

# Pandemic Influenza Plan – Psychosocial Services Preparedness

For more information contact Jenny Wiley at [Jenny.Wiley@health.mo.gov](mailto:Jenny.Wiley@health.mo.gov) or at 573 751-4730

## OVERVIEW

The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to healthcare providers, public health workers, emergency responders, and the general public. The risk most likely will remain elevated for as long as the pandemic continues in the community. Prior experience with disaster relief efforts indicates that enhanced workforce support activities can help them remain effective during emergencies. A practical plan to address psychological aspects of pandemic is needed to ensure that hospitals, public health agencies, emergency responders, and providers of essential services are prepared to help their employees in strengthening personal resilience and professional performance. An essential part of this planning effort involves creation of alliances with community-based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services or training. The Mental Health Response section addresses the needs of public health and healthcare workers, emergency personnel, their families, and the general public.

## OBJECTIVES

- To assist workers and the general public in managing emotional stress and related personal, professional and family issues during the response efforts to an influenza pandemic.

## BEST PRACTICES

Although planning must be premised on assumptions of success, the mental health and behavioral implications of failure must also be anticipated and considered as part of planning. Planning issues are highlighted in the chart below.

Preparedness and Planning	Initial Onset of Pandemic	Pandemic and Recovery
<ul style="list-style-type: none"> <li>○ Public education</li> <li>○ Leadership preparation</li> <li>○ Sustained preparedness</li> <li>○ Leadership functions</li> </ul>	<ul style="list-style-type: none"> <li>○ Communication</li> <li>○ Tipping points</li> <li>○ Surges in health care demands</li> </ul>	<ul style="list-style-type: none"> <li>○ Community structure</li> <li>○ Stigma &amp; discrimination</li> <li>○ Management of fatalities</li> </ul>

Three (3) general goals and associated activities have been identified for the public health and mental health fields to appropriately address the potential emotional and behavioral issues that would likely emerge in a pandemic event and are summarized in the chart below.

Measures to shape adaptive behaviors	Measures to reduce social and emotional deterioration and improve functioning	Measures to support key personnel in critical infrastructure functions
<p>Guidance</p> <ul style="list-style-type: none"> <li>○ that maximizes public trust and effective communication strategies</li> <li>○ Guidance to maximize adaptive behavior change</li> </ul>	<p>Public information, guidance and support that</p> <ul style="list-style-type: none"> <li>○ Increases hope</li> <li>○ Enhances safety</li> <li>○ Promotes calm</li> <li>○ Encourages connectedness</li> <li>○ Improves personal and community efficacy</li> </ul>	<ul style="list-style-type: none"> <li>○ Maximizing performance and resilience</li> <li>○ Managing grief, exhaustion, anger, fear, family &amp; self-care issues and resolving ethical issues</li> </ul>

See Attachment A for public health and individual intervention strategies to support communities and individuals in coping with a disease outbreak. Attachment A is a matrix that provides a roadmap for the oversight, management and coordination of public mental health efforts in a pandemic outbreak.

### **PREPANDEMIC PERIOD**

Mental health providers should focus on addressing the mental health issues associated with seasonal influenza as well as planning for those that may be generated by a pandemic. Collaborative efforts with community and faith-based organizations facilitate culturally appropriate mental health planning, preparedness, and response. Mental health providers should coordinate planning and response activities with government and non-government agencies.

#### **Potential Activities**

- Develop public education tools and materials in collaboration with public information specialists.
- Identify and develop pandemic influenza-specific educational tools and materials regarding the signs of distress, traumatic grief, coping strategies, and building and sustaining personal and community resilience.
- Identify and list behavior and psychological support resources.
- Increase awareness of potential mental health implications of an influenza pandemic.
- Provide information about psychological reactions to public health emergencies and recommendations for positive coping strategies.
- Maintain an updated website containing information about pandemic influenza-related mental health issues.
- Share resources through social media as appropriate.

#### **Support mental health disaster training**

Training strategies will need to consider ways to motivate stakeholders to invest in preparedness training and to evaluate the cost-benefit. Training content areas suggested for the various audiences are included as Attachment B. Some of the training resources available in Missouri are listed in Attachment C.

#### **Faith-Based Organizations**

The involvement of faith-based partners during a pandemic event will be crucial to promote well-being and spiritual, social and emotional strength for Missouri's citizens.

Descriptions of the partnering strategies that will benefit faith-based ministries in supporting mental health needs in a public health emergency follow:

1. Preparedness and planning for congregation, staff and community.
  - Use Centers for Disease Control and Prevention (CDC) checklist to plan for congregation.
  - Recognize the emotional and physical impact that a pandemic may have on a congregation.
  - Learn risk communication and learn best methods to communicate with congregants.

2. Develop partnerships.

- Call the Local Public Health Agency (LPHA) to see if there are groups/congregations meeting to plan for a public health emergency and join those groups.
- Discuss and plan with Ecumenical groups such as the Ministerial Alliance. Consider developing a Local Emergency Pastoral Care Committee to provide mutual support, staffing, etc. in a pandemic.
- Identify other resources available through your congregational affiliation such as counseling centers, parish nurses, etc.
- Develop memos or letters of understanding outlining the agreed upon activities and outreach between partnering faith-based organizations/congregations.
- Members of a faith that has specific cultural practices during grief periods or whose members may limit medical interventions due to their beliefs should work with public health authorities in advance of an emergency to promote understanding and to plan for responses that diminish inappropriate interventions.

## MENTAL HEALTH INTERVENTIONS

Content areas:

### Goals of Intervention

- Promote preparedness.
- Develop resilience.
- Mitigate risk factors.

### Role of all Mental Health Staff

- Planning.
- Public education.
- Communication.
- Workforce preparedness and training.
- Resource development.
- Community development.

### Community Mental Health Role at Local Level

- Collaboration.
- Inform and influence policy.
- Set structures for assistance and develop surge capacity.
- Integrate substance abuse counseling with at-risk individuals.
- Assess interoperability of communications technologies, i.e. phone, telecommunication, etc.
- Advocate for at-risk populations and those with functional needs and/or access issues.

### *Workforce Development*

- Leadership preparation and functions.
- Promote awareness and increase capacity for personal and work-related preparedness, i.e. human resource policies.

- Train responders in evidence-based mental health response skills. (Workforce Materials are listed in Attachment C: Current Status of Resources).
- Promote resilience building, stress management and self-care.

In Missouri, psychosocial support services are becoming institutionalized within health care and first responder organizations due to continued psychological first aid (PFA) training throughout the state for diverse groups. Educational materials are prepared for employees and ready to be distributed through health care partnerships during public health emergencies. Other materials to be developed as needed.

#### Public Education

- Cultivate relationships with and educate media.
- Promote preparedness campaigns that address safety and resilience rather than imminent threat.
- Promote mental health and prevention efforts to build emotional resilience.
- Target at-risk groups and integrate substance abuse and relapse prevention efforts.

#### Community Development:

- Partner to address needs of disability community and other at-risk groups.
- Develop resources for and partnerships with diverse cultures within communities.

#### Public Mental Health Authority at State Level

- Interagency collaboration to develop guidance.
- Policy development and leadership preparation.
- Infrastructure support for rapid assistance.
- Plan and develop infrastructure for Implementation of Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP), if available, or other fiscal resources.
- Mutual aid strategies among community mental health centers, with American Red Cross, other Volunteer Organizations Active in Disaster (VOAD) agencies.

