

12A. Communications Tools

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Health Sector Crisis Communications Toolkit

This crisis communications toolkit was developed by health care stakeholders for the health sector in Ontario to facilitate communications during a pandemic. In the event of a pandemic, it is essential that communications among and between health care organizations, the Ministry of Health and Long-Term Care and the public be streamlined and coordinated.

Objectives

The toolkit is designed to:

- foster effective, two-way communications from organizations to and from MOHLTC
- outline the communications tools the ministry will use to reach stakeholders, when those tools will be implemented, and how they will be distributed
- provide a template crisis communications plan for stakeholders, and a guideline for communicating during a pandemic
- be incorporated by organizations into their existing crisis plans using an Incident Management System structure
- encourage organizations to develop mechanisms to share critical information with their members during a pandemic.

The toolkit is not intended to provide operational guidance for organizations but to enable them to effectively and efficiently communicate with their members and the Ministry of Health and Long-Term Care regarding operational issues, health and safety matters, communications activities and other pandemic-related topics.

Terminology

“Organization” (or “sector organization”) denotes the user of the toolkit. It refers to anyone – professional and community organization, health care provider, or labour organization – who may use this toolkit.

“Liaison organization” refers to a specific organization that has been designated as a link between the Ministry of Health and Long-Term Care and the organization’s sector. It serves as a conduit for information to and from the MOHLTC. The liaison organization can be designated by mutual agreement of the other organizations in its sector or, in the absence of agreement, by the MOHLTC. Sectors include, but are not limited to: hospitals, physicians, pharmacists, long-term care homes, home-care providers, faith organizations and nurses.

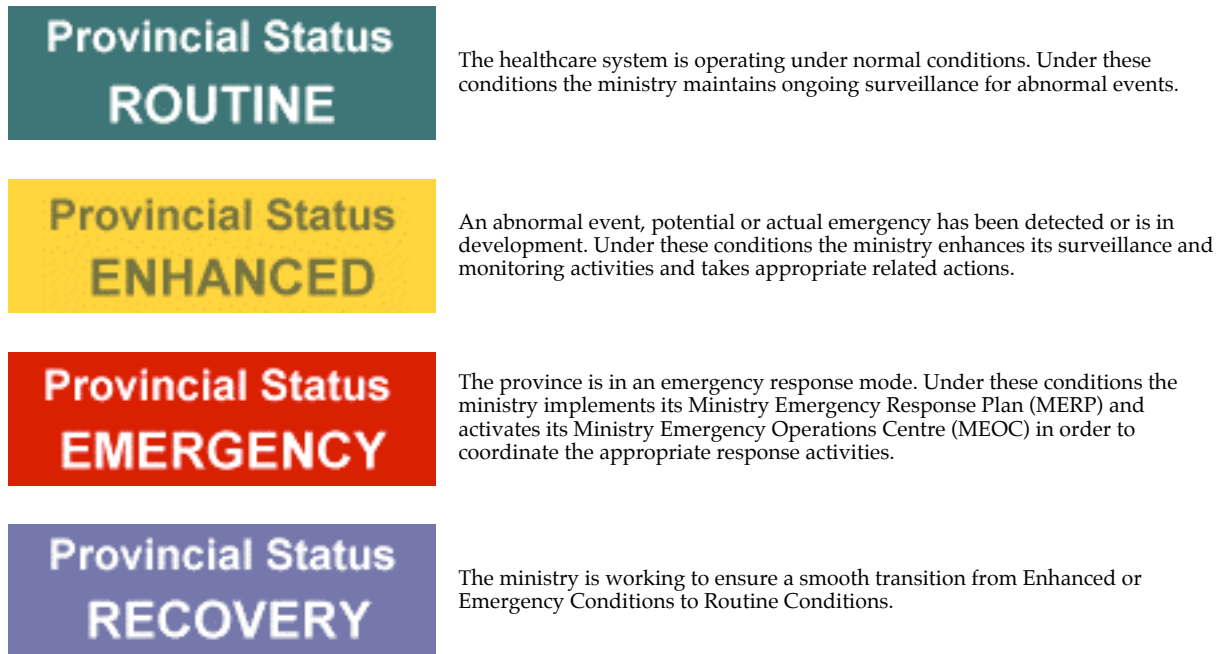
“Stakeholder” refers to the external individuals or groups with whom an organization must communicate during a pandemic. Stakeholders include: clients, patients, visitors, member organizations and others.

