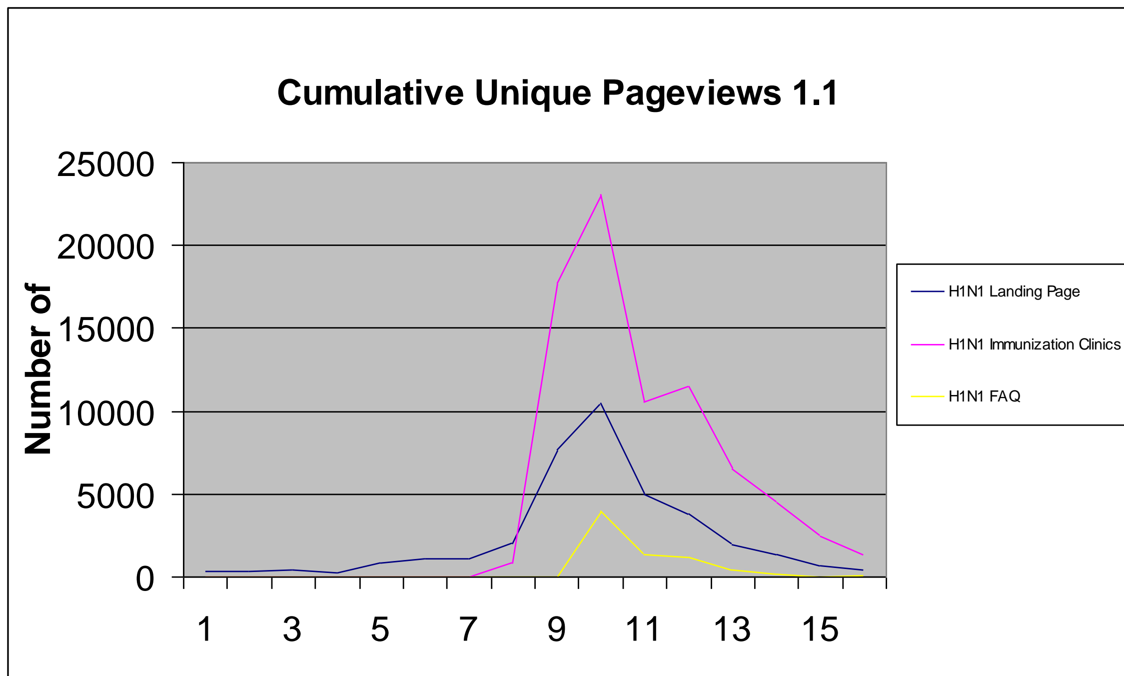



Cumulative Pageviews: Illustration 1.1 shows the three most active pages on the site. As expected, the H1N1 landing page was predominantly the first page visitors accessed when entering the H1N1 site; therefore this page received much more activity on a weekly basis than the majority of the other pages. The H1N1 vaccination clinics page was the most active page on the site; from when it was added to the site, the number of pageviews it received was well above any other pageview. Traffic to these pages declined dramatically once the public began receiving H1N1 vaccination.