#### *Workforce Development:*

- Continuity planning.
- Training for public health, other health care providers such as hospitals and primary care, mortuary workers, mental health, etc.
- Involvement in state sponsored exercises.
- Competency-based workforce standards (self-care, cultural competencies and use of interpreters, licensure and certification standards).
- Ongoing resource development.
- Agencies should develop alliances with community based organizations and non-governmental organizations with expertise in and resources for psychosocial support, services and training.

## PANDEMIC PERIOD

Persons who believe they have been exposed may out-number those actually exposed. Communication and planning for the needed messages and behavioral responses will be important public health activities to prevent the medical response capacity from being overwhelmed.

**In early pandemic responses**, the Center for the Study of Traumatic Stress, *Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak*, recommends preparing for three following responses:

**Communication:** Wide dissemination of materials that normalize stress reactions and emphasize hope, resilience and natural recovery. Collaborate with media to clearly and repeatedly inform the public about the rationale and mechanism for distribution of limited supplies.

**Tipping Points:** Certain events may occur that will either increase or decrease fear and helpful or risk behaviors. Deaths of vulnerable individuals such as children, unexpected or new risk factors, and shortages in supplies are typical.

**Support Mental Health Disaster Training:** The training content can be adapted to fit the current status of the disease. Content areas that should be considered for the pandemic period are listed in Attachment B, II. *Pandemic*.

## MENTAL HEALTH INTERVENTIONS

The following content areas have been identified for use during a pandemic:

### Goals of intervention:

- Safety and survival;
- Meet basic needs;
- Effective communication;
- Effective risk communication incorporating of skills for the “new normal” including safe behavioral practices and routines such as social distancing.

### Role of Mental Health Staff:

- Protection.
- Reduction of stress and arousal.
- Reassurance.

### Community Mental Health Role:

- Basic Needs.
- Psychological First Aid.
- Monitor environment and Identify tipping points.
- Technical assistance, consultation and training.

### Public Mental Health Authority

- Establish linkages with State Emergency Management Agency (SEMA), The Missouri Department of Health and Senior Services (DHSS), Federal Emergency Management Agency (FEMA) and Center for Mental Health Services (CMHS) to authorize availability of FEMA immediate services program and to identify tipping points.
- Activate mental health response consistent with functions listed above.
- Utilize crisis counselors.
- Provide hotline as response and referral resource.
- Disseminate mental health outreach materials.
- Participate in Missouri Voluntary Organizations Active in Disaster and the Governor's Faith-based and Community Service Partnership for Disaster Recovery (Governor's Partnership).
- Coordinate service delivery and develop linkages with mental health services offered by Red Cross, Salvation Army and other VOADs.
- Authorize and fund use of interpreters.
- Establish communications with Community Mental Health Centers (CMHCs) in affected areas.
- Assess impact on populations with access and functional needs.
- Explore availability of FEMA Regular Services Program and explore other grant resources for behavioral health outreach.

### *Work Force Development*

- Incorporate psychosocial support services into occupational health and emergency preparedness planning and through PFA training for a variety of responders.
- Provide mental health messages to DHSS to be included within the DHSS Health Alert/Health Updates disseminated statewide to health care workers during a pandemic.
- Provide mental health messages to DHSS public information officers for inclusion within letters from the Director of DHSS to employees.
- Provide informational materials to Missouri Department of Mental Health (DMH) and DHSS staff.
- Encourage use of the State Employee Assistance Plan as needed for psychosocial support services for employees and their families.
- Provide informational resources for the mental health hotline numbers.
- Encourage implementation of workforce resilience programs.
- Provide resiliency materials developed by the CDC, Health Resources & Services Administration (HRSA), National Institute of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMHSA) and others that address healthcare and training issues
- Provide *Behavioral Health Emergency Plan Template for Healthcare Agencies* to health care organizations.

**In later pandemic** response and recovery, the Center for the Study of Traumatic Stress in *Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak* emphasizes the management of the community structure, stigma and discrimination, and fatalities.

**Community Structure:** Maintaining the formal and informal community social support is important, even if conducted electronically or virtually. Web, social media, telephone, television and radio will be important communication tools to instill normalcy, plan for regular activities and manage community and organizational distress and behaviors. The Center encourages providing tasks for community action that can supplement needed work resources, decrease helplessness and instill optimism.

**Stigma and discrimination:** Stigma and discrimination may marginalize and isolate certain groups and impede recovery. Address stigmatization through information and training. Attention to managing social conflicts in the immediate response and recovery period will take on added significance.

**Management of fatalities:** The community must anticipate and plan for response to mass fatalities and to the management of bodies. Local officials must be aware that containment measures related to bodies may conflict with religious rituals of burial and the usual process of grieving which may have a negative impact on a community.

## **MENTAL HEALTH INTERVENTIONS**

The following content areas have been identified for the pandemic period:

### Goals of intervention:

- Adjustment.
- Appraisal.
- Effective risk communication.
- Incorporation of skills for the “new normal” including safe behavioral practices and routines.

### Role of all Mental Health Staff:

- Provide information and assistance to orient affected parties.
- Needs assessment.
- Referral or service provision.

### Community Mental Health Role:

- Culturally competent needs assessment to determine status and how well needs are being addressed for all populations as well as the recovery environment.
- Conduct mental health surveillance to inform response and recovery efforts.
- Foster resilience.

### Public Mental Health Authority

- Establish linkages with SEMA, DHSS, FEMA and CMHS.
- Work closely with VOAD organizations including American Red Cross (ARC) and National Organization of Victim Assistance (NOVA).

- Support the risk communication effort of DHSS by providing mental health specific information.
- Monitor DMH Access Crisis Intervention Hotline to determine if calls are received due to the Pandemic. Look for tipping points regarding the need for a separate hotline to solely concentrate on stress issues related to the pandemic.
- Work with DHSS regarding the mental health risk communication messages that need to be delivered during mass vaccination. Stress management tips, information for at-risk groups, and information on where and how to seek professional assistance.
- Support the workforce coping with large numbers of deaths. Train supervisors how to support workers who have losses.
- Establish communications links with CMHCs in affected areas.
- Conduct needs assessment for FEMA crisis counseling program application if available.
- Explore other federal grant resources that may be available for behavioral health outreach

### **Supporting Families Coping with Death**

Recommendations for supporting individuals and families experiencing deaths are listed below. Address emotional aspects of a positive death experience regarding rituals, communication, support and assistance during the period when death is imminent and after death anticipate the following:

- How to help children and others in the household learn coping skills.
- How to recognize potential for survivor guilt and blame and when to seek professional mental health help.
- Self-care tips for caregiver's physical and emotional health.
- Provide pro-active information about state and local requirements regarding what to do in the event of a death in the home.
- Provide hotline tailored to death issues, staffed by people prepared to deal with issue.
- Partner with faith communities and funeral industry for consistency of message, in providing emotional support and dissemination of factual information about bodies and grief.
- Encourage volunteer activities that are safe and do not promote contagion such as delivery of food and other items with no personal contact (i.e. drop-offs).
- Encourage "flu recovered" individuals who now have immunity to assume responsibility for those aspects of life requiring exposure to contagion, taking care not to place adult responsibilities on children.

#### *Work Force Development*

- Make available phone, web and other social media supports for a long response.
- Continue to offer educational materials regarding the cognitive, physical, behavioral, spiritual and emotional reactions that might be exhibited by patients, their families and by staff. Include reactions that indicate a mental health referral is needed.
- Provide communication materials that assist with sensitivity to cultural issues.
- Provide *Behavioral Health Emergency Plan Template for Healthcare Agencies*. Stress employee support during planning and reemphasize during the pandemic period.

