



A Tradition of Stewardship
A Commitment to Service

Randolph F. Snowden
Director

Karen L. Smith, M.D., M.P.H.
Public Health Officer

2344 Old Sonoma Road
Building G
Napa, CA, 94559

PUBLIC HEALTH
DIVISION

**HHSA EMERGENCY OPERATIONS
PLAN (EOP) – ANNEX H**

**APPENDIX 2 - CRISIS EMERGENCY
RISK COMMUNICATION (CERC) PLAN**

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA)

August 2011

ACKNOWLEDGEMENTS AND SOURCES

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised August 2011

This plan is based on guidelines from the California Department of Public Health and experience from the 2009-2010 H1N1 pandemic response activation. Portions of the plan are excerpted from the H1N1 Public Information Plan written by Elizabeth Emmett, the County Public Information Officer. The plan was originally published in 2005 and updated in January 2009 and October 2010.

Procedures included in this plan are intended as guidelines for Public Health emergency response. Actual actions will vary depending on the requirements of the emergency and available resources.

PLAN APPROVAL

This plan has been reviewed and approved by the Napa County Health and Human Services Agency (HHSA) Director and Health Officer and is the official Pandemic Influenza Response Plan for the Napa County HHSA.

PLAN MAINTENANCE

Napa County Health and Human Services Agency is responsible for the maintenance, update, and dissemination of Annex H of the Napa County Emergency Operations Plan (Annex H). Working with the Napa County Office of Emergency Services (OES) and the County PIO, HHSA will evaluate the CERC Plan on an annual basis and modify the plan on the basis of changes in laws, regulations, and policies; changes in Federal or State systems or procedures; and after-action reports and lessons learned from major activations or exercises. Upon preparation of the revised Annex H, HHSA and OES will distribute the document to appropriate State and local partners.

RECORD OF CHANGES, UPDATES AND REVISIONS			
Plan Section and Page #.	Description of Change	Date	Signature
4.1 pg.8	On the communications matrix table added "Internal audiences" to Twitter and Facebook	7/15/2011	CMM
5.3 pg.16 Figure 3	Renamed figure "Communications Flow Chart"	7/15/2011	CMM
6.2 pg.27	Changed text to say "Calls Received by PHD Nurses, Provider Support Group" instead of "CD	7/15/2011	CMM

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised August 2011

Figure 5	Nurses”		
6.2.A pg.28	Clarified that the Provider Support group and Public Health Nurses would staff the Healthcare provider phone bank (not just PH CD Nurses)	7/15/2011	CMM
10 p.39	Added “HHSA Assistant Director” to Spokesperson list	7/15/2011	CMM
11 p.41	Removed Public Health Information Network (PHIN) because it is not a communication system	7/15/2011	CMM
N/A	Replaced words “special” or “at-risk” populations with “Functional and Access Needs” (FANs) populations per the FEMA definition	7/15/2011	CMM
N/A	Added WARN and Nixle as an emergency notification systems	7/15/2011	CMM

