

**Risk Communications**

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**Franklin-Bristol All Health Hazards Region**

## RISK COMMUNICATIONS

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## Franklin-Bristol All Health Hazards Region

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### Communications Contact List:

*This form includes individuals responsible for releasing information during a public health emergency.*

Name	Work Phone	Home Phone	Cell Phone/Pager	Function(s)/Responsibilities
George Whitaker		744-8243		Alexandria Health Officer
Dana Hadley	735-5332			Andover Health Officer
Robert Adkins	744-6047			Bridgewater Health Officer
Michelle Bonsteel	(603) 744-3354 Ext. 13			Bristol Health Officer
Board of Selectmen	768-3313			Danbury Health Officer
Charles Bodien	934-5680			Franklin Health Officer
Charles Stata	744-8849			Groton Health Officer
Daniel Merritt	744-2631			Hebron Health Officer
Katie Shea	603-934-1094			Hill Health Officer
Roger Bascom	(603) 398-5750			New Hampton Health Officer
Dana Dickson	286-7039		848-0409	Northfield Health Officer
Charles Bodien	648-2473			Salisbury Health Officer
William Tobin	934-5946			Sanbornton Health Officer
Joe Plessner	286-7817			Tilton Health Officer
To Be Assigned by MACE Manager				Franklin-Bristol AHR Public Information Officer (PIO)
				Franklin Regional Hospital PIO
DHHS	800-852-3345 271-4727 (fax)	n/a	800-852-3345	Dept. of Health & Human Services PIO
State Emergency Operations Center (EOC)	800-352-8792 271-2231	n/a	On-call field rep at the office #	Bureau of Emergency Management
Jim Van Dongen	800-352-8792 225-7341 (fax)	n/a	800-352-8792	Bureau of Emergency Management PIO

**1. PUBLIC HEALTH EMERGENCIES DEFINED**

In general, there are two broad categories of public health emergencies: (NOTE: The State of NH DHHS does not have this defined anywhere. So, these items will need to be consistent with and reviewed by DHHS)

**1.1 Local Public Health Emergency:** events occurring at the local level with significant involvement from the Franklin-Bristol All Hazard Region;

<i>Overview</i>	An event that originates and is handled by local public health officials with minimal involvement from DHHS.
<i>Examples</i>	Foodborne illness outbreak, ongoing West Nile virus education
<i>Key People and Organizations</i>	Local public health department(s), local emergency response personnel, local community service organizations
<i>Local Public Health Communication Role</i>	Lead PIO
<i>Communication Mechanisms</i>	Initiated by local public health department with support from DHHS where necessary. Locals initiate communication with media, local stakeholders and the local community.

**1.2 State Level Public Health Emergency** - major or catastrophic events initiating a statewide public health emergency.

<b>Overview</b>	An event that originates with one or more local public health departments and/or an event that happens in several communities across the state or over a prolonged period requiring a state-level response in addition to/coordination with local response
<b>Examples</b>	First human case of West Nile virus, meningitis case, accidental airline fuel dump over several counties
<b>Key People and Organizations</b>	NH Department of Health & Human Services (DHHS), NH Bureau of Emergency Management, internal/external stakeholders, local officials
<b>Local Public Health Communication Role</b>	May handle initial communication to partners and the public; work closely with DHHS to support communication as situation evolves
<b>Communication Mechanisms</b>	Initiated by DHHS in coordination with the Bureau of Emergency Management and the Governor’s Office. Designated spokespeople communicate with media, internal/external stakeholders, local community officials, and the general public. Health Alert Network (HAN) may be initiated.

**2. ASSUMPTIONS**

- 2.1 Assuring adequate communication systems will be a joint responsibility of federal, state, and local public departments.
- 2.2 Messages will need to be revised as the pandemic unfolds; messages from CDC will be the template for state and local officials for crafting messages for their constituents.
- 2.3 Because of anticipated shortages and delays in receiving vaccine and anti-virals, messages informing citizens about the rationale for priority groups, as well as measures to be taken until such agents are available, will be critical.
- 2.4 The public will likely encounter some unreliable and possibly false information in the media and on the Internet, underscoring the need for accurate, consistent and timely communication messages from DHHS/DPHS.
- 2.5 Mechanisms for communication with the public will vary depending on the phase of the pandemic and its impact on New Hampshire communities and in neighboring states

**3. ROLES**

**3.1 Local Government**

Local Health Officers and their local government have primary responsibility for responding to public health emergencies at the local level.

**3.2 Franklin – Bristol All Hazard Region**

In the event of a regional impact, the Franklin-Bristol All Hazard Region may be activated. In addition, the Department of Health and Human Services may be requested to serve a coordinating role on behalf of the All Hazard Region.

**3.3 NH Department of Health and Human Services (DHHS)**

The NH DHHS is the State agency responsible for coordination of Federal, State, Local, voluntary and private resources during public health emergencies.

**3.4 NH Division of Homeland Security and Emergency Management**

The NH HS/EM is the State agency responsible for coordination of Federal, State, Local, voluntary and private resources during natural and human-caused disasters and emergencies.

**3.5 Health Alert Network (HAN)**

The HAN is a tool designed for bi-directional communication among public health, public safety, environmental health, health care professionals, and other partners in the State of New Hampshire. The HAN is a secure, password-protected web platform.