- Offer information for health care agencies regarding developing stress control/resilience teams and their purpose and function.
- Supply confidential telephone support lines staffed by behavioral health specialists.
- Encourage work places to develop services for the families of employees, especially support services that might be needed for employees with sick family members.

## RECOVERY PERIOD

### Support Mental Health Disaster Training

Training materials need to focus on referral and treatment, grief and bereavement, and resilience and recovery. Content areas by audience for the recovery period are identified in Attachment C: III. *Recovery*.

### Partner with Faith-Based Organizations:

- Use partnerships to support the community through memorials, special events, etc., to help rebuild the fabric of the community and to support families and individuals who have lost loved ones or who will have long term effects from the illness due to disabilities, etc.
- Celebrate your congregation's ability to meet together again if public services were canceled.
- Plan programs to support those recovering. Consider the long term physical, emotional, social and economic impact of the emergency on families such as disabilities, loss of income, inability to meet basic needs, etc. and how faith organizations can respond.
- For congregations suffering great losses of members, consider meeting with sister congregations to work together toward recovery.
- Initiate support groups to assist those with longer term disabilities as a result of illness, their family members and those in grief over losses.
- Learn the signs of depression, and suicide risks. When needed, refer to pre-identified mental health professionals.

## MENTAL HEALTH INTERVENTIONS

Content areas:

### Community Mental Health Role:

- Monitor the recovery environment.
- Foster resilience and recovery.
- Community development – encourage development of Long-Term Recovery Committees.
- Public education.
- Traditional mental health services.

### Public Mental Health Authority:

- Assess need for FEMA regular services program, CMHS' Substance Abuse Mental Health Services Administration (SAMHSA) Emergency Response Grant funds or other funding streams available.

- If regular services grant not pursued, participate in and coordinate with the Governor's Partnership.
- Coordinate with Suicide Prevention Project, DMH for materials and outreach.
- Conduct data collection and analysis to inform program management and future mental health response efforts.

Work Place Recovery:

- Supply materials about grief and bereavement in the work place to assist in recovery.
- Review policies and how they support or hinder grieving workers in their recovery.
- Consider support groups to assist with healing.
- Celebrate getting back to a "normal" schedule while remaining flexible for those who need it.

**Long-Term Recovery**

The recovery phase will be an extension of on-going mental health response. The planning framework out-lined in the Department of Mental Health Community Mental Health Response Plan for disaster events is the *Missouri Model For Mental Health Response and Recovery After A Public Health Event* matrix available at: <http://dmh.mo.gov/disaster/plans.htm>. This document is intended to provide a procedural approach to managing the mental health response throughout a pandemic. Specific activities for the recovery phase include but are not limited to:

- Re-establishing pre-event functional abilities and a new "norm" for post-pandemic social behaviors.
- Helping families and individuals cope with traumatic grief issues.
- Adjustment to family reconfiguration and adjustment due to death, disability and economic difficulties.
- Community activities that promote social cohesion and unity such as recognition and appreciation rituals and memorials, community "self-help" activities and partnerships that strengthen mutual and natural support efforts, and "anniversary" events to assist individuals and communities to move forward in their recovery.
- Resilience development strategies that promote individuals and communities efficacy.
- Resource development for long term mental health services and supports for large numbers of individuals dealing with emotional recovery such as depression, substance abuse, anxiety, and Post Traumatic Stress Disorder (PTSD).

# Attachments

- A. Public Health and Individual Intervention Strategies Matrix
- B. Content of Training
- C. Current Status of Resources

***Attachment A:***  
***Public Health and Individual Intervention Strategies***

The following chart summarizes both public health and individual intervention strategies to support communities and individuals coping with a pandemic disease outbreak. This framework provides a roadmap for the oversight, management and coordination of public mental health efforts in a pandemic outbreak.

	<b>PUBLIC HEALTH</b>	<b>INDIVIDUAL</b>
<b>PROMOTE SENSE OF SAFETY</b>	<ul style="list-style-type: none"> <li>▪ Establish which environments are safest.</li> <li>▪ Educate people how to make their own surroundings safe</li> <li>▪ Provide an accurate, organized public voice to help circumscribe threat</li> <li>▪ Inform the media to convey safety and resilience rather than imminent threat</li> <li>▪ Encourage individuals to limit media exposure               <ul style="list-style-type: none"> <li>○ Recommend limiting time talking about trauma if anxious and depressed</li> <li>○ Educate parents regarding limiting and monitoring news exposure for children</li> </ul> </li> </ul>	<p><i>Goals</i></p> <ul style="list-style-type: none"> <li>▪ Make choices between safe and unsafe activities, environments</li> <li>▪ Increase sense of safety. Incorporate skills for “new normal” to maintain changes in behavior and routines that are “safer”</li> </ul> <p><i>Techniques</i></p> <ul style="list-style-type: none"> <li>▪ Use of imagery techniques in natural settings</li> <li>▪ Use of techniques to help people keep their minds based in reality</li> <li>▪ Understand discrimination practices in the face of trauma</li> <li>▪ Develop awareness of trigger events</li> </ul>
<b>PROMOTE CALM</b>	<ul style="list-style-type: none"> <li>▪ Help people directly solve concerns</li> <li>▪ Give information about safety of family and friends and their status in terms of risk</li> <li>▪ Large-scale community outreach and psycho-education about the following topics               <ul style="list-style-type: none"> <li>○ Post-trauma reactions that are understandable and expectable</li> <li>○ Anxiety management techniques for common post-trauma problems</li> <li>○ Signs of severe dysfunction</li> <li>○ Limiting media exposure for those with mid-level problems of anxiety</li> <li>○ Receiving brief news reports from a friend or family member, for those with more severe emotionality</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Therapeutic grounding (for those re-experiencing symptoms) such as “you are in a safe environment now”</li> <li>▪ Breathing retraining</li> <li>▪ Deep muscle relaxation</li> <li>▪ Understanding stress reactions to reduce anxiety associated with reactions</li> <li>▪ Stress management training</li> <li>▪ Cognitive reframing – changing focus, sense of time, thoughts and beliefs to change to positive actions</li> </ul>
<b>PROMOTE SELF AND COMMUNITY EFFECTIVENESS</b>	<ul style="list-style-type: none"> <li>▪ Provide people with outside resources</li> <li>▪ Create a way to manage and orchestrate people’s resources</li> <li>▪ As much as possible, involve victims in decision-making regarding policy</li> <li>▪ Promote activities that are implemented by the community such as               <ul style="list-style-type: none"> <li>○ Religious activities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Remind individuals of their strengths and skills</li> <li>▪ Encourage active coping</li> <li>▪ Enhance sense of control over traumatic stressors</li> <li>▪ Help to readjust expectations and goals</li> </ul>

