

## **Attachment I: Emergency Response Internal & Partner Communication Guidance**

This document is intended to provide general guidance for communication targeting MDH staff and external partners during a public health emergency.

The communication activities contemplated in this document involve a broad array of informational products and messages, designed to reach a variety of audiences. The accompanying grid provides a schematic description outlining:

1. Audiences for internal and partner communication provided or coordinated by the MDH
2. Types of information and content to be provided to specific audiences
3. The rationale for targeting of information
4. Vehicles to be used for dissemination/delivery of information
5. Timing and frequency of communications
6. Individual and program responsibility for internal and partner communication

The guidelines described in the schematic are intended to further the following general policy goals relating to internal and partner communication:

- In all internal and partner communication, **priority should be given to providing parties actively involved in the event response with the information they need to do their jobs.** During a large and complex emergency event, there is inevitably a temptation to “share everything with everybody,” and to insist on being “in the loop” regarding any and all aspects of the response. The result can be an unmanageable volume of information and messages, making it harder for individuals involved in the response to identify and act on those items that are truly critical. Targeting and dissemination of messages on a strict “need to know” basis can help to avoid the creation of an information glut, and enhance the effectiveness of our response.
- At the same time, **we need to balance “need to know” communication with messages designed to provide all MDH staff and external public health partners with a broad overall understanding of the event and our response to it.** Furthermore, these “big picture” messages should not be limited to broad exhortatory or motivational statements. They should, rather, provide sufficient detail to provide a clear and accurate picture of unfolding events as they affect public health. In providing this information, we need to consider (1) the importance of openness and transparency in building and maintaining our credibility within our own organization and the broader public health community, and (2) the fact that MDH staff and external partners not initially involved in response activities may be asked to assume a role in the response at some point, and will need to be as fully prepared as possible.
- **Internal and partner communication must be coordinated with the messages being provided to the media and the public regarding the emergency event.** Everyone involved in responding to an emergency has a potential role to play in communicating with the public, even though they may not be formally charged with that task. For example, MDH staff may be asked by family, friends or neighbors to comment on the emergency. Physicians or health care providers may be asked to providing information about the emergency to patients and staff. In order to maintain credibility with the public, it is important that appropriate vehicles be developed and used to ensure consistency in the messages provided to the public, by everyone involved in the response.

The following set of tables provides a general outline of the delivery systems and the informational environment in which these policy principles will be applied.

**\*2-WAY FLOW:** Indicates two-way information flow, in which feedback from audience is actively encouraged/solicited, or communication consists of direct consultation or one-on-one interaction with recipient of information.

Audience	Content/Rationale	Vehicles	Timing	Responsible Party
All MDH	<p><b>Initial announcement of major public health emergency</b> requiring a significant change in normal agency operations at the MDH, ECC activation, and/or SEOC activation. Provide detail as necessary to address potential concerns about impact of event and adequacy/appropriateness of public health response.</p>	<p>Agency-wide e-mail from commissioner or designee, including appropriate web links (the MDH intranet, situation reports and other resources on HSEM/SEOC website).</p> <p>Posting of information on the MDH intranet, with links to HSEM or other information sources.</p>	<p>ASAP following decision to initiate response.</p>	<p><b>Primary</b> MDH Communications Office <b>Contributor</b> MDH Executive Office OEP Management of affected MDH program areas. MDH staff in ECC/SEOC</p>
	<p><b>Ongoing updates</b>, including sufficient detail to address concerns about unfolding events and progress in responding to emergency.</p>	<p>Additional agency-wide e-mails.</p>	<p>At least 1x/day.</p>	
		<p>Face-to-face briefings (for individual work groups/program areas).</p>	<p>If &amp; when appropriate.</p>	
		<p>Revision/updating of web postings. Use of GovDelivery e-mail subscription service to provide notification of updates.</p>	<p>As appropriate reflecting new developments.</p>	
All MDH /All Partners with response roles	<p><b>Activation messages.</b> Assures rapid stand-up/initiation of response activities.</p>	<p>HAN messages MIR3 auto-call On-call duty rosters Call-down lists</p>	<p>ASAP once determination is made that event requires response (per All-hazard Plan)</p>	<p><b>Primary</b> State Duty Office OEP Staff <b>Secondary</b> Program staff as designated under activation protocol</p>
	<p><b>Orientation to communication</b></p>	<p>Targeted e-mail.</p>		<p><b>Primary</b></p>