**4. STAFF RESPONSIBILITIES**

**4.1 Local Health Officers**

Provide information to the media and the public pertaining to the public health emergency. If applicable coordinate public information with:

- ❖ Local Health Officer/s
- ❖ Department of Health and Human Services PIO
- ❖ Bureau of Emergency Management PIO
- ❖ Point of Distribution PIO
- ❖ Franklin-Bristol AHR PIO
- ❖ Franklin Regional Hospital PIO

**4.2 Franklin-Bristol AHR – Regional Public Information Officer (PIO)**

Working within the I.C.S. structure as part of the MACE management team provides information to the media and the public pertaining to the public health emergency. If applicable coordinate public information with:

- ❖ Local Health Officer/s
- ❖ Department of Health and Human Services PIO
- ❖ Bureau of Emergency Management PIO
- ❖ Point of Distribution PIO
- ❖ Franklin Regional Hospital PIO

**4.3 Franklin Regional Hospital – Public Information Officer (PIO)**

Provide information to the media and the public pertaining to the public health emergency. If applicable coordinate public information with:

- ❖ Local Health Officers
- ❖ Department of Health and Human Services PIO
- ❖ Bureau of Emergency Management PIO
- ❖ Point of Distribution PIO
- ❖ Franklin-Bristol AHR PIO

**4.4 Point of Distribution (POD) PIO**

Provide information to the media and the public pertaining to the public health emergency. For a description of the POD PIO position, refer to the Franklin-Bristol AHR POD Plan

**5. MODES OF COMMUNICATION**

The Franklin-Bristol All Hazard Region has access to many modes of communication. Emergency responders within the All Hazard Region (police, fire, EMDs, health officers, hospitals, EOCs) rely on several modes of communication as

identified below. In most cases these responders will utilize radios and cell phones but redundant modes of communication are available if needed.

In addition, the Franklin-Bristol All Hazard Region must be able to communicate to the public both prior to and during a public health emergency.

**Emergency Responder Modes:**

Digital/Analog Radios  
Telephones  
Cell phones  
Pagers  
Local Dispatch  
Mutual Aid Agencies  
Mobile Command Vehicles  
Health Alert Network  
Ham Radio Operators

**Public Information Modes:**

Emergency Alert System  
Reverse 911  
Radio / Newspaper  
Television  
Electronic Signs  
Lighted Signs  
State & Local Websites  
Schools  
Flyers via Private Business  
Flat-Screen TVs at Local Grocery  
Stores

The primary mode of communication for emergency responders will be digital/analog radios through their local dispatch or mutual aid agencies. All communities have the ability to communicate between their fire, police and public works departments. In addition, those departments with digital radios have the ability to communicate with other municipalities and departments with digital radios, as long as they are within range of each other. If all these communications were unavailable, person-to-person contact would be utilized as a means of last resort.

Methods and structure of communications for the Point of Distribution (POD) centers are outlined in the POD Plans.

A listing of local communication resources can be found in Appendix F – Franklin-Bristol Communication Network.

**6. PUBLIC INFORMATION**

Citizens will require and respond to timely and factual information and instructions during all phases of an emergency situation – pre-crisis, crisis and post-crisis – released by official sources. Detailed and factual information and instructions that are well-presented can reduce the incidence of panic among the threatened population.

Because of the complexities in the different types of disasters, most emergency information and instructions to the public must be prepared and released at the time of occurrence. To avoid confusing and misleading statements, a Regional Public Information Officer (PIO) will be identified, trained, and be an integral part of ICS. Each municipality typically will have a PIO or spokesperson for their jurisdiction.

The Regional PIO will provide timely and accurate information about the public health emergency in coordination with emergency management, local officials and NH DHHS. Dissemination of information will be in accordance with the LEOP for the jurisdiction and carried out by the local PIO. Because of the impact on the region, local officials also need to be informed and up-to-date on events happening outside the community. Municipal contact information addressing various methods of distributing public information is available in Appendix A: Contact Information.

The Governor and the Division of Homeland Security and Emergency Management will provide the lead in issuing emergency information and instructions through the Emergency Alert System (EAS). However, authorized local officials can activate the EAS for those emergencies that are local.

The Emergency Public Information Organization shall consist of the incident commander (if applicable), designated Public Health Officials and the Regional Public Information Officer, with input from all emergency response services.

The Regional PIO will:

- ❖ Gather and analyze all public information and instructions.
- ❖ Prepare news releases for local PIOs
- ❖ Arrange regular briefings with the EOC, local PIOs and Healthcare Representative.
- ❖ Establish an emergency media center, if necessary.
- ❖ Establish a rumor control system.

All local emergency management directors, department heads, local PIO and on-scene commanders will refer media questions to the Regional or Local PIO.

In order that the public be informed of the emergency situation as soon as possible, the Public Information Officer must receive an assessment of the situation and the recommended protective actions. This information should be prepared for release to the public through the local media in a timely manner. Subsequent informational and instructional bulletins should be issued as the situation warrants.

The Media must be made aware of the single-source concept for the release of all news information and know that they will be given the whole story. Most media people will follow this concept as it relieves them of getting a fragmented news item. The local media should be contacted as soon as possible to relay numbers and/or locations where media contact person would be available. See Appendix A: Contact Information for a media contact list.

During a public health emergency, the region may also choose to establish a hot line to respond to queries from the public at large. A hotline can be established at Franklin Emergency Operations Center and/or Franklin Regional Hospital during an

event. Messages will be recorded by Franklin Regional Hospital staff in coordination with the regional PIO, State of NH, and local officials.

The PIO will also provide information to local agencies that offer information and referral services, those who work with special populations, and local officials. Municipal & school-related contact information is listed in Appendix A: Contact Information.

### **METHODS OF COMMUNICATION**

#### **6.1 Briefings**

A briefing is a session with key state and local officials, media representatives, and community leaders. Agency staff conducts sessions in person. Briefings help to notify key state and local officials, media representatives, and community leaders of developments at the site, such as results of studies or actions that should be taken to protect health.

#### **6.2 Community mailings**

A community mailing sends information to key contacts and concerned or involved members of the community. It disseminates information quickly and easily in writing, and it is particularly useful when you have updates for the community.