	<b>PUBLIC HEALTH</b>	<b>INDIVIDUAL</b>
	<ul style="list-style-type: none"> <li>○ Meetings</li> <li>○ Rallies</li> <li>○ Collaboration with local healers</li> <li>○ The use of collective healing and mourning rituals</li> <li>▪ Foster competent communities that: <ul style="list-style-type: none"> <li>○ Encourage the well-being of citizens</li> <li>○ Provide safety</li> <li>○ Make material resources available for rebuilding and restoring order</li> <li>○ Share hope for the future</li> <li>○ Support families who are the main provider of mental health care after disasters</li> </ul> </li> <li>▪ Foster the perception that others are available to provide support, which: <ul style="list-style-type: none"> <li>○ Mitigates the perception of vulnerability</li> <li>○ Emboldens individuals to engage in adaptive activities they might otherwise see as risky</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Teach individuals to problem-solve and set achievable goals</li> </ul>
<b>PROMOTE SOCIAL CONNECTEDNESS</b>	<ul style="list-style-type: none"> <li>▪ Identify those who <ul style="list-style-type: none"> <li>○ Lack strong support</li> <li>○ Are likely to be more socially isolated</li> <li>○ Have a support system providing undermining messages</li> </ul> </li> <li>▪ Help individuals identify and link with loved ones</li> <li>▪ Increase the quantity, quality and frequency of supportive transactions</li> <li>▪ Address potential negative social influences (<i>i.e., mistrust, in-group/out-group dynamics, impatience with recovery, exhaustion, etc.</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Train people how to access support</li> <li>▪ Provide formalized support</li> <li>▪ Address discordance among family members</li> </ul>
<b>INSTILL HOPE</b>	<ul style="list-style-type: none"> <li>▪ Provide services to individuals to help them get their lives back in order</li> <li>▪ Develop advocacy programs to aid victims</li> <li>▪ Support rebuilding of local economies</li> <li>▪ Media, schools, and universities, and natural community leaders (e.g., churches, community centers) should help people to: <ul style="list-style-type: none"> <li>○ Link to resources</li> <li>○ Share experiences and hope</li> <li>○ Memorialize and make meaning</li> <li>○ Accept that life and everything around them may have changed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify, and concentrate on building strengths</li> <li>▪ Normalize responses</li> <li>▪ Indicate that most people recover spontaneously</li> <li>▪ Highlight already exhibited strengths and benefit-finding</li> <li>▪ Manage extreme avoidance behavior</li> <li>▪ Develop awareness to reduce self-defeating self statements</li> <li>▪ Discourage risk taking behaviors</li> <li>▪ Encourage positive coping behaviors</li> <li>▪ Encourage appreciation and recognition for family “heroes”</li> <li>▪ Encourage short &amp; long term goal-setting</li> </ul>

## **I. Preparedness and Planning**

This will be the most intense period of training to prepare various audiences for the emotional, behavioral, cognitive, and spiritual consequences of a pandemic event.

### **Training Content – All Audiences:**

- Human behavior and reactions to public health emergencies and containment measures.
- Planning for surges in demand in high emotion circumstances.
- Risk communication principles and skills especially related to “tipping points” that might lead to social disruption or unrest.
- Psychological first aid skills (including trauma-informed assessments) with attention to grief and bereavement issues.
- Referral indicators, strategies, and contact information.
- Stress management and self-care.
- Fact sheets to disseminate regarding stress, grief, coping in public health emergency.

### **Additional Content for Target Audiences**

*Target Audience Content: Public Health, Other Health and Mental Health Care Workers (public and private sector) and Hotline Workers*

- Systemic interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices.
- Importance of sharing psycho-education and resource materials.
- Strategies and best practices in pandemic.

*Target Audience Content: Emergency Responders, Coroners, Medical Examiners and Funeral Directors*

- Systemic and individualized interventions to promote safety, calm, confidence, connectedness and hope in the context of traumatic grief and loss.
- Need to accommodate religious and cultural preferences to extent possible and advance planning with community.

*Target Audience Content: General Public and Populations with Access and Functional Needs—including culturally diverse groups*

- Resilience.
- Familiarity with behaviors that promote safety in contagious disease.
- Preparedness and planning for social distancing and containment measures such as shelter-in-place, quarantine and school closures.

*Target Audience Content: Schools*

- Fact sheet resources for children and caregivers to educate regarding stress reactions, self-care, etc. consistent with guidance described in best practices.
- Mental health referral agreements.
- School preparedness flu planning guidance.

- Plans for continuity of education.
- Strategies for maintaining friendships while practicing social distancing.
- Encouraging healthy use of electronic networking with parental involvement.

*Target Audience Content: Faith-Based Leaders and Communities*

- Unique role of faith communities in mass fatality scenario.
- Identifying and working with at-risk populations.

*Target Audience Content: Civic/Service Organizations (volunteers, care-givers and natural helpers)*

- Volunteer role in assuring accurate and consistent information is communicated.
- Identifying and working with at-risk populations.

*Target Audience Content: Large Employers and Human Resource Professionals*

- Mental health referral and Employee Assistance Program (EAP) agreements.
- Workplace preparedness.
- Human resource policies regarding sick leave, family leave, etc.

*Target Audience Content: Government Leaders, Public Officials and Public Information Officers*

- Systemic interventions to promote safety, calm, confidence, connectedness and hope consistent with best practices in previous section.

## II. Pandemic

Training content would depend on the seriousness and spread of the pandemic based on Missouri surveillance. The following content areas are suggestive of some issues that may need to be addressed within training for various audiences. Training may need to be provided during this period through webinars, telecasts, etc. to decrease and prevent exposure.

### **Training Content – All Audiences:**

- Public education that promotes safety, calm, self-efficiency, connectedness and social cohesion, and hope.
- Psychological first aid skills (including trauma-informed assessments) with attention to grief and bereavement issues and mass fatality scenarios.
- Paper and electronic resource brochures and fact sheets related to stress, grief, etc.
- Referral inventory of phone numbers (voice and fax) for additional mental health needs and referral form for ease of referral and follow-through.
- Accurate, up-to-date social media sites.
- Self-care and peer care training and fact sheets.

*Target Audience Content: Health Care Workers*

- Strategies to manage surge demand and mitigate panic and disruption for managing highly distressed individuals and minimizing further exposure to trauma.
- Psychological first aid assessments and skills checklists including guidelines for death notifications.

*Target Audience Content: Mental Health Workers – including public and private sector*

- Mental health intervention strategies and best practices in pandemic as described in previous section such as cognitive behavior therapy, exposure management and desensitization techniques, etc.

*Target Audience Content: Public Health*

- Risk communications tools, prepared scripts and public education materials to instruct the public from both physical and emotional perspectives on how to promote safety, calm, confidence, connectedness and hope.
- Dissemination of public education materials that integrate resilience and mental health strategies including website addresses.
- Activation of pre-planned EAP strategies including resource lines for public health workers facing increased demand.

*Target Audience Content: Emergency Responders, Human Service Organizations, Civic and Service Organizations, including volunteers, caregivers and natural helpers*

- Self-care fact sheets, checklists and buddy-forms for peer care.
- Activation of pre-planned EAP strategies including resource lines to handle increased demand.
- Rumor control hotline.

*Target Audience Content: Large Employers and Human Resource Professionals*

- Checklists for changes to workplace environment and policies.
- Rumor control hotline and consideration of positive, accurate use of social media.
- Activation of pre-planned EAP resource lines.

*Target Audience Content: Government Leaders, Public Officials and Public Information Officers*

- Risk communication checklists and toolkits.
- Prepared scripts and public education materials to promote safety, calm, confidence, connectedness and hope.
- Checklist of tipping points that indicate potential for social unrest or panic.

*Target Audience Content: Coroners, Medical Examiners and Funeral Directors*

- Mental health guidelines for death notifications.
- Activation of pre-planned EAP resources and information lines.

*Target Audience Content: Schools*

- Checklist of school continuity activities that incorporate strategies to promote safety, calm, confidence, connectedness and hope.
- Activation of pre-planned resource lines for handling increased stress of school personnel.