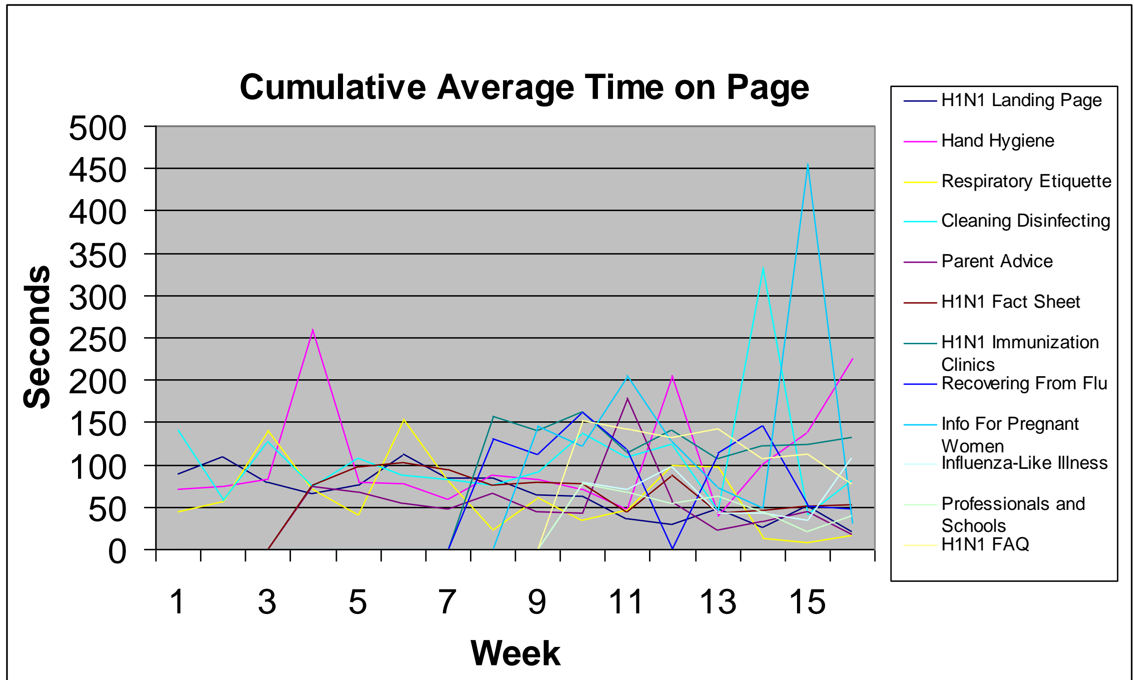



Note: this chart does not include three H1N1 pages, as they received significant views which skew the above data. This data can be observed in Chart 1.1 below.

Cumulative Unique Pageviews: Illustration 1.0 shows very similar data to that of Cumulative Pageviews 1.0. but unique pageviews refer to the number of visits by new visitors during which one or more of the pages were viewed. The Hand Hygiene, Respiratory Etiquette, Cleaning and Disinfecting, Parent Advice, and Recovering From Flu pages all show consistent data throughout the weeks, with some peaks in activity around week 10 (October 30 – November 6, 2009). The Information for Pregnant Women, H1N1 Fact Sheet, and Influenza-like Illness were more popular on the site, as they contained information that was timely and relevant to the public as illness was circulating in the community and our messaging included a focus on pregnant women (as they were at a greater risk).  All pages dropped in unique pageviews by week 12 as the public appeared to have the information they needed and were attending vaccination clinics.