1. Trigger: When to start using the Toolkit

Organizations should constantly monitor provincial indicators for a change in pandemic status or phase. These provincial indicators are available at the Emergency Management Unit of the Ministry of Health and Long-Term Care website at:
www.health.gov.on.ca/pandemic.

In the case of a pandemic, organizations should implement their crisis plan, at the latest, when this indicator changes to Emergency.

Figure 1: Provincial Emergency Indicators



In the period leading up to the discovery of pandemic influenza in the province, organizations will receive Important Health Notices (IHNs) advising of the changing situation. Organizations can and should implement their crisis plans when their patients, staff, operations or reputation could be affected.

The World Health Organization (WHO) monitors the status of influenza around the world and declares pandemic alert phases based on the number of cases and the modes of transmission of the illness. The WHO pandemic alert phases are updated on:

http://www.who.int/csr/disease/avian_influenza/phase/en/

Organizations can also use the WHO phases as the trigger to implement their crisis plans.

2. Crisis Communications Team Roles and Responsibilities

Each organization is expected to have a crisis communication team. Team members should have particular skills and experience that will help them communicate and manage the effects of a pandemic on the organization and its stakeholders. Ideally, crisis communication teams are small and nimble but they have access to additional staff who can gather information and perform duties as required. Each member of the team should have at least one back-up designated in the event the core member cannot perform his/her function.

Liaison organizations will have their own crisis communications team. In addition, they will act as a *conduit* of information for their sector. During an influenza pandemic, liaison organizations will take

information provided by the MOHLTC and share it with other organizations in their sector, and they will also coordinate and synthesize information received from their sector and communicate this information to the MOHLTC in a timely, effective manner. The liaison organization is expected to plan and act in the best interest of its sector's members and stakeholders. Its crisis communications

team members should have the particular skills and experience that will help manage the effects of a pandemic on the organization itself and on its sector's members and stakeholders.

The roles of the crisis communications teams in both sector organizations and liaison organizations are summarized below; positions should be staffed with individuals with appropriate skills.

Table 1: Crisis Team Roles and Responsibilities

| Type of Role | Sector Organization Responsibilities | Liaison Organization Responsibilities |
|----------------|--|---|
| Communications | <p>Works with senior leadership to liaise with the sector's liaison organization.</p> <p>Develops key messages/statements.</p> <p>Works with other internal experts (including Joint Health and Safety Committees or Health and Safety representatives) to interpret Important Health Notices (IHN) and directives from MOHLTC for the organization's stakeholders, and to develop content for internal and external communications.</p> <p>Distributes organization's materials and information from MOHLTC to members.</p> <p>Communicates with media.</p> <p>Identifies and helps prepare primary and back-up spokespeople.</p> <p>Determines third-party contacts to use as spokespeople.</p> <p>Ensures media monitoring is in place.</p> <p>Updates senior leadership.</p> | <p>Works with command during daily calls with various branches of MOHLTC (communications, operations, and public health).</p> <p>Works with command to communicate information from MOHLTC to the sector's organizations.</p> <p>Develops key messages/statements.</p> <p>Works with other internal experts (including Joint Health and Safety Committees or Health and Safety representatives) to interpret Important Health Notices (IHN) from MOHLTC for the organization's stakeholders and the sector's organizations, and to develop content for internal and external communications.</p> <p>Distributes organization's materials and information from MOHLTC to members and sector organizations.</p> <p>Communicates with media.</p> <p>Identifies and helps prepare primary and back-up spokespeople.</p> <p>Determines third-party contacts to use as spokespeople.</p> <p>Ensures media monitoring is in place.</p> <p>Updates command.</p> |

3. Step-by-Step: Communications in a Pandemic

The following is a step-by-step guide to communicating in a pandemic.