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	<p><b>vehicles.</b> Initial message establishing ground rules for communication vehicles – what information to expect through which channels, obligation of audience to check “passive” vehicles (web postings, etc.) on a regular basis, expectation of <b>2-WAY FLOW*</b> when appropriate.</p>	<p>Postings on WorkSpace.</p>		<p>Planning Sec./ECC (if active)            OEP Staff            MDH Communications Office  <b>Secondary</b>            MDH program staff</p>
	<p><b>Orientation to event.</b> Provides initial briefing/situation report regarding event with an emphasis on detailed, targeted information necessary to carry out individual response roles.</p>	<ol style="list-style-type: none"> <li>1. Non-public HAN messages.</li> <li>2. WorkSpace postings.</li> <li>3. Targeted e-mails.</li> <li>4. Conference calls.</li> <li>5. One-on-one phone contact.</li> <li>6. Internal briefings for MDH staff.</li> </ol> <p>[3-5 involve <b>2-WAY FLOW*</b>]</p>		<p><b>Primary</b>            Designated MDH contacts for specific issue areas and contact groups (see “External Partners”)            MDH program managers [item (6)]  <b>Secondary</b>            OEP            LPH (for secondary distribution of HAN messages)</p>
	<p><b>Message coordination.</b> Ensures that all communication addressing concerns of interest to public is coordinated and consistent. Audience includes hotline staff at MDH, HSEM, and LPH agencies.</p>	<ol style="list-style-type: none"> <li>1. Standard talking points</li> <li>2. WorkSpace postings (public communication page)</li> <li>3. Targeted e-mail (for PIOs/communicators)</li> <li>4. Face-to-face briefings (hotline staff)</li> </ol> <p>[involves <b>2-WAY FLOW *</b>]</p>	<p>ASAP once response is initiated, with ongoing revision and updating in response to new developments and feedback from audience(s)</p>	<p><b>Primary</b>            ECC PIO (if active)            MDH Communications Staff  <b>Secondary</b>            OEP</p>

Audience	Content/Rationale	Vehicles	Timing	Responsible Party
MDH Staff with Identified or Designated Response Roles	<p><b>Technical and policy information relating directly to response role.</b>            Includes all information necessary to carry out assigned role. Content will be highly targeted, and will vary according to designated role or area of responsibility of the intended audience.            Depending on the event, target audiences may include staff with responsibility for the following areas:</p> <ul style="list-style-type: none"> <li>• Event management/response coordination</li> <li>• Communication with external partners who have response roles</li> <li>• Disease reporting/surveillance</li> <li>• Disease investigation</li> <li>• Disease control interventions (including containment measures)</li> <li>• Environmental monitoring</li> <li>• Environmental investigation</li> <li>• Environmental interventions</li> <li>• Hospital/clinic/health care provider issues</li> <li>• Infection control</li> <li>• Medical surge capacity</li> <li>• Stockpiling &amp; distribution of meds, materials, resources</li> <li>• Isolation/Quarantine</li> <li>• Other areas of responsibility (event specific)</li> </ul>	<ol style="list-style-type: none"> <li>1. Internal e-mail</li> <li>2. HAN messages</li> <li>3. MIR3 auto calls</li> <li>4. Web postings on               <ul style="list-style-type: none"> <li>• intranet</li> <li>• WorkSpace</li> <li>• public website</li> </ul> </li> <li>5. GovDelivery subscription service</li> <li>6. Informal (face-to-face)</li> <li>7. interaction/consultation</li> <li>8. Individual and group briefings</li> <li>9. Conference calls</li> <li>10. Phone contact</li> </ol> <p>[all vehicles include potential for <b>TWO-WAY FLOW*</b>, depending on design]</p> <ul style="list-style-type: none"> <li>• Specific MDH audience segments include:</li> <li>• Program managers</li> <li>• Program staff</li> <li>• Designated MDH contacts for specific issue areas and contact groups (see “External Partners”)</li> <li>• PHPCs</li> <li>• Others with external partner communication role</li> </ul>	<p>Initiate communications activities ASAP – prior to/in anticipation of an event, if possible.</p> <p>Use of vehicles 2, 3, 7 and 8 should be scheduled at regular intervals – possibly as often as 1x/day, depending on need.</p> <p>Use of vehicles 1, 6 and 9 should be frequent and ongoing, depending on need.</p> <p>Vehicles listed under (4) should be updated/revised frequently – possible as often as 1x/day, or as needed.</p>	<p><b>Primary</b>            ECC Manger (if active)            ECC Planning (if active)            ECC Operations (if active)            Agency and program management</p> <p><b>Contributor</b>            OEP            MDH Communications</p>