*Target Audience Content: Faith-Based Leaders and Communities*

- Checklists of faith-based activities, rituals and traditions that promote safety, calm, confidence, connectedness and hope.
- Rumor control hotline.

### III. *Recovery Period*

The following content areas have been identified for the pandemic recovery periods.

#### **Training Content – All Audiences:**

- Trauma informed mental health assessments including checklists of at-risk populations and characteristics.
- Suicide risk information and suicide prevention strategies with contact lists and resources.
- Paper and electronic resource brochures and fact sheets.
- Referral numbers (voice and fax) for specialized mental health needs and referral form.
- Resilience building checklists and recommendations for self-care, peer care and supervisors.

#### *Target Audience Content: Health Care Workers*

- Best practice guidelines for referral and treatment of chronic stress and mental health conditions associated with trauma (depression, anxiety, post traumatic stress disorder (PTSD), etc.) as well as traumatic grief recovery.

#### *Target Audience Content: Mental Health Workers – including public and private sector*

- Consultation checklists to advise organizations regarding systemic level interventions to promote recovery and hope.
- Guidelines for referral and treatment of chronic stress and mental health conditions associated with trauma (depression, anxiety, PTSD, etc.).

#### *Target Audience Content: Public Health*

- Mental health indicators to monitor that are predictive of chronic public health needs.
- Research participation guidance and contact lists for public health workers and clientele.

#### *Target Audience Content: Emergency Responders Coroners, Medical Examiners and Funeral Directors*

- Continued Employee Assistance Program or other insurance program access giving special attention to at-risk responder groups (younger, other losses, etc.), substance abuse and relapse prevention, and family systems.
- Self-care fact sheets, checklists and buddy-forms for peer care.
- Activation of pre-planned EAP strategies resource lines.

#### *Target Audience Content: General Public*

- Public education that promotes connectedness and social cohesion, establishing new normal (including reconfigured families), addressing survivor guilt, “trigger events”, and hope.

#### *Target Audience Content: Human Service Agencies Active in Recovery, Civic and Service Organizations – including volunteers, caregivers and natural helpers*

- Paper and electronic resource brochures and fact sheets related to recovery including domestic violence and substance abuse.
- Referral numbers (voice and fax) for specialized mental health needs.

*Target Audience Content: Large Employers and Human Resource Professionals*

- Checklists for changes to workplace environment and policies.
- Activation of pre-planned EAP resource lines.

*Target Audience Content: Government Leaders, Public Officials and Public Information Officers*

- Risk communication checklists and toolkits.
- Prepared scripts and public education materials to instruct the public from both physical and emotional perspectives about promoting safety, calm, confidence, connectedness and hope.
- Checklist of tipping points that indicate potential for social unrest or panic.

*Target Audience Content: Schools*

- Checklist developed as part of the Mental Health Annex in the Missouri Emergency Response Information Plan for schools, for recognition activities and strategies to promote safety, calm, confidence, connectedness, hope and sensitivity for survivors and remembrance for students and staff who died.
- Activation of pre-planned EAP resource lines.

*Target Audience Content: Faith-Based Leaders and Communities*

- Checklists of faith-based activities, rituals and traditions that promote safety, calm, confidence, connectedness and hope.

## Attachment C: *Current Status of Resources*

### **Plans:**

*Department of Mental Health Emergency Operations Plan:* This plan addresses the outreach to communities after a disaster or terrorism event. This Pandemic Influenza Plan-Mental Health is an appendix to the Emergency Operations Plan (EOP).

### **Training curriculums developed in coordination with the Missouri Department of Mental Health and St. Louis University Heartland Centers include**

- Disasters and Mental Health: A Basic Approach for Health Care Workers.
- Disasters and Mental Health: A Basic Approach for Schools.  
(*These curriculums include considerations for infectious disease.*)

### **Training curriculums developed by the Missouri Department of Mental Health**

- Disasters and Mental Health: A Basic Approach for Faith Communities.
- Psychological First Aid (PFA). Includes portions of the above curriculums plus the 8 principles of PFA. 6 hour curriculum plus a 1.5 hour introduction used at conferences.  
(Portions of this training are based on the manual *Second Edition of Psychological First Aid Field Operations Guide.*)

### **At-Risk Population: Presentations developed**

- Training on PFA for Federally Qualified Health Centers (FQHC) and long term assisted living (1.5 hr. presentation).
- Responding to Children with Special Considerations (1 hr presentation for Emergency responders).
- Children in Disasters: How Children Cope and How Responders Can Help (1 hr presentation).
- The Flu and You: An educational presentation for individuals with Developmental Disabilities and their support systems, by Kim Stock, DMH Division of Developmental Disabilities.

### **Other Tools**

#### Schools

- Mental Health Annex as part of Emergency Response and Information Plan (ERIP) on web: <https://erip.dps.mo.gov/> includes planning for pandemic.
- Checklist Appendix 9: Pandemic Influenza School Crisis Plan Checklist, a part of the ERIP mental health annex.

#### Health Care

- DMH developed planning document: *Hospital Preparedness Plans, Recommended Mental Health Components Annotated Outline: Mental Health and Behavioral Concerns in Emergencies*. Shared with the Missouri Hospital Association for distribution.
- DMH also developed a presentation entitled *Behavioral Health Emergency Planning for Hospitals and Regions*, presented at the DHSS Annual Public Health Conference in 2007.
- *Mental Health issues in Palliative Pandemic Planning*, a PowerPoint presentation for the Palliative Care Sub-committee of the Alternative Standards Committee.

## Faith Communities

- A Checklist for Planning for the Emotional and Supportive needs of Your Faith Community during a Pandemic Influenza.
- Behavioral Health Emergency Plan Template for Healthcare Agencies, 2011.

## **Communication:**

- *Missouri Department of Mental Health Disaster Communications Guidebook; Preparedness and Public Education: Response and Recovery Planning for Public Leaders and Spokespersons with new Pandemic Flu Section* (revised December 2007). Provides emotional well-being messages by audience and event. Named promising practice by Center for Infectious Disease Research and Policy (CIDRAP).
- *Missouri Department of Mental Health Pandemic Communications Guidebook; Preparedness and Public Education: Response and Recovery Planning for Public Leaders and Spokespersons* (December 2007). A stand-alone guidebook with pre-event messages, event and recovery communications.
- Draft: (Palliative Care) *Emotional Preparedness: Messages to Address Comfort Care in the Home* (August, 2009).

## **Workforce Materials:**

- The Disaster Mental Health courses offered to various audiences including health and mental health include a component on “Self-Care – Peer-Care.”
- *When Death and Dying Challenges our Response and Recovery: A Grief Seminar for Health Care Professionals* is a PowerPoint presentation intended to help supervisors understand the grieving process, some of the issues that workers will likely experience during a serious event that causes many deaths, how to provide support, and how to take care of themselves.
- Training for providers is developed, entitled *Community Providers, Pandemic Flu Planning* and presented to various provider groups to address continuity planning.
- Competencies for disaster mental health workers are listed on the DMH website <http://dmh.mo.gov/disaster/plans.htm>
- Refer state workers to the State Employee Assistance Program <https://www.magellanassist.com/default.aspx>.
- Educational tips brochures including *H1N1 Influenza A: Caring for Yourself and Your Co-Workers*. (This brochure is adaptable to other strains of influenza.)
- *Behavioral Health Emergency Plan Template for Healthcare Agencies, 2011*.