Figure 3: Communications Preparedness and Response by Pandemic Period



Before a Pandemic: Prepare

To ensure clear communications during a pandemic, it is essential to identify information pathways, expectations and reporting mechanisms in advance.

Together with other organizations in your

sector, you should determine:

- which organization will serve as the **liaison organization** with the MOHLTC (If a sector does not identify a single liaison organization, the MOHLTC will designate one)

- how information from the MOHLTC will be delivered to your sector's stakeholders.

This will help establish who will funnel information into MOHLTC during a pandemic and – when several organizations communicate with the same key audiences – where those audiences should look for updated information.

Once the flow of information for your sector is determined, the **liaison organization** should inform MOHLTC Communications and Information Branch and the Liaison Officer at the MEOC of the planned information flow within the sector. Complete contact information (i.e., for the key liaison person and a back-up) should be provided to the MOHLTC Communications and Information Branch Crisis Team Communications Manager.

Liaison organizations should advise audiences in their sector about how they will deliver information about a pandemic and what their expectations are regarding the use of that information. For example:

- Are audiences in your sector expected to communicate the information to others?
- If so, in what form, and when?
- Are audiences in your sector expected to receive and assimilate information and implement activities, as required?
- Are they required to report back to you?
- If so, how?

Step One: Get In Front

Establish/Convene Pandemic Crisis Communications Team

- Each organization should establish and convene a pandemic crisis communications team with staff

members whose skills meet the needs outlined in the roles and responsibilities outlined above.

Step 2: Manage

Plan According to the MOHLTC Information Cycle

The Ministry of Health and Long-Term Care has created a 24-hour crisis communications clock that outlines the daily information cycle the ministry will follow in the event of a pandemic. To receive information from and share information with the ministry, your organization should tailor its activities to correspond with this clock (see Chapter 12).

Gather Information on the Situation

- Evaluate the current situation's impact on employees, patients, visitors, and operations. See the **situation scan** template. Liaison organizations should complete the situation scan in advance of calls with the MOHLTC and advise them of any potential conflict; this means sector organizations must complete the scan for their own operations and share it with their liaison organization in a timely manner. Liaison organizations may consider compiling situation scans for their own operations and for their sector, based on information provided by sector organizations.
- Plan for the worst-case scenario, laying the foundation for addressing issues that may arise (e.g., staffing shortages, technology failures, supply shortages). See the **scenario planning grid**.
- Use the **New Information Report** to record decisions and to assess the status of actions at the team's next meeting.

- Use the communications materials created and distributed by MOHLTC to help gather information and plan.

Identify Internal and External Audiences and Enable Information Distribution Systems

- Determine who key audiences are, identify the member of the crisis team responsible for communicating with each audience, by what method and when. Enable the systems required to communicate with each audience (i.e., email distribution lists readied, notification sent to stakeholders to receive information). See **key audience grid** (page 13).
- Distribute critical information received from MOHLTC to stakeholders. Important Health Notices (IHNs) are intended for health care providers and are distributed through MOHLTC's email distribution systems, but may not reach all your individual members. Consult your stakeholders to determine if your organization should forward IHNs with practical advice on how to implement the information. Forward IHNs intact, without editing, and provide advice as an introduction. See sample IHN.

Develop Specific Key Messages

Key messages communicated should:

- Describe the details of the current situation.
- Describe the impact of the situation on your stakeholder audience.
- Describe the action being taken to mitigate the spread of disease and promote treatment.

- Provide contact information for more information, or answer questions.

Identify Spokespeople

- Identify spokespersons based on their knowledge and experience, their ability to connect with the intended audience, and their ability to deliver information in a clear and direct way. Spokespeople should be calm and reassuring while educating audiences about proper methods of protecting themselves, their families, and those who are ill. The person in the "command" role is often the spokesperson; however, in some cases another member may be better suited to the task.
- Identify a back-up spokesperson.