Audience	Content/Rationale	Vehicles	Timing	Responsible Party
External Partners with Response Roles	<p><b>Technical and policy information relating directly to response role.</b>            Includes all information necessary to carry out assigned role. Content will be highly targeted, and will vary according to designated role or area of responsibility of the intended audience.            Depending on the event, target audiences may include any and all external partners (individuals, agencies or organizations) with responsibility for the following areas:</p> <ul style="list-style-type: none"> <li>• Disease reporting/surveillance</li> <li>• Disease investigation</li> <li>• Disease control interventions</li> <li>• (including containment measures)</li> <li>• Environmental monitoring</li> <li>• Environmental investigation</li> <li>• Environmental interventions</li> <li>• Hospital/clinic/health care provider issues</li> <li>• Infection control</li> <li>• Medical surge capacity</li> <li>• Stockpiling &amp; distribution of meds, materials, resources</li> <li>• Isolation/Quarantine</li> <li>• Other areas of responsibility (event specific)</li> </ul>	<ol style="list-style-type: none"> <li>1. Targeted e-mail</li> <li>2. HAN messages</li> <li>3. MIR3 auto calls</li> <li>4. Web postings on               <ul style="list-style-type: none"> <li>• WorkSpace</li> <li>• public website</li> </ul> </li> <li>5. GovDelivery subscription service</li> <li>6. Informal (face-to-face)</li> <li>7. interaction/consultation</li> <li>8. Individual and group briefings</li> <li>9. Conference calls</li> <li>10. Phone contact</li> </ol> <p>[all vehicles include potential for <b>TWO-WAY FLOW*</b>, depending on design]</p> <p>Specific partner audience segments include:</p> <ul style="list-style-type: none"> <li>• LPH</li> <li>• Local/Regional Emergency Mgmt.</li> <li>• HSEM/SEOC/Governor</li> <li>• CDC/U.S. DHS/U.S. HHS</li> <li>• Other govt. agencies</li> <li>• RHRC Coordinators</li> <li>• Hospitals/physicians/clinics</li> <li>• Other healthcare professionals/providers</li> <li>• EMS System</li> <li>• Law enforcement &amp; legal system</li> <li>• Others depending on event</li> </ul>	<p>Initiate communications activities ASAP – prior to/in anticipation of an event, if possible.</p> <p>Use of vehicles 2, 3, 7 and 8 should be scheduled at regular intervals – possibly as often as 1x/day, depending on need.</p> <p>Use of vehicles 1, 6 and 9 should be frequent and ongoing, depending on need.</p> <p>Vehicles listed under (4) should be updated/revised frequently – possible as often as 1x/day, or as needed.</p>	<p><b>Primary</b>            PHPCs            BHPP            IDEPC (ADIC/ITIH)            EH            Other program areas as appropriate</p> <p><b>Contributor</b>            ECC Manger (if active)            ECC Planning (if active)            ECC Operations (if active)            OEP            MDH Communications</p>