## **Brochures and Tip Sheets**

Various brochures have been developed that address coping in a pandemic including:

- *Pandemic Flu, A Behavioral Health Guide*.
- *H1N1 Influenza A: A Stress Management Guide* (English and Spanish).
- *Coping with Grief and Loss (adapted)*.

Other brochures: provide information about stress reactions and provide recommendations for coping:

- *Emotional First Aid for Children* (by developmental level).
- *Emotional First Aid for Adults*.
- *TIPS for First Responders* – when responding to persons with access and functional needs.

- Coping fact sheets for various audiences: children, adults, older adults, individuals with access and functional needs, first responders, etc.



# Pandemic Influenza Plan – Public Communications

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For more information contact: Brian Quinn, Public Information Administrator, CERT at [Brian.Quinn@health.mo.gov](mailto:Brian.Quinn@health.mo.gov) or at 573-526-4768

## PURPOSE

The Missouri Department of Health and Senior Services (DHSS) public information staff will coordinate and deliver public health and risk assessment information during an influenza pandemic. To achieve this, DHSS public information staff will work closely with the State Emergency Management Agency's (SEMA) public information staff, other state agency public information officers and with local public health agencies (LPHAs).

Overall objectives:

- To help protect the health and well being of Missourians by providing information that is accurate, timely and pertinent.
- To ensure informed, prudent public action.
- To meet the needs of the news media.
- To coordinate with other agencies involved in responding to the pandemic and providing information to the public.

## EMERGENCY RESPONSIBILITIES

The Public Information Team includes:

- Chief, Office of Public Information (OPI).
- Public Information Administrator (OPI; Coordinates emergency public information planning activities in the Center for Emergency Response and Terrorism [CERT]).
- Five Public Information Coordinators (OPI).
- One video production specialist (OPI).
- Health and Senior Services Manager-B1 (OPI; Coordinates health marketing activities in the Division of Community and Public Health).
- Office support staff in OPI and CERT.

The lead DHSS public information officer (Lead PIO) will be designated by DHSS leadership and emergency response command staff based on PIO availability. The Lead PIO will work in coordination with other state and federal officials, and will:

1. Use the news media and various other communication systems (e.g., social media) to inform and instruct individuals, families, businesses and industries about health and medical factors involved in the influenza pandemic.
  - a. Fact sheets, key messages and other resources, which can be used in preparing pandemic-related information, will be maintained by the CERT Public Information Administrator.
  - b. The lead PIO will ensure that DHSS uses its web site to provide important health and safety information for targeted groups. Groups will include the general public, health care providers, first responders, school officials, child care providers, business leaders, nursing home staff and residents and at-risk populations. Information posted on the site will include news releases, fact sheets, advice on how to limit the spread of influenza and other pertinent health information.

- c. The lead PIO will coordinate with LPHAs and PIOs from other state and federal agencies to ensure that consistent messages are delivered.
    - ❖ Public information team members will provide support to the DHSS Public Health Nurse Emergency Response Hotline.
    - ❖ The Public Health Nurse Emergency Response Hotline Coordinator is point of contact and will oversee hotline staffing and operations.
  - d. For further information on hotline operations, see the Emergency Response Communications Plan available at the Public Information workstation in the O:\###\_DSR Work Stations\_###\DSR Public Info\EMERGENCY Public Information\DHSS\_Communications\_Plan\06. Hotline  
All messages and other public information activities will be coordinated with the State Emergency Operations Center (SEOC) Joint Information Center (JIC), if and when it is activated, according to Incident Command System (ICS) protocol.
2. Ensure the accuracy, timeliness and appropriateness of all health and medical information before being released to the media.
  3. Respond to and record requests for health or medical information from the SEOC JIC and/or other emergency response partners as appropriate.
  4. Assist SEOC JIC as requested.
  5. Update DHSS staff and LPHAs, including the LPHA PIOs, with messages released to the media.
  6. Update the DHSS director or designee regularly and/or as requested on public information activities.
  7. Maintain a list of spokespersons and subject matter experts from DHSS and other stakeholders and make this list available to the SEOC JIC or other emergency response partners as appropriate. (A list of potential spokespersons is included as Attachment A.)

## **STANDARD OPERATING PROCEDURES**

1. Primary Public Information Responsibility:
  - a. The CERT Public Information Administrator works with OPI chief or designated Lead PIO to make staffing decisions (including shifts and locations) for PIOs assigned to the DHSS EOC and to the SEOC JIC, based on staff availability.
2. Staff Assignments:
  - a. According to established DHSS emergency response plans and protocols, DHSS PIOs are trained to serve on emergency response teams in the DHSS EOC (in the Public Information Section) and/or at the SEOC JIC. Each PIO has been pre-assigned to either a DHSS EOC or SEOC JIC team and will report to their assigned location as directed and based on his/her availability.
  - b. The DHSS Lead PIO and/or the OPI chief may also deploy members of the public information staff to obtain, evaluate and coordinate available data and information at other locations including (but not limited to):
    - ❖ Strategic National Stockpile (SNS) distribution or dispensing sites.
    - ❖ Regional or district offices and/or the site of the bioterrorism event.
    - ❖ The need for clerical support will be evaluated and assignments made accordingly.
3. The DHSS Lead PIO will offer support to affected LPHAs. If possible, the state will provide a PIO to be on-site at the LPHA.

4. The Lead PIO will designate staff for the SEOC, as well as any other JIC that may be established during emergency response operations.
5. The Lead PIO or the public information designee will participate in all briefings and daily staff updates.
6. Public Information "Go-kits"
  - a. During an influenza pandemic, it may be necessary for members of the Public Information Team to work from home. Laptops and go-kits are available to continue operations off-site.
  - b. For additional details on the go-kits, refer to the DHSS Emergency Response and Terrorism Plan, Annex K.1.6.
7. Public Information Distribution (news releases, public health statements, fact sheets).
  - a. As necessary and appropriate, DHSS EOC public information staff will draft news releases and other public health information using information provided by program staff, verify the information provided and obtain all necessary approvals. Approval for all outgoing public information must be obtained from the DHSS director, the director's designee, the DHSS EOC Branch Manager or the DHSS OPI chief or designee. See Attachment B for a Message Development Worksheet for Emergency Communication.
  - b. Staff will ensure that messages provided to the public are consistent, coordinated and timely and shared with appropriate state and local partner agencies. If the SEOC JIC is activated, all public information will be sent to the JIC for final coordination, approval and release. The Lead PIO will determine the distribution procedures that best fit the situation. The DHSS OPI maintains the following lists:
    - ❖ Major media (50).
      - All media.
      - Regional Media. In the rare case that a news release would be sent only to a certain region of the states, a list of regional media can be extracted from the All Media list.
      - Pandemic Influenza stakeholder comprehensive media list.
  - c. Completed news releases will be posted on the DHSS web site with the assistance of the technology staff in the Office of Administration, ITSD. The Web site staff is available through a call-down list 24 hours a day, seven days a week.
  - d. News releases will be distributed to the Governor's Office, SEMA, LPHAs, partner agencies, appropriate DHSS staff, lawmakers and others, as applicable.

#### **MESSAGE COORDINATION FORUM**

- Mental Health Key Messages. Hard copy available at Public Information workstation in DSR or on the Missouri Department of Mental Health's website at: <http://dmh.mo.gov/disaster/factsheets.htm>.
- LPHAs and stakeholders will be notified that the web page is a resource for media inquiries.
- The DHSS Public Information Team will ensure that messages are kept up-to-date and will contact Pandemic Influenza stakeholders for updated messages.
- A web page will be created with messages regarding emotional and mental health aspects of an influenza pandemic. A link to that page will be made available on the DHSS main influenza web page.