TABLE OF CONTENTS

1 INTRODUCTION 1

 1.1 CRISIS EMERGENCY AND RISK COMMUNICATION (CERC) PLAN ACTIVATION 1

 1.2 RISK COMMUNICATION AND PUBLIC INFORMATION GOALS 1

 1.3 PLANNING ASSUMPTIONS 2

 1.4 TRAINING AND EXERCISES 2

2 CRISIS COMMUNICATION RESPONSE COORDINATION 3

 2.1 PUBLIC INFORMATION RESPONSE ORGANIZATION 4

3 ROLES AND RESPONSIBILITIES 6

 3.1 HEALTH OFFICER 6

 3.2 NAPA COUNTY PUBLIC INFORMATION OFFICER (COUNTY PIO) 6

 3.3 PRODUCTION LEAD 7

 3.4 PROVIDER SUPPORT GROUP 7

 3.5 THE LIAISON OFFICER 7

4 RISK COMMUNICATION MEDIA AND OUTREACH 8

 4.1 MEDIA USED FOR OUTREACH 8

 4.2 COMMUNICATION WITH PARTNERS 8

 4.3 INTERNAL COMMUNICATIONS 9

 4.4 MESSAGES 9

 4.5 MESSAGE TIMING 10

 4.6 STATUS MEETINGS AND BRIEFINGS 11

 4.7 PIO PUBLIC INFORMATION WORK PLAN 11

 4.8 SAMPLE PUBLIC INFORMATION DISTRIBUTION BUDGET 13

 4.9 EVALUATION 13

5 RISK COMMUNICATION CONTENT PREPARATION, APPROVAL AND DISTRIBUTION 14

 5.1 APPROVAL OF RISK COMMUNICATION CONTENT 14

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised August 2011

5.2 CONTENT PREPARATION OVERVIEW..... 14

5.3 COMMUNICATIONS FLOW CHART..... 16

5.4 CONTENT PREPARATION RESPONSIBILITIES..... 16

 A. EOC County Public Information Officer 16

 B. Production Lead Responsibilities 17

 C. Provider Support Group Supervisor..... 18

 D. Situation Status Unit Leader 18

 E. Liaison Officer 18

5.5 COMMUNICATION WITH HEALTHCARE PROVIDERS 19

5.6 COMMUNICATION WITH HOSPITAL OFFICIALS 19

5.7 COMMUNICATION WITH SCHOOL DISTRICTS AND SCHOOL NURSES 20

5.8 POINT OF DISTRIBUTION (POD) SITE MEDIA POLICY 23

6 PUBLIC OUTREACH..... 24

 6.1 COMMUNITY AMPLIFIERS..... 24

 6.2 NAPA COUNTY PHONE BANK – EMERGENCY ACTIVATION 26

 A. Healthcare Provider Phone Bank..... 28

 B. General Public Phone Bank..... 28

 6.3 PUBLIC HEALTH DIVISION WEB SITE 29

 6.4 WEB SITE INFORMATION 30

 6.5 WEB SITE DEACTIVATION..... 30

 6.6 OUTREACH DURING ELECTRICAL OUTAGES..... 31

 6.7 FUNCTIONAL AND ACCESS NEEDS (FAN) POPULATIONS..... 31

7 TRANSLATION..... 32

 7.1 TRANSLATION PROCEDURES..... 33

 7.2 TRANSLATION USING THE LANGUAGE LINE 35

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised August 2011

8 JOINT INFORMATION CENTER (JIC) 36

9 HEALTH OFFICER ADVISORIES AND ALERTS 37

 9.1 ISSUING A HEALTH ALERT OR HEALTH ADVISORY 37

 9.2 CANCELLING A HEALTH ALERT OF HEALTH ADVISORY 37

 9.3 CONTENT OF HEALTH ADVISORIES AND HEALTH ALERTS 38

10 PUBLIC HEALTH DIVISION SPOKESPERSONS..... 39

11 COMMUNICATION SYSTEMS..... 40

12 LOCAL, STATE, AND FEDERAL PUBLIC INFORMATION 41

 12.1 CALIFORNIA EMERGENCY PUBLIC INFORMATION SYSTEM 41

 12.2 COUNTY LEVEL PUBLIC INFORMATION..... 41

 12.3 REGIONAL LEVEL PUBLIC INFORMATION..... 42

 12.4 STATE LEVEL PUBLIC INFORMATION 42

 12.5 FEDERAL LEVEL PUBLIC INFORMATION 42

ATTACHMENT A – CHECKLISTS

ATTACHMENT B – SAMPLE HEALTH OFFICER ORDERS

ATTACHMENT C – FUNCTIONAL AND ACCESS NEEDS (FAN) POPULATIONS

ATTACHMENT D – POD MATERIALS

ATTACHMENT E – GUIDANCE DOCUMENT (TUTORIAL)

1 INTRODUCTION

In a public health emergency, the Napa County Health and Human Services Agency (HHSA), the Public Health Division, and the County Public Information Officer (PIO) manage public information and risk communication with response partners and the public.

The purpose of this plan is to describe public information and risk communication activities activated in a public health emergency by the HHSA Public Health Division and the County PIO.