Step 3: Communicate

Use the **content checklist** to help ensure your communications address all the information recipients need. MOHLTC will be using a similar checklist to help frame the information sent from the ministry to stakeholders.

Communicate with Employees

- Take the lead role in communicating the details of the situation with employees. Work with Joint Health and Safety Committees or Health and Safety Representatives to communicate the health and safety precautions to be followed to reduce any spread of the virus and to educate employees about their responsibility to help protect themselves, their families, and those who are ill.
- Use different methods to communicate with employees (e.g., pay envelopes, email, the company intranet, bulletin boards, newsletter, voice recording on a company phone

system). Ensure information is available in languages appropriate to the organization's workforce. Share IHNs with employees who are health care providers.

- Time communications with employees to include the most recent information from MOHLTC.

Communicate with Stakeholders

- Give key messages and communications logs to staff who are handling calls from stakeholders. The log should be used to track calls related to the pandemic.
- Forward completed log forms to the crisis team as soon as possible to keep members updated on stakeholders' questions and comments. Use the information to modify key messages. The forms are also helpful when reporting an incident to authorities.
- Include the most recent information from MOHLTC.
- Record feedback and share it through the liaison organization with MOHLTC.
 - Communicate operational matters with the MOHLTC through the MEOC. Call the Healthcare Provider Hotline: calls will be directed to the call centre representative with the appropriate expertise to answer the question(s). The hotline number is 1-866-212-2272.
 - Address operational matters during the daily 0830h call. Communication issues may require a separate call.

Communicate with Media

Media relations are a key method of

communicating in a crisis. Depending on the situation, MOHLTC, the federal government or municipal government(s) will take the lead in communicating about the pandemic to the general public.

- Engage the media directly when:
 - the situation centres around your operations
 - you have to communicate information particular to your sector (e.g., restricting visitors at hospitals or long-term care facilities, reducing home care services)
 - your operations have received media attention that is perceived as unfair, inaccurate or incorrect.
- Plan communications with media with the MOHLTC information cycle in mind.
- Provide additional communication to the general public through:
 - in-store public address systems
 - posters and pamphlets
 - announcements at meetings
 - existing mailings of newsletters or statements.

Communicate with MOHLTC

- Funnel information to your sector's liaison organization, which will act as a conduit for stakeholder information and input to the MOHLTC. See templates that summarize the type of information critical to the MOHLTC.
- Complete and share (when appropriate) the situation scan, scenario planning grid, the incoming media call report, and the new information report. Provide these completed forms to the liaison organization before the daily 0830h

call, when the liaison organizations will share the sector's information with the MOHLTC.

- Complete the key audience grid and work within your sector to avoid duplicate outreach. Liaison organizations will share the outreach plan with the MOHLTC as needed.

Step 4: Evaluate Progress

Evaluate Information Delivery, MOHLTC Information, Media Coverage, Stakeholder Response

- Scan daily newspapers for stories related to the situation.
- Analyze news coverage for:
 - **Content:** key messages used and understood; quotes from your organization's stakeholders and sector's organizations; pictures; content placement; page number or time of day.
 - **Distribution:** the number and location of media outlets that print/broadcast stories.

Communicate New Information

Regular communications will help reduce the spread of influenza, help patients get the treatment they need, and protect employees from illness.

- Update key messages as new information becomes available and communicate new information to the appropriate stakeholders and audiences.

Evaluate Incoming Communications

- Evaluate quickly the types of requests, their tone and the responses required from the communications logs to identify issues to be addressed.
- Agree within your sector on a deadline to send the list of issues to your liaison organizations – allowing enough time for the liaison organization to summarize them for their regular communications with the MOHLTC. When several organizations identify similar questions or concerns, share this information with the MOHLTC during the daily 0830h call. This information will help shape the tone and content of key messages.
- Act immediately on stakeholder/employee requests for information.
- Review MOHLTC communications and evaluate them based on your organization's needs. Do they contain the right information? Are they in the right format, and in the right languages? Provide feedback through your liaison organization.