#### **6.3 Exhibits**

Exhibits are visual displays of maps, charts, diagrams, or photographs, and can help illustrate health issues and proposed actions in a creative and informative display. Effective exhibits can make technical information accessible and understandable.

#### **6.4 Flyers**

A flyer is a brief report summarizing current or proposed activities. Flyers are appropriate whenever new information is available. Flyers that are sent home to families of young school children are an effective vehicle for relaying information. A list of contact information for the schools in the Franklin-Bristol region is included in Appendix A: Contact Information.

#### **6.5 Newsletters**

A newsletter is a publication that informs community members about activities, findings, health precautions, and other information concerning a health assessment. A list of town newsletters and listservs that may be used to relay information within the region is included in Appendix A: Contact Information.

#### **6.6 Presentations**

A presentation can be a speech to a club, civic or church organization, school class, or similar local audience. Presentations are more effective if they focus on such major milestones as research findings or health recommendations.

#### **6.7 Public Meetings**

A public meeting is a large meeting open to the public, where experts present information and answer questions, and community members ask questions and offer comments.

### **6.8 Telephone contacts**

Telephone contacts are calls to state, local officials, and concerned community members, informing them of your organization's activities, finding out who is involved and gathering information about the event.

### **SPECIAL POPULATIONS**

In the event of an emergency, it is important to be able to reach as many people as possible in the Franklin-Bristol area with messages and instructions. While traditional means of communication such as television and radio will reach a large percentage of the general public, there may be populations in your area that do not receive these messages. The communication needs of special populations in the region require a specific plan to be reached during an emergency. These populations could include:

- ❖ Elderly
- ❖ Deaf and Hard of Hearing
- ❖ Blind and Visually Impaired
- ❖ Homeless
- ❖ Non-English Speaking People/Refugees/Immigrants
- ❖ Schools

In a public health emergency affecting the Region, it will be the responsibility of individual communities and service providers to contact these populations. In future editions of this plan, each community should identify staff that has knowledge of special populations. In addition, the Region should notify service providers of the need to provide public information to their constituents. These service providers can include (and are identified in the Resource List in Appendix 4 of the Public Health Emergency Preparedness Response Plan of this plan):

- ❖ Visiting Nurse Associations
- ❖ Power Utilities
- ❖ Nursing Homes
- ❖ Religious Communities
- ❖ Medical Supply Companies
- ❖ Pharmacies
- ❖ Mental Health Organizations
- ❖ Health Care Organizations

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### Laconia and Franklin Contact Information

<b>Daily Newspapers</b>							
	<b>Organization Name</b>	<b>Municipality</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>	<b>Fax</b>	<b>Website</b>
	Laconia Citizen Editor: Tom Caldwell	Laconia	NH	03247	603-524-3806	603-524-6702	www.citizen.com
	Laconia Daily Sun Editor: Ed Engler	Laconia	NH	03246	603-527-9299	603-527-0056	www.laconiadailysun.com
	Concord Monitor	Concord	NH	03302	603-224-5301	603-224-8120	www.cmonitor.com
	Union Leader	Manchester	NH	03106	603-668-4321	603-668-0382	www.theunionleader.com
	Associated Press	Concord	NH	03301	603-224-3327	603-226-0883	
<b>Weekly Newspaper</b>							
	<b>Organization Name</b>	<b>Municipality</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>	<b>Fax</b>	<b>Website</b>
	<i>Winnisquam Echo</i> (Tilton, Belmont, Northfield and Sanbornton)	Meredith	NH		603-279-4516	603-279-3331	www.salmonpress.com
<b>Monthly Newspapers</b>							
	Merrimack Valley Voice	Penacook (Serves Salisbury)	NH		603-568-0428	603-715-2719	<a href="http://www.merrimackvalleyvoice.com/">http://www.merrimackvalleyvoice.com/</a>  <a href="mailto:merrimackvalleyvoice@comcast.net">merrimackvalleyvoice@comcast.net</a>
	Salisbury News Vine (pub. by Normandy Press)	Webster (Serves Salisbury)	NH				
<b>Radio station</b>							
	<b>Organization Name</b>	<b>Municipality</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>	<b>Fax</b>	<b>Website</b>
	<b>Nassau Communications</b>  (WLKZ – 104.9; WNHW 93.3; WFNQ 106.3; WJYY 105.5; WLNH 98.3; WEMJ 1490 AM)	Gilford	NH		603-524-1323	603-528-5185	<a href="http://www.nassaubroadcasting.com/stationsby_state_nh.htm">http://www.nassaubroadcasting.com/stationsby_state_nh.htm</a>
	WEZS (1350 AM)	Laconia	NH	03246	603-524-6288	603-528-1638	www.wezs.com
	<b>New England Communications Corporation</b> (WSCY 106.9, 94.1; WFTN 1240 AM; Planet 100.1; AM 1340; WNNH AM 1300)	Franklin	NH	03235	603-934-2500	603-934-2933	www.mix941fm.com

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WJYY/WNHI/WTPL (105.5 FM)	Concord	NH	03302	603-228-9036	603-224-7280	www.wjyy.com
WKXL (1450 AM) (103.9 FM)	Concord	NH	03301	603-225-5521	603-224-6404	www.wkxlradio.com
WNNH	Concord	NH	03304	603-225-1160	603-225-5938	
WOKQ	Dover	NH	03821	603-749-9750	603-749-1459	
NH Public Radio	Concord	NH	03301	603-228-8910	603-224-0652	

<b>Television</b>							
	<b>Organization Name</b>	<b>Municipality</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone</b>	<b>Fax</b>	<b>Website</b>
	NH Public TV	Durham	NH	03824	603-868-1100	603-868-7552	www.nhptv.org
	WMUR	Manchester	NH	03101	603-641-9000	603-641-9005	www.wmur.com