1.1 Crisis Emergency and Risk Communication (CERC) Plan Activation

The risk communications function is activated by the Public Health Officer, in coordination with the Operational Area Emergency Operations Center (Op Area EOC) Incident Commander (if activated), the Department Operations Center (DOC) Incident Commander (if activated), and the County PIO.

Procedures outlined in this plan may be activated with or without activation of the HHSA DOC or the Op Area EOC.

1.2 Risk Communication and Public Information Goals

The goals of risk communication and public information are to:

1. Facilitate coordination of public information activities among involved partners (e.g. federal/state/local government officials, health experts, hospitals, physicians, health care providers and the public).
2. Keep residents and day residents (tourists and workers) informed.
3. Distribute accurate information quickly and dispel rumors.
4. Help to minimize social disruption.

1.3 Planning Assumptions

1. Public health officials act swiftly to educate or calm the public and/or to correct misinformation and rumors.
2. Public health officials act quickly to provide information to healthcare providers, hospital officials and school district officials.
3. The public has easy access to multiple sources of information from the broadcast media and over the Internet. Napa County Public Health officials and the County PIO will work to provide concise, accurate and timely local information to residents and visitors.
4. Public information messages and information coordinated across local jurisdictions may use content provided from the state level by the California Department of Public Health (CDPH) and/or federal level from the Centers for Disease Control and Prevention (CDC).
5. The public's right to know about potential but unverified health risks and the need to avoid undue alarm is carefully considered. Each situation is evaluated and the Public Health Officer will determine the appropriate response.
6. The outbreak of infectious disease or pandemic will be identified by local, state or federal public health agencies and response will be activated after medical/healthcare providers have diagnosed a significant number of cases. It is likely that early reporting by the media will attract the public's attention.
7. Public health agencies may be called upon to make public statements and to quell rumors and misinformation even in the absence of a verified health risk.

1.4 Training and Exercises

Training is conducted on an annual basis in cooperation with the Operational Area EOC and with other response partners. The CERC Plan is activated for response exercises conducted by the Napa County Office of Emergency Services (OES), the California Emergency Management Agency (Cal EMA), CDPH and the Federal Department of Homeland Security (DHS). The risk communications function is also exercised when HHSA conducts tabletop drills and exercises.

2 CRISIS COMMUNICATION RESPONSE COORDINATION

During the 2009-2010 H1N1 response, the Health Officer, County PIO and the PHD managed communication with the public and response partners by defining distinct roles and responsibilities¹.