Update Crisis Toolkit

Update the toolkit to include new internal or external contacts, new systems of communications as they are developed, and new sample communications materials.

Situation Scan

| |
|-------|
| Date: |
|-------|

| Activity | How to Address |
|--|----------------|
| Communications with MOHLTC via liaison organization | |
| Are we connected to the conduit organization to provide them with updates or to receive information from the MOHLTC? | |
| Employee Health and Safety | |
| Are we following infectious disease protocols? | |
| Are we following occupational health and safety legislation and advice? | |
| Are we working with the Joint Health and Safety Committee in conducting ongoing risk assessments? | |
| Do we have sufficient personal protection supplies? | |
| Patient Health and Safety | |
| Are we following infectious disease protocols? | |
| Are we admitting visitors? | |
| Are we admitting volunteers? | |
| Scheduled External Activities | |
| Do we have executives speaking at events? | |
| Do we have an open house or meeting planned | |

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| Activity | How to Address |
|--|----------------|
| (on or offsite)? | |
| Are we conducting media relations for another purpose? | |
| Are we exhibiting at events or tradeshow? | |
| Prolonged Crisis Mode | |
| Do we need to increase staff for 24-hour staffing or to accommodate illness? | |
| What is our policy for absenteeism due to illness? | |
| Are we reporting workplace-acquired illnesses to MOL, MOHLTC, and WSIB? | |

Scenario Planning Grid

SCENARIO:
(e.g., Residents in long-term care homes could get the flu from visitors.)

FACTORS WHICH COULD INFLUENCE ISSUE:
(e.g., Sanitizing stations, gloves and masks may reduce risk of transmission; temporarily restricting visitors or volunteers may reduce risk of transmission.)

WORST CURRENT OPERATIONAL THREAT:
(e.g., Resident dies from flu introduced by visitor; flu spreads to other residents and employees.)

KEY PUBLICS AFFECTED:
(e.g., Residents, their families, employees, volunteers.)

BEST PROBABLE OUTCOME:
(e.g., Receive temporary order from MOHLTC to restrict access.)

ACTION TO INFLUENCE:
(e.g., Liaise with EMU through provider line and during daily calls to request next steps.)

CURRENT DATE:

New Information Report

| | | | |
|--------------------------------|--|-----------------|--|
| Date: | | Time: | |
| Source: | | | |
| Situation and New Information: | | | |
| | | | |
| | | | |
| | | | |
| Next Steps: | | | |
| | | | |
| | | | |
| Source Contact: | | | |
| Name: | | | |
| Title: | | | |
| Organization: | | | |
| Business Phone: | | Cellular Phone: | |
| Email address: | | | |

Key Audience Grid

| Audience | Who's responsible for contacting them? | Method of contact? (e.g., email distribution, phone, meeting, signs) | By when/ How often? |
|--|--|---|------------------------|
| Other organizations in the sector | | | |
| Employees | | | |
| Joint Health and Safety Committee/Health and Safety Representative | | | |
| Patients | | | |
| Visitors | | | |
| Volunteers | | | |
| Suppliers | | | |
| Government | | | |
| Professional Association | | | |
| Labour Organizations | | | |
| Media | | | |

Communications Log

Subject of Communication:

Date:

Time:

Stakeholder Contact Information:

Name:

Title (if known):

Company / Organization Name:

E-mail address (if known):

Telephone (if known):

Fax (if known):

Method of Contact:

- Incoming Call Outgoing Call E-mail (attached) Fax (attached)
 Letter (attached) In Person

Category: (please tick one):

- Member Employee General Public Government Other (specify)

Specific Questions:

Other Comments:

Your Response: (include what you said, what was promised and/or what expectations were set for information and deadlines)

Your Assessment of Level of Concern: (tick one)

- High Low Neutral

Your Name/Position:

SEND TO:

- Your organization's crisis team
 - Sector organizations send to their sector's liaison organization
 - Liaison organizations send to Crisis Team Command
-

Incoming Media Call Log

***FORWARD COMPLETED FORMS TO YOUR ORGANIZATION'S
CRISIS TEAM MEDIA COMMUNICATIONS CONTACT IMMEDIATELY***

Date:

Time:

Media (name of newspaper, radio/TV station):

Reporter's name:

Phone:

Fax:

E-mail:

Reporter's/producer's deadline:

Key questions:

When will the story run?