<b>Cable Access Channels</b>						
		<b>Channel</b>	<b>Contact Person</b>	<b>Phone</b>	<b>Email</b>	<b>Notes</b>
	Lakes Region Public Access	Metrocast 24/25/26	Denise Beauchaine	603-528-3070	<a href="mailto:denise_beauchaine@yahoo.com">denise_beauchaine@yahoo.com</a>	Pending for Board Approval
	Andover	Comcast 8	Charlie Darling	603-735-6099	<a href="mailto:charlie@andoverbeacon.com">charlie@andoverbeacon.com</a>	Andover, portions of Salisbury and portions of Danbury
	Newfound Region Public Access	Channel 24	Ray Courchaine	603-238-2552	<a href="mailto:bristolmedia@townofbristolnh.org">bristolmedia@townofbristolnh.org</a>	

<b>Newsletters</b>							
		<b>Frequency</b>	<b>Deadlines</b>	<b>Contact Person</b>	<b>Phone</b>	<b>Email</b>	<b>Notes</b>
	Alexandria Town Newsletter	Monthly (last week of the month)		Christina Phelps	603-744-3220	<a href="mailto:alexandrianh@metrocast.net">alexandrianh@metrocast.net</a>	
	Andover Beacon	Monthly	By the 15th of the previous month <b>if possible</b>	Charlie Darling	603-735-6099	<a href="mailto:charlie@andoverbeacon.com">charlie@andoverbeacon.com</a>	
	Bristol Town Crier	Fridays (deadline Wed)	Wednesday	Ray Courchaine	603-238-2552	<a href="mailto:bristolmedia@townofbristolnh.org">bristolmedia@townofbristolnh.org</a>	
	Danbury Community Center Newsletter	Monthly (first week of the month)	Last week of the previous month	Dave Grover	603-768-3424	<a href="mailto:dave@dccnh.com">dave@dccnh.com</a>	<b>Send to both emails</b>
						<a href="mailto:nsc1127@yahoo.com">nsc1127@yahoo.com</a>	
	New Hampton Email Connection	As appropriate	NA	Barbara Lucas		<a href="mailto:blucas@new-hampton.nh.us">blucas@new-hampton.nh.us</a>	
	Northfield Listserv	As appropriate	NA	Steve Adams	603-286-8982	<a href="mailto:sadams@northfieldnhpd.org">sadams@northfieldnhpd.org</a>	

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Northfield – Newsletter	Semi-annually	NA	Steve Adams	603-286-8982	sadams@northfieldnhpd.org	
Tilton Listserv	As appropriate		Police Chief	603-286-603-254-7292	chiefcormier@tiltonpd.org	

### Municipal Contact Information

Municipality	Phone (Usually Town Clerk, Town Administrator or Selectman's Office)	Fax	Website Submission Contact	Email	Website
Alexandria	603-744-3220	603-744-9461	Christina Phelps	<a href="mailto:alexandrianh@metrocast.net">alexandrianh@metrocast.net</a>	<a href="http://www.alexandrianh.com/">http://www.alexandrianh.com/</a>
Andover	603-735-5332 Ext: 223or 225	603-735-6975	Dana Hadley	<a href="mailto:tadmin@townofandover.org">tadmin@townofandover.org</a>	<a href="http://www.andovernh.us/">http://www.andovernh.us/</a>
Bridgewater	603-744-5055	603-744-5971	Terance Murphy	<a href="mailto:townofbridgewaternh@gmail.com">townofbridgewaternh@gmail.com</a>	<a href="http://www.bridgewater-nh.com/">http://www.bridgewater-nh.com/</a>
Bristol	603-744-8478	603-744-2521	Christina McClay	<a href="mailto:mcclay@townofbristolnh.org">mcclay@townofbristolnh.org</a>	<a href="http://www.townofbristolnh.org/">http://www.townofbristolnh.org/</a>
Danbury	603-768-3313	603-768-3313		No updates to the website can be done at this time - submit information to Fire Chief, EMD and/or Selectmen (who serve as health officers)	<a href="http://www.townofdanburynh.com/">http://www.townofdanburynh.com/</a>
Franklin	603-934-3900	603-934-7413	Elizabeth Corrow	<a href="mailto:citymgr@franklinnh.org">citymgr@franklinnh.org</a>	<a href="http://www.franklinnh.org/">http://www.franklinnh.org/</a>
Groton	603-744-9190	603-744-3382	Pam Hamel	<a href="mailto:tog@roadrunner.com">tog@roadrunner.com</a>	<a href="http://www.town-of-groton.com/">http://www.town-of-groton.com/</a>
Hebron	603-744-2631 (Selectmen)	744-5330 (Selectmen)	Karen Corliss	<a href="mailto:hebronnh@metrocast.net">hebronnh@metrocast.net</a>	<a href="http://www.hebronnh.org/">http://www.hebronnh.org/</a>
	603-744-9994 (Town Administrator)	603-744-9994 (Town Administrator)			
Hill	603-934-1094	603-934-2011	Selectmen's Office	<a href="mailto:hillselectmen@comcast.net">hillselectmen@comcast.net</a>	<a href="http://www.townofhillnh.org/">http://www.townofhillnh.org/</a>
New Hampton	603-744-3559	603-744-5106	Barbara Lucas	<a href="mailto:blucas@new-hampton.nh.us">blucas@new-hampton.nh.us</a>	<a href="http://www.new-hampton.nh.us/newhampton/">http://www.new-hampton.nh.us/newhampton/</a>
Northfield	603-286-8982	603-286-2027	Steve Adams	<a href="mailto:sadams@northfieldnhpd.org">sadams@northfieldnhpd.org</a>	<a href="http://www.northfieldnh.org/">http://www.northfieldnh.org/</a>
Salisbury	603-648-2473	603-648-6658	Margaret Warren	<a href="mailto:seloff@tds.net">seloff@tds.net</a>	<a href="http://www.salisburynh.org/">http://www.salisburynh.org/</a>
Sanbornton	603-286-8303	603-286-9544	Rob Jutton	<a href="mailto:assessing@sanborntonnh.org">assessing@sanborntonnh.org</a>	<a href="http://www.sanborntonnh.org/">http://www.sanborntonnh.org/</a>
Tilton	603-286-4521 8207 603-286-8207 (PD)	603-286-3519	Selectmen and Town Administrator; PD has separate website	<a href="mailto:boardofselectmen@tiltonnh.org">boardofselectmen@tiltonnh.org</a> ; <a href="mailto:tiltonadmin@tiltonnh.org">tiltonadmin@tiltonnh.org</a> <a href="mailto:chiefcormier@tiltonpd.org">chiefcormier@tiltonpd.org</a>	<a href="http://www.tiltonnh.org/">http://www.tiltonnh.org/</a> <a href="http://www.tiltonpd.org/">http://www.tiltonpd.org</a> (has RSS feed for getting out Press Releases)