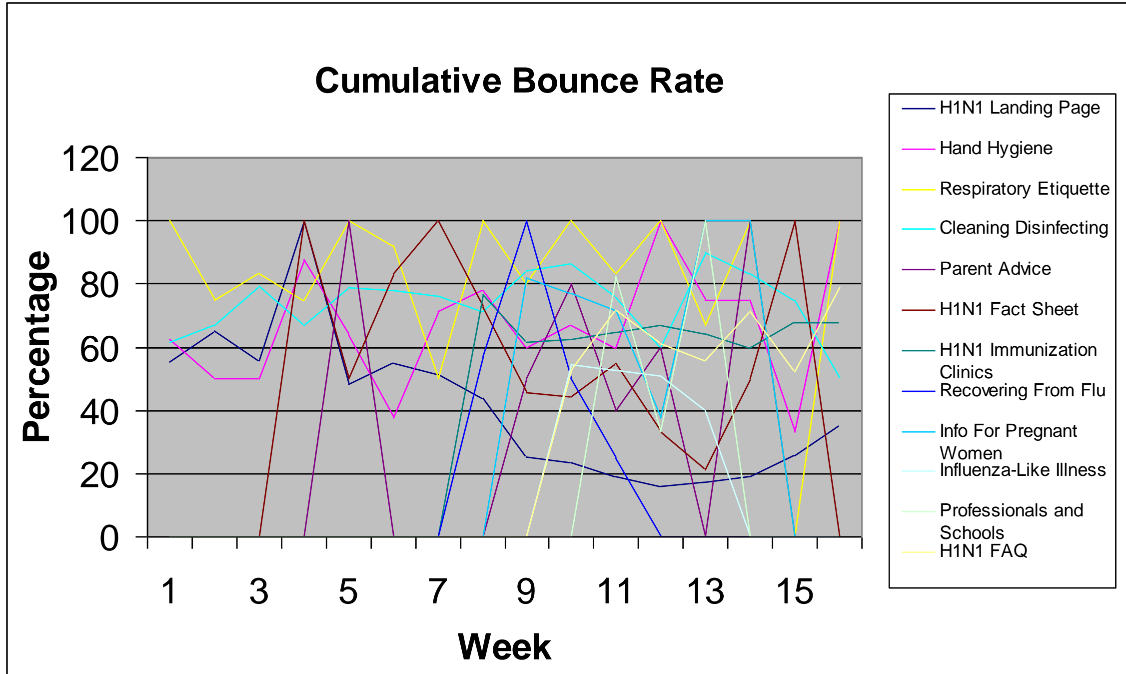



Cumulative Unique Pageviews: Illustration 1.1 exhibits the three most popular pages on the site, with the H1N1 Immunization Clinics page being the most active of all pages which may exhibit the public was most interested in vaccination information. The H1N1 Landing Page and H1N1 FAQ pages also received more unique pageviews than most pages.

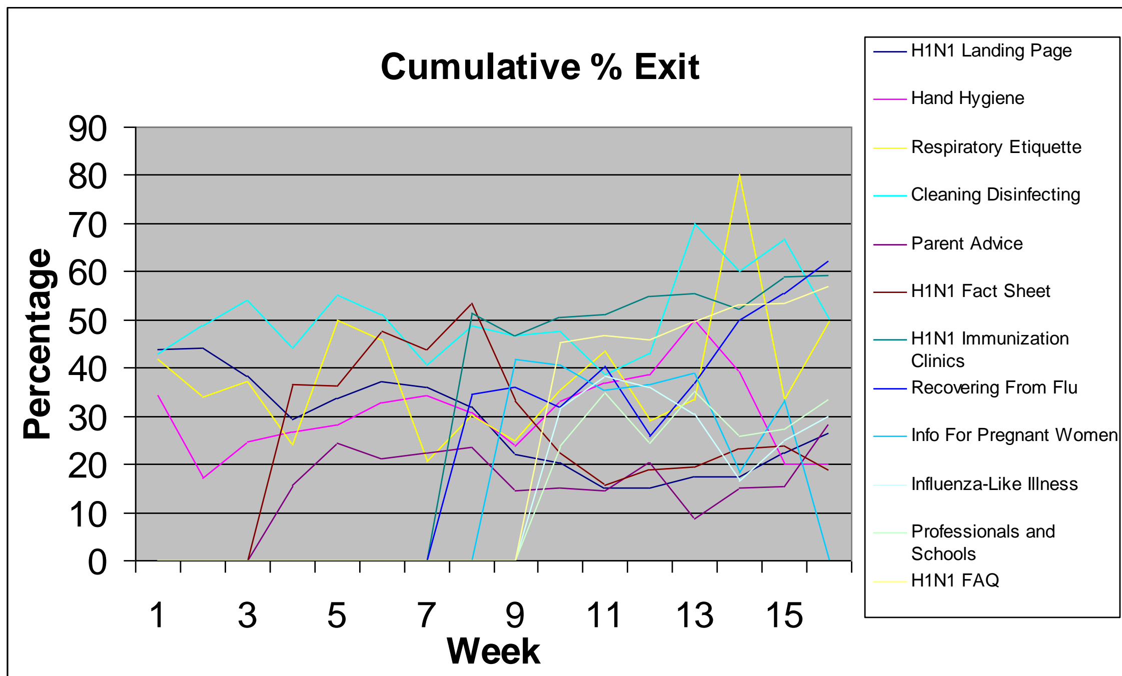



Note: Recovering From Flu data for week 12 was misrepresented, therefore received 0:00.

Cumulative Average Time on Page; this information illustrates all pages on the H1N1 site with data detailing the average length of time each page was viewed for the week. The original four pages – H1N1 Landing Page, Hand Hygiene, Respiratory Etiquette, and Cleaning and Disinfecting pages, all show consistent times, with occasional peaks, notably Hand Hygiene on weeks 4, 12 and 15, and Cleaning and Disinfecting on week 14. Although the H1N1 Immunization Clinics page was the most viewed page on the site, its average time was similar to all pages. This can be expected as the vaccination clinic page was a task-oriented page, meaning visitors came for the information they required and then left.  An odd finding was the Information For Pregnant Women page, which peaked to the highest of all pages on week 15 to over seven minutes. Overall, all pages showed one and three minutes, which is reasonable given the amount of new information available to residents.