What information was provided, by whom?

*** Liaison organizations receiving these forms should share the information with the MOHLTC***

Stakeholder Communications Checklist

Content

- Contains information relevant to your stakeholders:

| | |
|---|--|
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Emergency services workers |
| <input type="checkbox"/> Long-term care facilities | <input type="checkbox"/> Laboratory employees |
| <input type="checkbox"/> Home care providers | <input type="checkbox"/> Pharmacists |
| <input type="checkbox"/> Doctors | <input type="checkbox"/> Physiotherapists |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Faith/support workers |
| <input type="checkbox"/> Municipal employees | <input type="checkbox"/> Other health care providers |
| <input type="checkbox"/> Community support services | |

- Includes scientific references for information provided
- Provides practical direction to a variety of sectors and health care providers based on the information provided
- Contains information for reaching a contact who can provide clarification

Format

Addresses language needs:

- English
- French
- Other _____

Logistics:

- Created by _____
- Approved by _____
- Distributed by:
- Email distribution list: _____
 - Voicemail distribution list: _____

Internal Contact List

| Name, Title | Phone/Fax | Email | Role |
|-------------|-----------|-------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

To reach the MOHLTC for clarification on any matter of care or pandemic policy, organizations should phone the **MOHLTC Healthcare Providers Hotline at 1-866-212-2272**.

2. Communication Roles/Activities by Pandemic Period and Phase

| WHO Pandemic/Phase | Federal Level | Provincial Level | Local Level |
|--|--|--|---|
| <p>Interpandemic Period: Phase 1</p> <p>No new influenza virus subtypes have been detected in humans.</p> | <p>Continue to work with partners to improve the F/P/T communication/ information infrastructure.</p> <p>Continue to publish FluWatch bulletins.</p> <p>Continue to provide accurate updates on influenza and the pandemic phase for the public and health care workers/ stakeholders.</p> | <p>Continue to actively promote UIIP to the public and health care workers.</p> <p>Ensure all educational materials on influenza and preventive/ protective practices for the public and health care workers/ stakeholders are accurate and up-to-date.</p> <p>Continue to reinforce the importance of prevention/ mitigation activities.</p> <p>Continue to work with federal government and other P/Ts to improve the communication/ information infrastructure.</p> <p>Run annual pandemic simulation exercise and use results to refine MOHLTC Crisis and Risk Communications Response Plan.</p> <p>Work with PHAC and HUs to establish procedures to ensure all information is accurate at the time it is released.</p> <p>Establish performance measures that can be used to evaluate communications activities during a pandemic.</p> | <p>Work with professional organizations and labour associations to actively promote UIIP to the public and health care workers.</p> <p>Ensure all educational materials for the public and health care workers/ stakeholders on influenza are accurate, up-to-date and accessible (i.e., languages, literacy levels).</p> <p>Continue to reinforce the importance of prevention/ mitigation activities.</p> <p>Continue to work with MOHLTC to improve the communication/ information infrastructure.</p> <p>Work with MOHLTC to establish procedures to ensure all information is accurate at the time it is released.</p> |
| <p>Interpandemic Period: Phase 2</p> <p>A circulating animal influenza virus subtype poses a substantial risk of human disease.</p> | <p>Continue Phase 1 activities.</p> <p>Respond to any media enquiries about the risk.</p> | <p>Continue Phase 1 activities.</p> | <p>Continue phase 1 activities.</p> |
| <p>Pandemic Alert Period: Phase 3</p> <p>Human infection(s) with a new subtype, but no human-to-human spread or spread to a close contact only.</p> | <p>Continue Phase 2 activities.</p> <p>Review and, if necessary, refine F/P/T communications plan.</p> | <p>Continue Phase 2 activities.</p> <p>Review and, if necessary, refine F/P communications plan and MOHLTC Crisis and Risk Communications Response Plan; ensure plans are still consistent with Ontario's emergency response plan.</p> <p>Alert Crisis Communication Team to be on standby.</p> <p>Hold background technical briefings for government, media, external experts, professional organizations, and other stakeholders.</p> <p>Ensure:</p> <ul style="list-style-type: none"> • Telehealth and EMU call centre staff have up-to-date information. • rapid 24-hour translation capability is in place and all responders know how to access this resource. | <p>Continue Phase 2 activities.</p> <p>Review and, if necessary, refine local communication plans; confirm when and what to communicate to the public, health care workers, workplaces, and other audiences, focusing on existing influenza prevention messages and WHO/PHAC updates.</p> <p>Review and, if necessary, update pandemic contact list.</p> |