## Franklin-Bristol All Health Hazards Region

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<b>Schools</b>				
<b>Municipalities</b>	<b>SAU #</b>	<b>District Name</b>	<b>Phone</b>	<b>Fax</b>
Alexandria, Bridgewater, Bristol, Danbury, Groton, Hebron, New Hampton	SAU 4	Newfound Area School District	603-744-5555	603-744-6659
Andover, Salisbury	SAU 46	Andover and Merrimack Valley	603-753-6561	603-753-6023
Franklin, Hill	SAU 18	Franklin/Hill	603-934-3108	603-934-3462
Northfield, Sanbornton, Tilton	SAU 59	Winnisquam	603-286-4116	603-286-7402
<b>Private Schools</b>				
New Hampton School	NA		603-677-3400	603-677-3480
Proctor Academy	NA		603-735-6000	603-735-5129
Tilton School	NA		603-286-4342	603-286-3137
Sant-Bani	NA		603-934-4240	603-934-2970

## Communication Responsibilities Checklist<sup>1</sup>

*This checklist details the major communication responsibilities that need to be addressed during a public health emergency. The checklist can be used as a guide to determine:*

- *Which communication responsibilities can be handled internally;*
- *Who within your agency is equipped to handle these responsibilities; and*
- *Which responsibilities need to be handled externally?*

### **1 Command and Control Responsibilities:**

**The organization has identified an internal or external person(s) to:**

- Direct the work related to the release of information to the media, public, and partners
- Activate the plan based on careful assessment of the situation and the expected demands for information by media, partners, and the public
- Coordinate with horizontal communication partners as outlined in the plan to ensure that messages are consistent and within the scope of the organization's responsibility
- Provide updates to organization's director, EOC command and higher headquarters, as determined in the plan
- Advise the director and chain of command regarding information to be released, based on the organization's role in the response
- Ensure that risk communication principles are employed in all contact with media, public, and partner information release efforts
- Know incident-specific policy, science, and situation
- Review and approve materials for release to media, public, and partners
- Obtain required clearance of materials for release to media on policy or sensitive topic-related information not previously cleared
- Determine the operational hours/days, and reassesses these throughout the emergency response
- Ensure that resources are available (human, technical, and mechanical supplies)

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<sup>1</sup> Source: United States Centers For Disease Control and Prevention. 2002. *Crisis and Emergency Risk Communication*.

## 2 Media Responsibilities

**The organization has identified an internal or external person(s) to:**

- Assess media needs and organize mechanisms to fulfill those needs during the crisis (e.g., daily briefings in person, versus a Web site update)
- Triage the response to media requests and inquiries
- Ensure that media inquiries are addressed as appropriate
- Support spokespersons
- Develop and maintain media contact lists and call logs
- Produce and distribute media advisories and press releases
- Produce and distribute materials (e.g., fact sheets, B-roll)
- Oversee media monitoring systems and reports (e.g., analyzing environment and trends to determine needed messages, determining what misinformation needs to be corrected, identifying concerns, interests, and needs arising from the crisis and the response)
- Ensure that risk communication principles to build trust and credibility are incorporated into all public messages delivered through the media
- Act as a member of the joint information center or field site team for media relations
- Serve as a liaison from your organization to the Joint Information Center (JIC)

## 3 Public Information Responsibilities

**The organization has identified an internal or external person(s) to:**

- Manage the mechanisms to respond to the public who request information directly from the organization by telephone, in writing, or by e-mail

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- Oversee public information monitoring systems and reports (e.g., analyzing environment and trends to determine needed messages, determining what misinformation needs to be corrected, identifying concerns, interests, and needs arising from the crisis and the response)
- Activate or participate in the telephone information line
- Activate or participate in the public e-mail response system
- Activate or participate in the public correspondence response system
- Organize and manage emergency response Web site and Web pages
- Establish and maintain links to other emergency response Web sites

### **Responsibilities Related to Partner/Stakeholder information**

**The organization has identified an internal or external person(s) to:**

- Establish communication protocols based on prearranged agreements with identified partners and stakeholders
- Arrange regular partner briefings and updates
- Solicit feedback and respond to partner information requests and inquiries
- Oversee partner/stakeholder monitoring systems and reports (e.g., analyzing environment and trends to determine needed messages, determining what misinformation needs to be corrected, identifying concerns, interests, and needs arising from the crisis and the response)
- Help organize and facilitate official meetings to provide information and receive input from partners or stakeholders
- Develop and maintain lists and call logs of legislators and special interest groups
- Respond to legislators, special interest group requests, and inquiries

### **4 Responsibilities Related to Content/Materials**

**The organization has identified an internal or external person(s) to:**

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- Develop and establish mechanisms to rapidly receive information from the EOC regarding the public health emergency
- Translate EOC situation reports and meeting notes into information appropriate for public and partner needs
- Work with subject matter experts to create situation-specific fact sheets, Q/As, and updates
- Compile information on possible public health emergency topics for release when needed
- Test messages and materials for cultural and language requirements of special populations
- Receive input from other communication team members regarding content and message needs
- Use analysis from media, public, and partner monitoring systems and reports to adopt messages
- Identify additional content requirements and material development

## Tips for Spokespeople<sup>2</sup>

This document contains some general advice for spokespeople, including:

- ❖ Important skills and qualities,
- ❖ Guidelines for dealing with a situation, and
- ❖ Common pitfalls to avoid.