1. Public Information Activities Status.
  - a. According to current DHSS media relations policy, all incoming media calls will be referred to/through the OPI for Department response. If necessary, DHSS PIOs and additional support staff will be requested by the OPI chief or designee to assist with addressing media calls and requests. In the absence of the OPI chief, the designated Lead PIO will work closely with the DHSS Director's Office, State Lead PIO and/or Governor's Office to develop and approve appropriate media responses and public messages.
  - b. If the SEOC JIC is activated, all media calls will be referred to the JIC according to established protocols and in coordination with the OPI. The DHSS EOC Public Information Section will assist with media relations as requested by the SEMA JIC.
  - c. During an emergency, the public information staff or support staff will ensure that all e-mail messages received through the DHSS web site are answered.
2. DHSS Emergency Operations Center (EOC).
  - a. The DHSS EOC Public Information Team leader will coordinate, in consultation with the OPI chief and/or DHSS Lead PIO, schedules and manage continuity of Public Information Section activities.
  - b. Each EOC team member will keep record of activities during shifts worked, according to current EOC protocol and as directed by the EOC Branch Manager.
  - c. All additions to the emergency web pages will be routed through the lead PIO or designee for review before submitting to the web site managers.
3. News Conferences.
  - a. All media requests will be referred to the SEOC JIC and any contact with the media will be in close coordination with the JIC. If deemed necessary/appropriate and approved by the SEOC JIC and/or Governor's Office, a news conference may be scheduled and held on the DHSS campus. A DHSS conference room in the 930 Wildwood building has been designated as a news conference site for use during emergencies. A podium, backdrop and additional microphones will be available.
4. Web site.
  - a. News releases, fact sheets, health alerts and other pertinent health information will be posted on the DHSS web site in a timely basis.
  - b. During an emergency, DHSS staff will be reassigned duties to respond to e-mail received through the DHSS web site and to monitor residents' concerns and questions. All uploads to the DHSS web site during an emergency situation will be routed through the OPI and after hours through the DHSS EOC Public Information Section. When the EOC is activated, the Community Management workstation may be using a special LPHA emergency web page. The Public Information Section will review any DHSS information for posting to this web page and then forward to the web site staff. This will ensure consistency with the department's web page. The Community Management workstation will monitor the web page and answer questions from the LPHAs. Only information that does not require immediate response will be posted to the LPHA emergency web page.
  - d. Web site templates have been developed by the ITSD staff and are ready to use during an emergency.

5. Translations.
  - a. DHSS will use the Missouri statewide contract for translating messages and materials into other languages.
    - More information on the translation contract is available in the Emergency Response Communications Plan Chapter 9 or on the O Drive at O:\###\_DSR Work Stations\_###\DSR Public Info\EMERGENCY Public Information\DHSS\_Communications\_Plan\09. Translation
  - b. The web site will provide links to basic information in other languages, providing the information is from a credible source, such as the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and other states' health departments. The Public Information Team will be responsible for ensuring that the messages are consistent with policies adopted by the DHSS director and the Office of the Governor.
  - c. For phone calls, the DSR Duty Officer will transfer non-English speaking residents to LanguageLine. See the DSR Procedures Manual for details.
  - d. The top five languages spoken in Missouri: 1. Spanish; 2. Bosnian; 3. Korean; 4. Vietnamese; and 5 Somali. Information for specific language needs in metropolitan areas should be coordinated with appropriate LPHA PIOs.
  - e. General fact sheets on what to do before, during or after an emergency are available in Spanish, Bosnian, Vietnamese, Korean and Somali on the DHSS web site <http://www.health.mo.gov/emergencies/readyin3/factsheets.php>.
  - f. The *Ready in 3 Family Safety Guide and Preparing for Pandemic Flu: A Community Guide* booklets are available in Spanish, Bosnian and Braille. The emergency threats brochure is printed in Spanish. <http://www.health.mo.gov/emergencies/panflu/pangen.php>.
  - g. A video aimed at motivating Missourians who use American Sign Language to prepare in advance for emergency situations is available in DVD and VHS format. <http://health.mo.gov/emergencies/readyin3/videos.php>.
6. Hotline Activation
  - a. The DHSS EOC coordinator will be authorized to activate the expanded volunteer hotline (800-392-0272) and to call in additional volunteers. Additional phone lines are set up in the ITSD training room, 920 Wildwood, and the Wild Hawthorn Conference Room, 912 Wildwood, for immediate use.
  - b. Hotline messages will be developed by OPI and then approved by the DHSS director, the director's designee, the DHSS EOC Branch Manager or the DHSS Lead PIO. The messages and scripts will be coordinated through the PIOs supporting the hotline.
  - c. The messages and scripts will also be provided to the staff of the Family Care Safety Registry and the Central Registry Unit - also known as the Elderly Abuse and Neglect hotline - who will be assisting with hotline calls.
  - d. The hotline staff will follow the scripts provided, maintain registry of calls and refer questions to the hotline's Duty Officer or PIO. Calls will be triaged and those inquiries that require specific medical or health-related answers will be forwarded to the DHSS Public Health Nurse Emergency Response Hotline staff.
  - e. Nurse hotline staff will coordinate with the EOC to handle citizens' medical questions.

- f. More details about the hotline are available in the Emergency Response Communication Plan and on the O drive at O:\CERT\DSR Public Info\EMERGENCY Public Information\DHSS Communications Plan\06. Hotline
- 7. Emergency Alert System (EAS).
  - a. SEMA has a system in place to broadcast messages through the Emergency Alert System (EAS). DHSS will work with SEMA Communications Section, 573-526-9201.
- 8. Health Alerts.
  - a. A health alert template can be found at O:\Health Alert TEMPLATES.
  - b. A file of health alerts that have been issued can be found at I:\CPHDivision\CERT\DSR\Health Alerts Sent from CERT\, on the DHSS web site at <http://health.mo.gov/emergencies/ert/alertsadvories/archive.php> or in a folder on the metal bookcase at the DSR Coordinator's workstation.

**Pandemic Influenza Resources**

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**Latest Information/Internet Resources**

Title	Source	Address
Latest Information on the Pandemic Flu	Office of the Governor	<a href="http://www.mo.gov">www.mo.gov</a>
	Missouri Department of Health and Senior Services	<a href="http://www.health.mo.gov/">http://www.health.mo.gov/</a>
Novel Pandemic Flu	Centers for Disease Control and Prevention	<a href="http://www.cdc.gov/">http://www.cdc.gov/</a>
Influenza (gripe porcina)	Centers for Disease Control and Prevention	<a href="http://www.cdc.gov/espanol/">http://www.cdc.gov/espanol/</a>
Flu.gov	U.S. Department of Health and Human Services	<a href="http://www.pandemicflu.gov/">http://www.pandemicflu.gov/</a>
Pandemic Influenza Information	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/pangen.php">http://health.mo.gov/emergencies/panflu/pangen.php</a>
		<a href="http://www.flu.gov/individualfamily/about/pandemic/index.html">http://www.flu.gov/individualfamily/about/pandemic/index.html</a>
Emergency Response and Terrorism	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/ert/index.php">http://health.mo.gov/emergencies/ert/index.php</a>
Pandemic	World Health Organization	<a href="http://www.who.int/csr/disease/influenza/en/index.html">http://www.who.int/csr/disease/influenza/en/index.html</a>
Pandemic Influenza Information for Medical Professionals	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/panflu.php">http://health.mo.gov/emergencies/panflu/panflu.php</a>