| WHO Pandemic/ Phase | Federal Level | Provincial Level | Local Level |
|---|--|--|--|
| <p>Pandemic Alert Period: Phase 4</p> <p>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> | <p>Continue Phase 3 activities.</p> | <p>Continue Phase 3 activities.</p> <p>Confirm that key stakeholders have appropriate technology to access provincial information.</p> <p>Confirm provincial spokespeople and backup personnel for a pandemic and provide crisis communication training.</p> <p>Verify lists of stakeholder and media contacts.</p> <p>Confirm translation requirements.</p> <p>Review and, if necessary, revise educational materials about infection control in homes, schools and workplaces.</p> <p>Develop fact sheets, briefing notes and media communications templates in appropriate languages.</p> <p>Work with public health to develop public education messages.</p> | <p>Continue Phase 3 activities.</p> <p>Confirm local spokespeople and backup personnel for a pandemic and provide crisis communication training.</p> <p>Verify lists of stakeholder and media contacts.</p> <p>Confirm translation requirements.</p> |
| <p>Pandemic Alert Period: Phase 5</p> <p>Larger 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.</p> | <p>Work with provinces to develop key messages.</p> <p>Review and, if necessary, revise educational materials and guidelines for public health partners and the general public.</p> <p>Activate Crisis Communications network.</p> | <p>Work with PHAC to develop key messages.</p> <p>Activate Crisis Communication Plan, Team and network (i.e., MOHLTC, PHAC, public health units, health associations).</p> <p>Provide regular updates using Important Health Notices and website postings, including new / updated case definitions and clinical guidelines.</p> <p>Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders, employees.</p> | <p>Work with MOHLTC to develop public education messages, and define the role of spokespersons.</p> <p>Participate in Crisis Communication network.</p> <p>Implement plans to communicate with all relevant audiences, including the media, key opinion leaders, stakeholders, and employees.</p> |
| <p>Pandemic Period: Phase 6</p> <p>Increased and sustained transmission in general population.</p> | <p>Provide information updates to provinces.</p> <p>Work with Ontario to hold media and stakeholder briefings with local MOHs, provincial officials and other officials as required.</p> | <p>Provide daily briefings to four key audiences, including in-depth technical briefings for the media when necessary.</p> <p>Initiate regular conference calls with Health Care Stakeholder Council.</p> <p>Continue regular communication with communications partners.</p> <p>Work with PHAC to hold media and stakeholder briefings with local MOHs, provincial officials and other officials, including MOHLTC senior management, as required.</p> <p>Provide regular information / updates in real time to health care workers, media and the public regarding Ontario's:</p> <ul style="list-style-type: none"> • level of readiness • possible decreases in service • alternative care sites. <p>Review and, if necessary, revise Telehealth and Infoline</p> | <p>Activate Crisis Communication Plan.</p> <p>Distribute fact sheets.</p> <p>Continue regular communication with communication partners.</p> <p>Provide information in real time to health care workers, media and the public regarding Ontario's:</p> <ul style="list-style-type: none"> • level of readiness • possible decreases in service • alternative care sites. <p>Provide regular updates to Joint Health and Safety Committees and receive updates from them as appropriate.</p> <p>Update annual multimedia campaign promoting UIIP, adding information about current influenza activity.</p> |