### Important Skills for Spokespeople

Spokespeople must be able to:

- ❖ Identify the nature and source of the harm
- ❖ Acknowledge uncertainty
- ❖ Recognize the enormity of events
- ❖ Be highly visible
- ❖ Take charge
- ❖ Explain how and why the situation may change
- ❖ Explain steps that the public can take to decrease its risk
- ❖ Keep the public updated about new developments
- ❖ Deliver bad news
- ❖ Present clear, strong, and empathetic messages
- ❖ Anticipate psychological impact on the community.

### General Guidelines for Spokespeople

- ❖ Every organization has an identity. A spokesperson should try to embody that identity.
- ❖ As a spokesperson, it is important for you to be perceived as trustworthy and credible. Research indicates that being perceived as empathetic and caring provides greater opportunity for your message to be received and acted upon. Express empathy or caring within the first 30 seconds.
- ❖ Besides empathy, credibility is built on expressions of competence and expertise.
- ❖ Build trust and confidence in the organization, not just in yourself.
- ❖ Know your organization's policies about the release of information.
- ❖ Stay within the scope of your responsibilities, unless you are authorized to speak for the entire organization or a higher headquarters.
- ❖ Do not answer questions that are not within the scope of your organizational responsibility.
- ❖ Give a reason if you cannot discuss a subject.
- ❖ Tell the truth. Be as open as possible.
- ❖ Follow up on issues.
- ❖ Offer to get information you do not have. Provide a timeline or identify steps you are taking to get additional information.
- ❖ State your conclusions first, then provide supporting data.
- ❖ Correct mistakes by stating you would like an opportunity to clarify.
- ❖ Use visuals when possible.

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<sup>2</sup> Source: United States Centers For Disease Control and Prevention. 2002. *Crisis and Emergency Risk Communication*.

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- ❖ Illustrate a point through examples, stories, and analogies. Ensure that they help you make your point and do not minimize or exaggerate your message. Try the stories out on a small group first.

### **Avoiding pitfalls during emergency communication**

- ❖ Remember that jargon confuses communication and implies arrogance.
- ❖ Use humor cautiously.
- ❖ Refute negative allegations without repeating them.
- ❖ Avoid speculation.
- ❖ When possible, use positive or neutral terms.
- ❖ Don't assume you've made your point. Ask whether you've made yourself clear.
- ❖ Ultimately, money will become an issue. During the early stage of an emergency, don't lead with messages about money.
- ❖ At all costs, avoid one-liners, clichés, and off-the-cuff comments.
- ❖ Discuss what you know, not what you think.
- ❖ Do not express personal opinions.
- ❖ Don't show off. This is not the time to display an impressive vocabulary.

### Verification Checklist

*Use the questions on this checklist as a guideline to verify whether the situation is a legitimate emergency, who is involved in the situation, and what sort of response is needed.*

**1. Verify that the emergency is real** by asking three initial questions when a potential for a crisis is first reported:

- From where did the information originate?
  - Formal channels of communication (e.g., HHS or Epi-Aid)
  - Informal (e.g., call from local health official)
  - Rumor (e.g., e-mail chain)
- How plausible is the characterization of the event?
- Is the information consistent with other sources?

**2. Evaluate the need for public communication** by answering the following questions:

- Is the event and/ or risk to the public contained within one small locale or spread across multiple jurisdictions?
- Is the locale in a major media market or in an area with few media outlets?
- Is the biological agent highly infectious or difficult to transmit?
- Is the biological agent:
  - Extremely deadly?
  - Relatively benign?
  - Dangerous only for specific, vulnerable subgroups (including children and special populations)?
- Is the human outcome of the disease uncertain (e.g., long-term health effects)?
- Is the event a legitimate public health emergency requiring swift and widespread public education to prevent further morbidity and mortality (e.g., multistate *listeriosis* outbreak)?
- Is there any indication of criminal/terrorist activity?
- Is there/will there be an ongoing criminal investigation?
- What is the extent of media coverage, if any? Are media reports accurate? (Including information posted on the Internet)
- Have there been inquiries from the public about the event?
- Is the interest generated because of the event's novelty versus a legitimate public health concern?
- Is there a product, service, or industry potentially involved?
- Are there sensitive international trade or political relations involved?

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- Is this event within the scope of responsibility for your organization? Are you/should you be involved?
  - Is the state or city health department at the epicenter of the event well equipped to manage a media response of this magnitude?
  - How and by whom is the situation being managed programmatically and/or scientifically?
3. Based on your assessment, you must determine the following:
- Should initial media and public response hours of operation be:
    - 10 hours a day?
    - 12 hours a day?
    - 20 hours a day?
    - 24 hours a day?
  - Should initial media and public response operate:
    - 5 days a week?
    - 6 days a week?
    - 7 days a week?
  - Will your staff be expected to travel?
  - Will jurisdiction over the information to be released be shared?

