Annex H. Communications

**Purpose**
To describe the scope of communication techniques employed by the Department of Health and Social Services (DHSS) to educate Alaskans about Ebola Virus Disease (EVD).

**Situation**
Alaskans need up-to-date information about EVD to understand their risk for infection (in Alaska and elsewhere in the world), how to prevent exposure, and what the State of Alaska is doing to prepare for a potential case of EVD in Alaska. The Department of Health and Social Services public information officers have been in close contact with partner agencies and hospitals to ensure the coordination and release of accurate and consistent information that is disseminated quickly to the media and the public.

**Assumptions**
The DHSS Public Information Office is the lead for public-facing communications in print, television, radio, and social media related to EVD.

**Procedures**

*Priorities for Communication*
- Produce and disseminate timely, accurate, and helpful public information
- Respond in a timely fashion to public inquiries
- Monitor current events around EVD
- Assist with rumor control
- Assure robust media relations

*Information Release and Coordination*
- **Initial Notification.** This may occur from a wide variety of sources to DPH. For example: another state agency (DEC, DHS&EM, AST, etc.), a federal agency (CDC, FBI, etc.), any Alaska community, hospital(s), clinics, media, etc.
- **Verification.** After receiving the initial notification, the recipient should contact the appropriate DPH staff members or other concerned individuals (e.g., a report from a remote community citizen might be verified through a locally assigned PHN) to best determine the validity of the information and what, if any, steps need to be taken to verify the report.
- **Evaluation.** After verification, the recipient and/or other appropriate staff members should evaluate the information with regard to further notification of the chain of command. Basic guidance is to move the information along if the situation poses a real or potential threat to public health, or if there has been media interest or there is likely to be media interest. It should be noted that occasionally it will be necessary to notify the chain of command even if a report is found to be erroneous. This is done to suppress the rumors and prepare senior management for potential questions from stakeholders.
• Dissemination. If, after the information has been evaluated, it is determined that the information should be disseminated through the chain of command, the appropriate Section Chief will initiate the process.
• Feedback. Throughout this process it is important to provide feedback up, down, and laterally throughout the chain of command.
• Documentation. Everyone involved in this process must make every effort to document all actions, contacts, and observations related to the event.

Means of Message Dissemination
• Direct contact with key partners--DPH staff member (e.g., public health nurses, investigative teams, etc.) to state partner agency or individuals in the community (e.g., healthcare providers and hospitals, Fire/EMS, local public health, etc.)
• Mass media – radio, television, newspaper, or direct mail (via broadcast fax and email list serves)
• Press releases, editorials, interviews, etc.
• Social media – DHSS and other agency Facebook and Twitter accounts, blogs, text systems
• Alaska Public Health Alert Network (email list serve)
• Group delivery – small group meetings or public meetings
• Organizational – constituents of influential community organizations
• Community – employers, schools, malls, health groups, public, or local government agencies
• CDC Public Response Service (toll free public hotline)
• DHSS/DPH Web site
• Partner agency public information contacts
• Legislative contacts

Potential Audiences and Messaging
• Public in the affected area – personal safety, family safety, pet safety, stigmatization
• Public immediately outside the affected area – personal safety, level of risk, family safety, pet safety, interruption of normal life activities
• First responders – level of risk, personal safety, family safety, pet safety
• Public health and medical professional responders – personal safety, family safety, resources adequate to respond
• Family members of victims and first responders – level of risk, personal safety, safety of victims and response workers
• Health care professionals outside response – level of risk, rehearsal of treatment recommendations, ability to respond to patients with appropriate information, access to treatment supplies
• Tribal Health Corporations / Alaska Native Tribal Health Consortium – informing members, family safety, resources adequate to respond, culturally and linguistically appropriate communications
• Civic leaders (local, state, and national) – leadership, response and recovery resources, quality of response and recovery planning and implementation, expressions of concern, liability, international relations

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• Legislature and Congressional Delegation – informing constituents, review of statutes and laws for adequacy and adjustment needs, expressions of concern
• Trade and industry – business issues (protection of employees, loss of revenue, liability, continuity of services)
• National community – readiness efforts
• International neighbors – readiness efforts
• Stakeholders and partners specific to the emergency – included in decision making and access to information
• Media – level of risk, personal safety, family safety, access to information and spokespersons
• Special Populations – appropriate and timely access to information