| WHO Pandemic/ Phase | Federal Level | Provincial Level | Local Level |
|---|--|---|---|
| | | <p>messages.</p> <p>Continually update website information.</p> <p>Update annual multimedia campaign promoting UIIP, adding information about current influenza activity.</p> | |
| <p>Pandemic Period: Phase 6 cont.</p> <p>Regional and multi-regional epidemics.</p> | <p>Continue to work with P/Ts to provide consistent messages.</p> <p>Monitor effectiveness of communication strategy and modify as required.</p> | <p>Continue to work with PHAC and HUs to provide consistent messages.</p> <p>Continue to implement Crisis and Risk Communication Response Plan.</p> <p>Continue to provide information/ updates to health care workers, the media and the public.</p> <p>Gather information from the field and use that to inform/ refine the communications plans.</p> <p>Monitor effectiveness of provincial communication strategy and modify as required.</p> | <p>Continue to work with MOHLTC to provide consistent messages.</p> <p>Continue to provide information/ updates to health care workers, the media and the public.</p> <p>Gather information from the field and use that to inform/ refine the communications plan.</p> <p>Monitor effectiveness of local communication strategy and modify as required.</p> |
| <p>Pandemic Period: Phase 6 cont.</p> <p>End of First Pandemic Wave; Pandemic Subsiding.</p> | <p>Evaluate federal communications response.</p> | <p>Identify lessons learned.</p> <p>Evaluate provincial communications response.</p> <p>Update public and provide education materials, including scripts for Infoline, Telehealth and public advertising.</p> | <p>Identify lessons learned.</p> <p>Evaluate local communications response.</p> |
| <p>Postpandemic Period return to Phase 1</p> | <p>Revise pandemic communications plan based on experience.</p> <p>Return to Phase 1 activities.</p> | <p>Revise pandemic communications plan based on experience.</p> <p>Return to Phase 1 activities.</p> | <p>Revise pandemic communications plan based on experience.</p> <p>Return to Phase 1 activities.</p> |

3. Sample Important Health Notice

Important Health Notice

Information for Healthcare Professionals

Outbreak in Toronto

Dear Colleagues:

The following is being provided to update you on the outbreak in Toronto:

- the case definition remains: sudden onset of fever with malaise, with or without runny nose and nasal congestion or cough
- currently 89 patients and 21 health professionals listed as ILI and 42 have been admitted to hospital for treatment. Some patients are improving. (Please note: these numbers will change and are provided only for context)
- Laboratory testing for a wide range of illnesses is being carried out with no positive test results as yet. SARS, avian flu and influenza have been ruled out
- updated control measures are as follows:
 - hospitalized patients are in isolation with droplet precautions
 - as hospitalized patients become ready for discharge they will be discharged with no additional measures required
 - patients with symptoms not requiring hospitalization are being sent home with instructions to follow until symptoms pass:
 - hand hygiene
 - cough etiquette
 - spatial separation
 - if they don't feel well, stay home from work/school

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Highlights:

- Updated control measures for individuals with a febrile respiratory illness
- Updated personal protective equipment measures for staff

- At the request of the Chief Medical Officer of Health and the Medical Officer of Health for the City of Toronto, the Provincial Infectious Disease Advisory Committee (PIDAC) reviewed protection measures and confirmed that the hospitals involved and Emergency Medical Services use gowns, surgical masks, eye protection and gloves when in contact with patients affected by the Seven Oaks outbreak. These precautions are set out in PIDAC's publication, *Preventing Febrile Respiratory Illnesses: Protecting Patients and Staff*
- Hospitals in the Greater Toronto Area have been and are expected to continue to be responsive to requests for access to available isolation beds

Please contact your local public health unit should you have any questions.

(original signed by)

Dr. Nicola Boreau, Chief Medical Officer of Health and Assistant Deputy Minister

(original signed by)

Allison J. Stuart
Director, Emergency Management Unit