<b>Title</b>	<b>Source</b>	<b>Address</b>
Pandemic Influenza Information for Planners	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/panflu.php">http://health.mo.gov/emergencies/panflu/panflu.php</a>
Pandemic Influenza Information for Business	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/panbusiness.php">http://health.mo.gov/emergencies/panflu/panbusiness.php</a>
Community Planning	U.S. Department of Health and Human Services	<a href="http://www.pandemicflu.gov/professional/community/">http://www.pandemicflu.gov/professional/community/</a>
Health Care Planning	U.S. Department of Health and Human Services	<a href="http://www.pandemicflu.gov/professional/hospital/">http://www.pandemicflu.gov/professional/hospital/</a>
School Planning	U.S. Department of Health and Human Services	<a href="http://www.pandemicflu.gov/professional/school/">http://www.pandemicflu.gov/professional/school/</a>
State and Local Government Planning and Response Activities	U.S. Department of Health and Human Services	<a href="http://www.pandemicflu.gov/professional/states/">http://www.pandemicflu.gov/professional/states/</a>
“Whack the Flu” Prevention Campaign	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/living/healthcondiseases/communicable/influenza/whack/index.php">http://health.mo.gov/living/healthcondiseases/communicable/influenza/whack/index.php</a>

### Printed Materials & Tools

<b>Title</b>	<b>Source</b>	<b>Address</b>
Preparing for Pandemic Flu: A Community Guide, English	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/pangen.php">http://health.mo.gov/emergencies/panflu/pangen.php</a> <a href="http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#english">http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#english</a>
Preparing for Pandemic Flu: A Community Guide, Spanish	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/pangen.php">http://health.mo.gov/emergencies/panflu/pangen.php</a> <a href="http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#spanish">http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#spanish</a>
Preparing for Pandemic Flu: A Community Guide, Bosnian	Missouri Department of Health and Senior Services	<a href="http://health.mo.gov/emergencies/panflu/pangen.php">http://health.mo.gov/emergencies/panflu/pangen.php</a> <a href="http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#bosnian">http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#bosnian</a>
Preparing for Pandemic Flu: A Community Guide, Braille	Missouri Department of Health and Senior Services	<a href="http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#braille">http://www.health.mo.gov/emergencies/readyn3/mainreadyform.php#braille</a>

**DHSS and Stakeholders Spokespersons for Pandemic Influenza**

<b>Agency</b>	<b>Spokesperson / Backup</b>	<b>Title/Area of Expertise</b>	<b>Phone</b>	<b>Fax</b>	<b>Email</b>
Department of Health and Senior Services	Gena Terlizzi	Chief, Office of Public Information	573-751-6062	573-751-6041	<a href="mailto:gena.terlizza@health.mo.gov">gena.terlizza@health.mo.gov</a>
	Brian Quinn	Public Information Administrator	573-526-4768	573-522-8636	<a href="mailto:brian.quinn@health.mo.gov">brian.quinn@health.mo.gov</a>
	Eddie Hedrick	Emerging Infections Coordinator	573-882-9881	573-882-6713	<a href="mailto:eddie.hedrick@health.mo.gov">eddie.hedrick@health.mo.gov</a>
	Aaron Winslow	Emergency Response Coordinator	417-895-6920	417-895-6975	<a href="mailto:aaron.winslow@health.mo.gov">aaron.winslow@health.mo.gov</a>
Department of Public Safety/State Emergency Management Agency	Mike O'Connell	Director of Communications	573-751-4819		<a href="mailto:Mike.oconnell@dps.mo.gov">Mike.oconnell@dps.mo.gov</a>
Dept. of Agriculture	Misti Preston	Communications Director	573-751-8596	573-751-5002	<a href="mailto:Misti.preston@mda.mo.gov">Misti.preston@mda.mo.gov</a>
Dept. of Conservation	Dave Graber	Avian Influenza Coordinator	573-882-9909 x3243	573-751-2260	<a href="mailto:david.graber@mdc.mo.gov">david.graber@mdc.mo.gov</a>
	Mike Roell	Resource Science Supervisor	573-882-9909 x3262	573-882-4517	<a href="mailto:Mike.roell@mdc.mo.gov">Mike.roell@mdc.mo.gov</a>
Missouri Hospital Association	Dave Dillon	Vice President of Media Relations	573-893-3700 x1311	573-893-2809	<a href="mailto:ddillon@mail.mhanet.com">ddillon@mail.mhanet.com</a>
	Mary Becker	Senior Vice President, Media Relations	573-893-3700 x1309	573-893-2809	<a href="mailto:mbecker@mail.mhanet.com">mbecker@mail.mhanet.com</a>
American Red Cross		State Relations Representative	573-635-1132 or	573-635-8621	<a href="mailto:@redvross-capitalarea.org">@redvross-capitalarea.org</a>
	Larry Ketelhut	Emergency	573-635-	573-635-	<a href="mailto:llkarc@redcross-">llkarc@redcross-</a>

Agency	Spokesperson / Backup	Title/Area of Expertise	Phone	Fax	Email
		Services Director	1132	8621	<a href="http://capitalarea.org">capitalarea.org</a>
Dept. of Elementary and Secondary Education	Michele Clark	Communications Coordinator	573-751-3469	573-751-8613	<a href="mailto:michele.clark@dese.mo.gov">michele.clark@dese.mo.gov</a>
Missouri Chamber of Commerce	Karen Buschmann	VP of Communications	573-634-3511	573-634-8855	<a href="mailto:kbuschmann@mochamber.com">kbuschmann@mochamber.com</a>
	Dan Mehan	President and CEO	573-634-3511	573-634-8855	<a href="mailto:dmehan@mochamber.com">dmehan@mochamber.com</a>
Local Public Health Agencies	Contact your Local Public Health Agency				Directory of LPHAs can be found at <a href="http://health.mo.gov/living/lpha/lphas.php">http://health.mo.gov/living/lpha/lphas.php</a>

**Message Development Worksheet for Emergency Communication**

First, consider the following:

Audience:	Purpose of Message:	Method of delivery:
<input type="checkbox"/> Relationship to event <input type="checkbox"/> Demographics (age, language, education, culture) <input type="checkbox"/> Level of outrage (based on risk principles)	<input type="checkbox"/> Give facts/update <input type="checkbox"/> Rally to action <input type="checkbox"/> Clarify event status <input type="checkbox"/> Address rumors <input type="checkbox"/> Satisfy media requests	<input type="checkbox"/> Print media release <input type="checkbox"/> Web release <input type="checkbox"/> Through spokesperson (TV or in-person appearance) <input type="checkbox"/> Radio <input type="checkbox"/> Other (e.g., recorded phone message)

**Six Basic Emergency Message Components:**

Expression of empathy:

\_\_\_\_\_

1. Clarifying Facts/Call for Action:

Who \_\_\_\_\_

What \_\_\_\_\_

Where \_\_\_\_\_

When \_\_\_\_\_

Why \_\_\_\_\_

How \_\_\_\_\_

Add information on what residents should do or not do at this time \_\_\_\_\_

\_\_\_\_\_

2. What we don't know: \_\_\_\_\_

3. Process to get answers: \_\_\_\_\_

4. Statement of commitment: \_\_\_\_\_

6. Referrals: \_\_\_\_\_

For more information: \_\_\_\_\_

Next scheduled update: \_\_\_\_\_