**Clearance Worksheet Template**

*Use this worksheet to plan what information needs to be released, who should be involved in information development, and who needs to approve information before it is released. Acquire signatures from all Approvers.*

Situation:

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Date: \_\_\_\_\_

Time Frame to Release Information: \_\_\_\_\_

1. Identify information to be released

Identify “need to know” information

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What materials and information have already been developed?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Who is/was/needs to be involved in information development?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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2. Acquire clearance through all necessary parties

Communication Director Name: \_\_\_\_\_

Concerns/Comments: \_\_\_\_\_

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Director responsible for information

Name: \_\_\_\_\_

Concerns/Comments: \_\_\_\_\_

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Subject Matter Expert:

Name: \_\_\_\_\_

Concerns/Comments: \_\_\_\_\_

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Response partners (if applicable):

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### Franklin-Bristol Communication Network

<b>Towns</b>	<b>Cell Phone</b>	<b>Ham Radio - wait for info from Jim Vandongen</b>	<b>Sirens</b>	<b>Pagers</b>	<b>Digital/ Analog Radio</b>	<b>Mobile Command Vehicle</b>	<b>Satellite Phones</b>	<b>Shared frequency with police, fire &amp; DPW departments</b>	<b>Shared frequency with other municipalities</b>
<b>Alexandria</b>	No	No	No	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid
<b>Bridgewater</b>	Yes	No	No	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid
<b>Bristol</b>	Partial		Yes	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid
<b>Danbury</b>	Partial	No	No	Yes	Yes	No	No	Yes	Lakes Region Mutual Aid
<b>Groton</b>	No	No	No	Yes	Yes	No	No	Yes	Lakes Region Mutual Aid
<b>Hebron</b>									Lakes Region Mutual Aid
<b>New Hampton</b>									Lakes Region Mutual Aid
<b>Andover</b>	Yes	No	No	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid
<b>Franklin</b>	Yes	Yes	Yes	Yes	Yes	No	PSNH	Yes	Lakes Region Mutual Aid
<b>Hill</b>	Very limited	No	No	Yes	Yes	Yes	No	No	Lakes Region Mutual Aid
<b>Northfield</b>	Yes	No	No	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid
<b>Salisbury</b>	Partial Yes - some dead spots		No	Yes	Yes	No	No		Capital Area Mutual Aid
<b>Sanbornton</b>			No	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid
<b>Tilton</b>	Yes	No	No	Yes	Yes	Yes	No	Yes	Lakes Region Mutual Aid

## 12 and 24 hour Checklists

### FIRST 12- AND FIRST 48-HOUR CHECKLISTS

#### *Importance of Creating First 12 and 48 hour checklists*

During a public health emergency, events can occur very quickly. It is important to be as prepared as possible to respond to the emergency. As you pull together various components of your risk communication plan, it may be useful for you to develop a master checklist for the first 12 and first 48 hours of an emergency. This checklist could prove useful as a quick guide for you and your staff to determine what tasks have been accomplished and what needs to be done next.

Keep in mind that during a public health emergency, your agency will be operating within a unified command structure. Your agency will likely be responding to and communicating about public health emergencies in coordination with other agencies, including DHHS, as determined by the incident commander. Therefore, use these checklists to be prepared to play either a leading or supporting role in responding to and communicating about public health emergencies, depending on the specific nature of the event.

In the following pages, you will find the following tools to help you plan for communicating with the with the media, the public, and partners:

1. First 12-hour Checklist: Use this checklist as a starting point to develop a step-by-step response for the first 12 hours of a public health emergency.
2. First 48-Hour Checklist: Use this checklist as a starting point to develop a step-by-step response for the first 48 hours of a public health emergency.

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### FIRST 12 HOURS CHECKLIST<sup>i</sup>

<b>Step 1. Verify Situation:</b>		Done
1.	Get the facts.	
2.	Was information obtained from additional sources to put event in perspective?	
3.	Was information's origin ascertained?	
4.	Was the information source's credibility ascertained?	
5.	Is the information consistent with other sources?	
6.	Is the characterization of the event plausible?	
7.	If necessary, was the information clarified through a subject information expert?	
<b>Step 2. Conduct Notification:</b>		Done
1.	Have notifications/contacts been made to the appropriate persons in your organization?	
2.	Has your core team been briefed?	
3.	Has your senior management group been notified?	
4.	Has your communication team been briefed?	
5.	Have the elected officials at all levels been notified?	
6.	Have the appropriate local and/or county agencies been notified?	
7.	Have the appropriate state agencies been notified?	
8.	Have the appropriate federal agencies been notified?	
9.	Have other groups (board members, clients, residents, etc.) been notified?	
<b>Step 3. Assess Level of Crisis:</b>		Done
1.	Has a crisis level (A, B, C, D) been identified that corresponds to the event characteristics?	
2.	Have the hours of operation for the communication team been established?	
3.	Has jurisdiction over information been established?	

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4.	Will federal agencies release information? States? Municipalities?	
<b>Step 4. Organize and Give Assignments:</b>		Done
1.	Are the functional teams activated?	
2.	Are the spokespeople activated?	
3.	Have you decided on the operation and schedule?	
4.	Were specific assignments given to each team or function?	
5.	Do all those involved know their roles and their immediate tasks?	
<b>Step 5. Prepare Information and Obtain Approvals:</b>		Done
1.	Have you planned for a timely release?	
2.	Has the accuracy of all information been checked?	
3.	Does the message show compassion?	
4.	Were the specific audience concerns addressed?	
5.	Does the message meet the criteria of good message development? (See Appendix 15: Message Maps and Message Development Templates)	
6.	Have you anticipated media questions and developed answers?	
7.	Has the message been cleared for release?	
<b>Step 6. Release Information to Public:</b>		Done
1.	Have you released information as quickly as possible?	
2.	Was the same information given to all media at the same time?	
3.	Was the information released to other groups as planned? (partners, legislators, specific interest groups, etc.)	
4.	Was the information released through other channels as planned? (Web, toll-free telephone number, mailings or meetings)	

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### FIRST 48 HOURS CHECKLIST