Cumulative Bounce Rate shows the percentage of single page visits resulting from a specific page. This means the number of visitors who immediately leave the site after visiting the one page. Many pages have weeks with a 100% bounce rate that show viewers searched the content from an outside resource, arrived at the specific page, and immediately left the site. This can be expected as subscribers to the H1N1 page received weekly e-mail alerts with direct links to the new or updated content. However, there are also many weeks with low bounce rates, many of which were 0%. This means visitors searched the original page they entered and remained on the site. For the most part, the pages show sporadic increases and decreases in bounce rate, but remain within 40 – 80%.



Cumulative % Exit shows the percentage of visitors that exited the site from a specific page. The H1N1 Immunization Clinics page, on average, was above a 50% exit rate. Due to its popularity among the public, it is clear that the majority of viewers came to the site for this specific information and once it was received, they exited the site from that page. The Cleaning and Disinfecting page was another page exited by a large percentage of viewers. The remaining pages for the most part remain under 50% which is evidence that viewers viewed multiple pages when arriving at the H1N1 site. The more dispersed the exit percentages are among all the pages, the more likely it is that multiple pages were viewed as they were all exited at similar percentages. Pages such as Parent Advice, H1N1 Landing Page, Influenza-like Illness, and Professionals and Schools, show the lowest consistent exit percentage. This shows that viewers continued to view the rest of the site after viewing these pages.

Lessons Learned – Communications

H1N1 presented NRPH with the opportunity to renew and strengthen working relationships established over the development of our pandemic planning efforts. However, what worked most to our benefit was the respectful, timely, and open dialogue between communications professionals across Niagara.

Key recommendations for future consideration include the following:

- Convene a planning meeting with all personnel involved in communications activities (internal and external partners) to clarify and confirm roles, responsibilities, and expectations.
- Redeploy non-essential NRPH personnel, based on competencies and availability, to provide support on assigned telephone lines and media management. Provide relevant training in advance, where and when possible.
- Prepare draft communication products in advance, based on various scenarios.
- Ensure availability of media spokespeople, along with a back-up spokesperson, to manage peak periods of media inquiries; and assist in the prevention of spokesperson fatigue and supports business continuity plans. This practice is also recommended for the NRPH Communications Specialist, as media needs were significant over the course of H1N1.
- Assign communication resources to balance operational and strategic planning needs.
- Recognize the media as a key partner and consistently respond to their inquiries in a timely and comprehensive manner.
- Maximize use of available technology, for example distribute weekly e-mails to website subscribers with updates pertaining to local surveillance and planning activities and use social media as appropriate. Expand current technology infrastructure to support more progressive use of available Niagara Region information technology solutions.
- Provide regular updates to all Niagara Region employees pertaining to clinic operations, participation rates, Ministry directives, etc., through established internal communication tools.
- Review NRPH information cycles to ensure alignment with Ministry communication and decision making processes.
- Provide IMS training to all relevant and internal and external stakeholders, so that awareness of the process, structure, and protocols are in place prior to the emergency.

## APPENDIX 9-A: PANDEMIC PHASES

For all phases of pandemic communications, similar communications vehicles, channels and distribution methods will be used to reach target audiences. The pandemic phases described below are those adopted by Health Canada, from the World Health Organization (WHO).

### Interpandemic Period

Phase 1 – No new influenza virus subtypes have been detected in humans.

Phase 2 – A circulating animal influenza virus subtype poses a substantial risk of human disease.

### Pandemic Alert Period

Phase 3 – Human infection(s) with a new subtype, but no human-to-human spread or spread to a close contact only.

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.

Phase 5 – Large 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.

### Pandemic Period

Phase 6 – Increased and sustained transmission in general population.