<b>Step 1. Notification:</b>		<b>Done</b>
1.	Use your crisis plan's notification list to ensure all of the communication chain of command is aware and know you are involved.	
2.	Ensure your leadership is aware (especially if it comes from the media and not the EOC) of the emergency and that they know you are involved.	
3.	Give leadership your first assessment of the emergency from a communication perspective and inform them of the next steps you are taking. <i>Remember: Be first, be right, and be credible.</i>	
<b>Step 2. Coordination:</b>		<b>Done</b>
1.	Contact local, state, federal partners now.	
2.	If potential criminal investigation, contact FBI counterpart now.	
3.	Secure spokesperson as designated in the plan.	
4.	Initiate alert notification and call in extra communication staff, per the plan.	
5.	Connect with the EOC—make your presence known.	
<b>Step 3. Media:</b>		<b>Done</b>
1.	Be first: Provide a statement that your agency is aware of the emergency and is involved in the response. (Use Appendix K: Message Development and Immediate Response forms)	
2.	Be credible: Give directions to media about when and where to get updates from your agency.	
3.	Be right: Start media monitoring for misinformation that must be corrected now.	
<b>Step 4. Public:</b>		<b>Done</b>
1.	Trigger your public information toll-free number if you anticipate the public will be seeking reassurance or information directly from your organization. (You can adjust hours of operation and number of call managers as needed).	
2.	Use your initial media statement as first message to the public.	
3.	Ensure your statement expresses empathy and acknowledges their concern about the uncertainty.	
4.	Give the pre-cleared facts you have and refer them to other information sites as appropriate.	
5.	Remind the public your agency has a process in place to mitigate the crisis.	

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6.	Start public call monitoring to catch trends or rumors now.	
<b>Step 5. Partner/Stakeholders:</b>		<b>Done</b>
1.	Send basic statement to partners (same as media) to let them know you are thinking about them.	
2.	Use pre-arranged notification systems (preferably e-mail listserv).	
3.	Engage leadership to make important first phone calls, based on your plan, to partners and key stakeholders to let them know your agency is responding.	
4.	Use the internal communication system (e-mail) to notify employees that their agency is involved in the response and that updates will follow. Ask for their support.	
<b>Step 6. Resources:</b>		<b>Done</b>
1.	Conduct the crisis risk assessment and implement assignments and hours of operation accordingly. (Use Appendix N: Emergency Communication Event Assessment)	
2.	Stake out your pre-planned place in the EOC or adjoining area.	

**Public Information Officer Job Action Sheet**

<b>Name:</b>
<b>You Report To:</b> <i>MACE MANAGER</i> <b>Name:</b> _____ <b>Phone:</b> _____
<b>Reporting To You Are:</b> <i>n/a</i>
<b>Purpose:</b> <i>Coordinate information to inform the public of the disease, clinic(s) situations, clinic(s) times, and other incident information.</i>
<b>Qualifications:</b> <i>Crisis communication skills and PIO expertise.</i>

**Check-In:**

- Gather needed materials:
  - Radio or other communication devices.
  - Media packet (FAQs).
  - Contact information of local officials and other local, regional and state PIOs.
  - Schedule and location of mass clinic(s) in operation.
  - Information about the disease and the treatment being provided.
  - Risk Communication Plan.
- Review Job Action Sheet.
- Receive vaccination/prophylaxis, if not already treated.
- Report to Joint Information Center (JIC).
- Attend briefing.
- Receive and put on identification (vest, id badge, etc.).
- Sign necessary forms, if applicable (confidentiality forms, etc.).

**Duties:**

- Establish coordination of information and dissemination of information with clinic(s) and EOC.
- Prepare initial information summary to include:
  - Level of public/media interest in incident/clinic(s).
  - Incident information and activities already underway.
  - Primary point of contact for media and public.
- Ensure that media considerations are a part of the overall clinic plan.
- Inform each clinic of overall media policy upon initial activation.
  - No comment; refer media to a specific contact.
  - Explanatory statement; no media admittance.
  - Media visits permitted.
  - Media permitted to attend briefing station only.
- Develop media statement(s) as appropriate.
- Determine who will participate in media interviews.
- Coordinate media activities:
  - Make media contacts as necessary.
  - Provide media statements and answer questions as necessary.

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- Arrange guided tours for media at clinic(s) as necessary.
- Develop strategies for informing or involving VIPs (i.e. government representatives).
- Ensure updates are made to other local, regional and state PIOs, the EOC or the JIC.
- Answer appropriate media calls.
- Ensure that reporters receive media packets.
- Ensure that all equipment for news conferences is available (i.e. microphones, podiums, etc.).
- Document all media contacts on Unit Log (ICS Form 214).
- Publicize and optimize attendance at each clinic.
  - Announce method to organize the population to attend specific clinic sites based upon EOC determination (i.e. risk categories, SSN, phone #, zip code, first come-first serve, etc.).
  - Advise whom the clinic is intended for and for whom it is not intended.
  - Advise public on what to bring with them for identification purposes.
  - Advise how to access sites via public/private transportation, if available.
  - Notify the public of services available to special needs populations, including but not limited to transportation for physically handicapped or elderly persons, if available.
  - Advise public of hours of clinic operations.
  - Advise public that vaccination/prophylaxis is free of charge.
  - Advise public that undocumented residents will not be at risk of deportation if present at mass clinic.
  - Advise that interpreters will be available.
- Monitor media outlets to check accuracy of information being reported.
  - Contact media outlets to correct errors of fact and control rumors about the incident.
- Provide information to local information and referral services, including 2-1-1.

### Check-out:

- When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
  - Participate in scheduled debriefing at shift change or close of clinic.
  - Return identification (vest, id badge, etc.)
  - Return forms and materials as needed.
  - Pick up exit materials, as appropriate.
  - Sign-out.
-