### 1) Local Communications Activities by Phase

Phase 1:

- Work with professional organizations and labour associations to promote Universal Influenza Immunization to the public and to health care workers (HCW).
- Ensure that all educational materials for the public and HCWs on influenza are accurate, up to date, and accessible (i.e., languages, clear communication).
- Work with health care settings to encourage education for providers about influenza, the risks and preventive practices.
- Monitor immunization rates among health care workers in different settings, and provide information back to the health care settings, so they can compare their rates with those in similar settings.
- Maintain pandemic contact lists that include local emergency services, fire, police, and health care facilities).
- Continue to reinforce the importance of prevention activities.
- Continue to work with MOHLTC to improve communications infrastructure.

- Participate in annual pandemic simulation exercise and use results to refine MOHLTC Crisis and Risk Communications Response Plan and the Regional Communications Plan.

- Work with MOHLTC to establish procedures to ensure that all information is accurate at the time at which it is released.

- Circulate copies of the Niagara Region Influenza Pandemic Response Plan and associated contingency plans to key stakeholders.

- Post Niagara Region Influenza Pandemic Plan on Niagara Region website for public use.

- Update SHERPA site for Niagara Region staff and pandemic sub-committee members.

- Develop and maintain a stakeholder database (i.e., outbreak/emergency measures database – epidemiology), including their preferred method of communication.

Raise awareness among key partners of pandemic preparedness through the following:

- Reports to Public Health and Social Services Committee (PHSSC).
- Meetings with pandemic sub-committee chairs and Influenza Pandemic Steering Committee.
- Presentations at the three main hospital corporation's medical grand rounds.
- Work with the Public Sector Communicators Group.
- Efforts to strengthen relationships with local media outlets to support the communications network for ongoing dissemination of public information.

Phase 2:

- Continue phase 1 activities.

Phase 3:

- Review, and if necessary, refine local communications plan.

- Confirm when and what to communicate to the public, health care workers, workplaces, and other audiences, focusing on existing influenza prevention methods and WHO/PHAC updates.

- Review, and if necessary, update pandemic contact list.

Phase 4:

- Continue phase 3 activities.

- Confirm local spokespeople and back-up personnel for a pandemic.

- Provide crisis communication training.

- Confirm that local health facilities have updated pandemic/internal business continuity plans.

- Verify list of stakeholder and media contacts.
- Confirm translation requirements.

Phase 5:

- Work with MOHLTC to develop public education messages, and define the role of spokespersons.
- Participate in crisis communication network.
- Implement plans to communicate will all relevant audiences, including the media, key opinion leaders, stakeholders, and employees.

Phase 6:

- Activate crisis communications plan.
- Distribute fact sheets.
- Continue regular communication with communication partners.
- Provide information in real-time to HCWs, media, and the public regarding Ontario's level of readiness, possible decreases in service, and alternate care sites.
- Update annual multimedia campaign promoting Universal Influenza Immunization Plan (UIIP), adding information about current influenza activity.
- Provide information about vaccination developed for new pandemic influenza virus (if applicable).
- Continue to work with MOHLTC and OAHPP to provide consistent messages.
- Continue to provide information/updates to HCWs, the media, and the public.
- Work in partnership with the Public Sector Communicators Group.
- Gather information from the field and use that to inform/refine the communications plan.
- Monitor effectiveness of local communication strategy and modify as required.

End of First Pandemic Wave, Pandemic Subsiding

- Identify lessons learned.
- Evaluate local communication response.
- Postpandemic Period
- Revise pandemic communications plan, based on experience.

Return to Phase 1 activities.

This confidential membership list may be requested through
Public Health, Communications.

Appendix 9-C: Niagara Region Media Contact List

This confidential media list may be requested through
Public Health, Communications

MEDIA RELEASE

Title

NIAGARA REGION, <Month, date, year> - <Introductory paragraph>

Contact:
<insert name here>
<insert title here>
<insert phone # here>

MEDIA ADVISORY

Title

NIAGARA REGION, <Month, date, year> - <Introductory paragraph>

Include information for the following (place in appropriate order):

WHO:

WHAT:

WHERE:

WHEN:

WHY:

Contact:
<insert name here>
<insert title here>
<insert phone # here>

Appendix 9-F: 2009 E-MAIL DISTRIBUTION CHECKLIST

SUBJECT: (

*This section to be completed by Corporate Communications*

**MEDIA RELEASE MR# ________________________**

**MEDIA ADVISORY MA#________________________**

**PUBLIC SERVICE ANNOUNCEMENT PSA#________________________**

- ☐ Media one (Niagara and Hamilton area)
  - ☐ Media A (Niagara Dailies, Hamilton Spec, and Radio) (Included in Media One)
  - ☐ Media B (Weeklies) (Included in Media One)
- ☐ Media two (Toronto area)
- ☐ Media three (New York State) ____________Completed
  (All Media categories are under A.A'.s Contacts)
- X Regional Chair and Executive Assistant (Paper Copy) ___________Completed
- X CAO & The Regional Clerk (Paper Copy) ____________Completed
- ☐ Regional Councillors (Under Global Address List – Group) ____________Completed
- ☐ Regional Dispatch (After Hours) (Global Address - Group) ____________Completed
- ☐ Customer Service Representatives (All – Global Address List)
- ☐ Main Switchboard (Doris Raby, Sharon Bucsis) ____________Completed
- ☐ Niagara Recycling (Sherri Tait) ____________Completed
- ☐ Community Services, CE (Josie Delgrande) ____________Completed
- ☐ Public Health, CE (Lorraine Chic) ____________Completed
- ☐ Transportation - Weather Alerts (Jody Head) ____________Completed
- ☐ Website (Web-Admin) (Global Address List) ____________Completed
  - ☐ Link to Main Page on Website (to Web-Admin) ____________Completed
- ☐ SHERPA Site ____________Completed
- ☐ Niagara Current ____________Completed

OTHER BOARDS/AGENCIES

- ☐ Niagara Regional Police Communications (FAX) (Fax on Photocopier – NRP)
  - ☐ Jacqueline Forgeron, Niagara Regional Police Media Relations Officer (A.A.'s Contacts)
  - ☐ Mary Eagles, Niagara Regional Housing (Global Address List)
  - ☐ Mary Stack, NPCA (Global Address List)
  - ☐ Patrick Gedge, NEDC (Global Address List) ____________Completed
- ☐ Municipalities (To Clerks) (Under A.A.'s Contacts) ____________Completed
  - ☐ CAO's (Under A.A.'s Contacts) ____________Completed
- ☐ Chambers of Commerce (Under A.A.'s Contacts) ____________Completed
- ☐ MPs/MPPs (Under A.A.'s Contacts) ____________Completed

Please provide all names

- ☐ Other:

Date to be released:

Time to be released:

# RMON Information Cycle

MOHLTC sends Important Health Notices to field to provide updates & new directions

24:00

6:00

8:30 Important Health Notices received & reviewed

9:00 Health Notices distributed to stakeholders

10:00 Local media & community outreach

13:00 Public Health Teleconference (MOH participation)

14:30 RMON Teleconference with MOH, internal PHD staff, and health care/emergency repsonse stakeholders

15:00 Media conference by province

16:00 Local media & community outreach re: local landscape

18:00

## APPENDIX 9-H: COMMUNICATIONS PLAN FOR ISSUES AND INCIDENTS

This document is authored through Corporate Communications and is available through Public Health, Communications.

## Appendix 9-I: PUBLIC SECTOR STAKEHOLDER SPOKESPERSON CONTACTS

This confidential contact list may be requested through
Public Health, Communications

## Appendix 9-J: NIAGARA REGION PUBLIC HEALTH SPOKESPERSON FLOW

This confidential contact list may be requested through
Public Health, Communications

Appendix 9-K: Pandemic Influenza Telephone Line Schedule Template

Staff for Clinic Phones

| Week 5 | | | |
|---|---|---|---|
| **Date** | **Position** | **Time** | **Name** |
| Monday, November 23 | Phones | 8:30-12:30 | 1. FH<br>2. FH |
| | Phones | 12:30-4:30 | 1. CDIP<br>2. CDIP |
| Tuesday, November 24 | Phones | 8:30-12:30 | 1. FH<br>2. FH |
| | Phones | 12:30-4:30 | 1. CDIP<br>2. CDIP |
| Wednesday, November 25 | Phones | 8:30-12:30 | 1. CDIP<br>2. FH |
| | Phones | 12:30-4:30 | 1. CDIP<br>2. CDIP |
| Thursday, November 26 | Phones | 8:30-12:30 | 1. CDIP<br>2. FH |
| | Phones | 12:30-4:30 | 1. CDIP<br>2. CDIP<br>3. |
| Friday, November 27 | Phones | 8:30-12:30 | 1. CDIP<br>2. CDIP |
| | Phones | 12:30-4:30 | 1. CDIP 4:00 PM<br>2. FH<br>3. |

Appendix 9-L: Medical Advisories Distributed for pH1N1 Influenza

2009-04-23 Severe Respiratory Illness (SRI) in Mexico
2009-04-23 Update on Severe Respiratory Illness (SRI) in Mexico
2009-04-27 Update on H1N1 (Swine) Influenza
2009-04-30 Update on H1N1 (Swine) Influenza

2009-05-01 Revised Ambulatory Care Settings: ILI Case Management Algorithm
2009-05-04 Lab Testing Protocols for H1N1
2009-05-08 Guidance for Influenza-like Illness (ILI) Management in Long Term Care (LTC)
2009-05-08 Letter Re: Update on Human Influenza A (H1N1)/ Guidelines for LTCF
2009-05-21 Updated Guidance for Management of Patients with Influenza-like Illness (ILI) in
2009-05-26 First Laboratory Confirmed Case of Influenza A H1N1 in Niagara

2009-06-05 Updated Guidance for Management of Patients with Influenza-like Illness (ILI_
2009-06-05 Updated Quick Reference H1N1 Guidance Documents
2009-06-19 Guidance for Day and Residential Camps to Reduce the Spread of Infection
2009-06-29 Niagara Region Summer Camp Providers (H1N1)

2009-067-03 Clinical Guidelines for Laboratory Testing of Patients with Influenza-like Illness
2009-07-13 Pregnancy and the H1N1 Influenza Virus
2009-07-28 Interim Guidance Documents – e-mail to EMS
2009-07-31 Updated Interim Guidance – Infection Prevention and Control Measures for Health Care Workers

2009-09-24 Letter to Physicians from Dr. Williams re H1N1 and seasonal influenza
2009-09-24 Pandemic (H1N1) Influenza Vaccine Questions and Answers for Health Care Providers

2009-10-01 Laboratory confirmed Cases of Influenza A H1N1 in Niagara
2009-10-02 Interim Guidance for the Management and Treatment of ILI in Ambulatory Care Settings
2009-10-15 Guidance Document: Management of Influenza-like Illness in Ambulatory Care Settings During Pandemic H1N1
2009-10-22 Pandemic H1N1 is in Niagara
2009-10-23 Update – Pandemic H1N1 Influenza is Here (LTCF)
2009-10-23 Pregnancy and H1N1 (Letter from Dr. Feller and Vaccine fact sheet
2009-10-29 Urgent Medical Advisory – treatment guidelines (H1N10
2009-10-30 Letter from Dr. Williams and Dr. Goodwin (sign up for H1N1 vaccine clinics)
2009-11-02 All Long Term Care Facilities in Niagara re H1N1 clinics
2009-11-03 First Influenza A Outbreak in a Long Term Care Facility in Niagara
2009-11-04 Memo: Additional H1N1 flu vaccine clinics for Health Care Workers
2009-11-04 Important Information on Panvax Unadjuvented H1N1 Vaccine
2009-11-11 Memo: LTCF – H1N1 flu vaccine
2009-11-11 Important H1N1 Update
2009-11-12 Expansion of H1N1 Vaccination Groups
2009-11-16 Important – Here in Niagara H1N1 Vaccination is now open to everyone and second dose information
2009-11-17 Updated Guidance Document: Pharmacists (H1N1)
2009-11-17 Updated Guidance Document: LTCF (H1N1)
2009-11-17 Updated Guidance Document: Pre-Hospital (H1N1)
2009-11-17 Updated Guidance Document: Ambulatory Care Settings (H1N1)

| | |
|---|---|
| 2009-11-17 | Updated Guidance Document: Emergency Departments (H1N1) |
| 2009-11-23 | Important Change to the H1N1 Vaccination Program |
| 2009-11-27 | H11 and Annual Seasonal Flu Vaccination Available to all Residents |