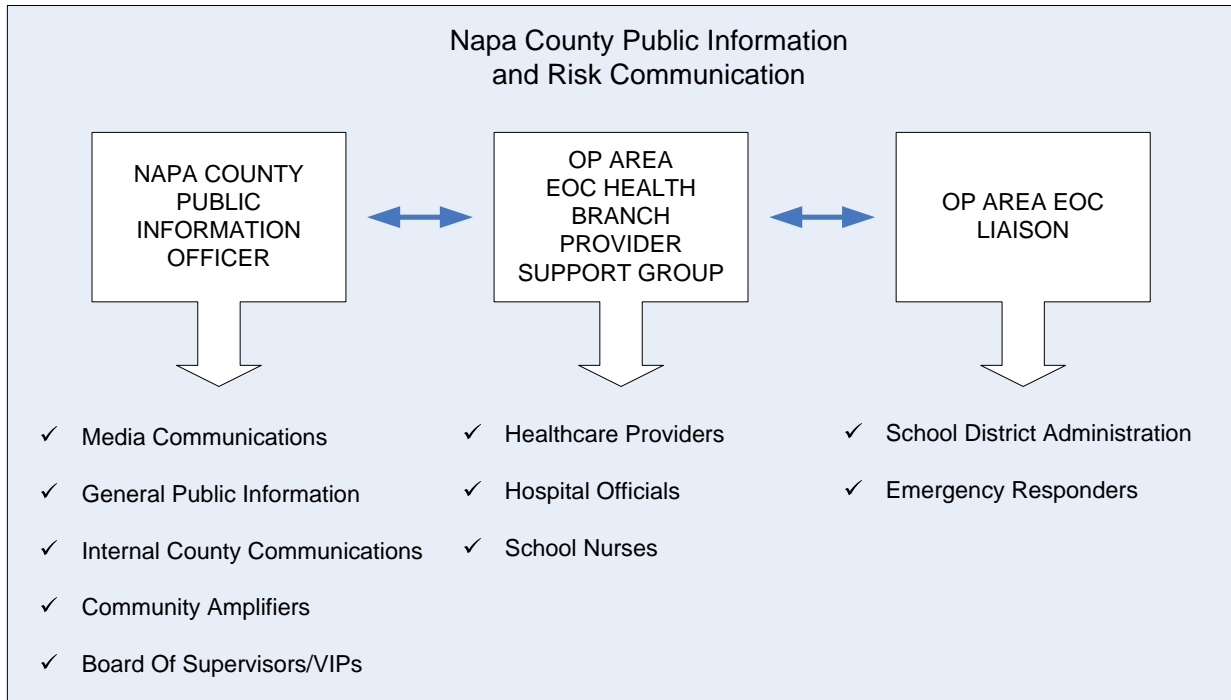


Figure 1 - Napa County Coordination of Risk Communication and Public Information – October 2010

¹ This response organization and operational approach originated during the 2009-2010 H1N1 influenza pandemic response and has been adopted for use and described in the July 2010 plan revision.

2.1 Public Information Response Organization

The organization of the public information function at the Op Area EOC is determined by the County PIO:

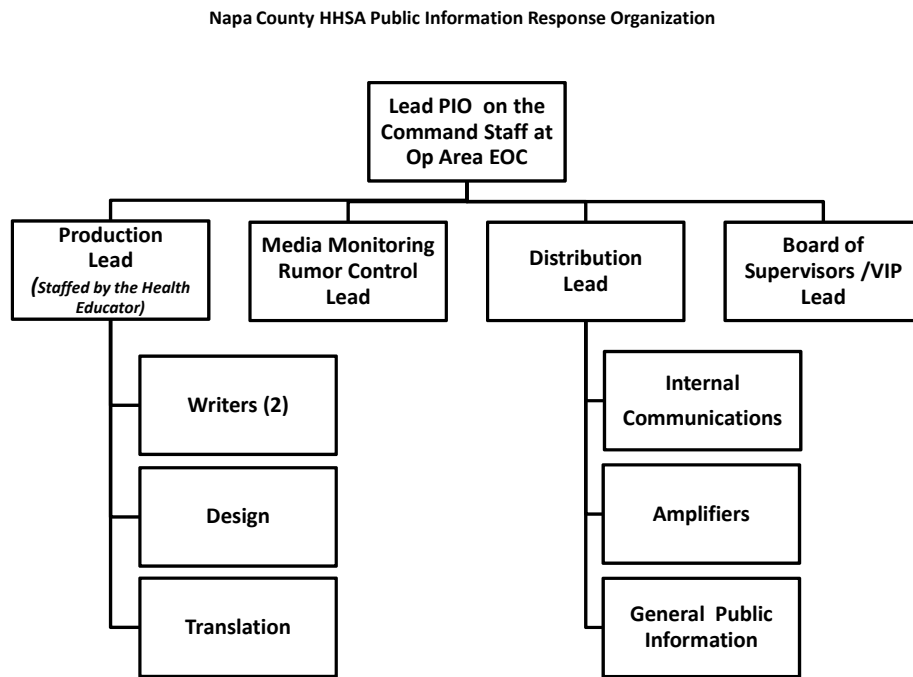


Figure 2 - Public Information Response Organization - October 2010

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised October 2010

OP AREA EOC PUBLIC INFORMATION OFFICER			
POSITION	RESPONSIBILITIES	A SHIFT <i>(Position Title)</i>	B SHIFT <i>(Position Title)</i>
Lead PIO/Media Relations	Overall PI plan implementation; review materials with the Public Health Officer; media relations		
Health Education/Production Lead	Writing, translation, editing, layout of materials; review with Lead PIO		
Distribution Lead/Public Information	Distributing materials through designated channels.		
Internal Communications Lead	Ascertaining internal communications and training needs; requesting materials from production or creating materials; working with HR and others to deliver materials and training; serve as contact for employee questions/ideas.		
Amplifiers Lead	Work with established list of community amplifiers, including schools, to push out public information and solicit feedback/ideas; maintain list of amplifiers as appropriate; serve as contact for amplifier organizations regarding public information issues.		
Media Monitoring/Rumor Control	Read local papers, listen to local radio, monitor blogs to identify misinformation or additional information needs. Report to Lead PIO.		
Board/VIP	Keep Board of Supervisors and other VIPS apprised of response and PI plans. Act as point of contact for all BOS issues.		
Translation	Work with Production lead to translate English materials to Spanish and other languages as needed.		

3 ROLES AND RESPONSIBILITIES

3.1 Health Officer

The Public Health Officer is responsible for setting policy and for approving all internal and external information releases. The Public Health Officer may appoint or serve as the spokesperson.

3.2 Napa County Public Information Officer (County PIO)²

The County PIO is the lead public information official at the Op Area EOC responsible for the distribution of accurate and timely public information. The County PIO is responsible for:

1. Media communications.
2. General public information.
3. Internal County communications with employees.
4. Communication with amplifiers - community groups (e.g., community based organizations, chamber of commerce, local business, faith based community, tourists, farm workers).
5. Communication with the Board of Supervisors and VIPs.

At the EOC, the County PIO is responsible for:

1. Dissemination of information to the public from the Op Area EOC using local, regional and statewide broadcasting and media contacts.
2. Use of the Emergency Alert System (EAS) and Wide Area Rapid Notification (WARN) System
3. Set-up and management of a media center.
4. Requesting support personnel from the EOC Logistics Section and for training PIO staff.

² This section of the CERC is adapted from the H1N1 Public Information Plan published in July 2010.

3.3 Production Lead

In public health emergencies, the the PHD Health Educator serves as the Production Lead within the the County PIO organization for the A Shift³ The Production Lead is responsible for preparation prepare content, identify audiences, and determine optimal means of distribution to various audiences (EOC Operations Section/Health Branch/Provider Support Group).

3.4 Provider Support Group

The Provider Support Group of the Op Area EOC Health Branch is responsible for:

1. Communication with healthcare providers.
2. Communication with hospital officials.
3. Preparation of the content of information and notifications to school officials.

3.5 The Liaison Officer

The Liaison Officer is responsible for:

1. Communication of public health information and notifications to school officials.
2. Communication of public health information and notifications to emergency responders.
3. Community based organizations, business community, etc involved the the emergency response but do not have official roles in the EOC/DOC.

³ The Production Lead B Shift may be staffed by employees assigned from the HHSA.

4 RISK COMMUNICATION MEDIA AND OUTREACH

4.1 Media Used for Outreach

The County PIO uses the following communication methods:

	General Public	Amplifiers	Internal Audiences	Schools
Mass Media**	X	X	X	X
Web site	X	X	X	X
Chardonay			X	
Twitter	X	X	X	X
Facebook	X	X	X	X
Flu line (can ramp up to phone bank)	X	X	X	X
WHACK THE FLU programming				X
Phone bank	X	X		
Videos/PSAs	X	X	X	X
Nixel	X	X		
Blast fax		X		X
Pictograms	X	X		
Blast e-mail		X		X
SharePoint (County Government Use Only)			X	
Printed materials	X	X	X	X
Conference calls		X		X
Webinar	X	X		X
Training		X	X	
All County PIO meeting		X		X

4.2 Communication with Partners

1. Napa County PIO personnel coordinate messaging and distribution with California State and other California PIOs through conference calls and the California Health Alert Network (CaHAN).
2. Coordination with Association of Bay Area Health Officers (ABAHO) PIOs and other Bay Area PIOs is through conference calls and e-mail distribution.

3. Coordination with PIOs within the county and with other amplifiers is by face-to-face meetings, Sharepoint (or similar site), conference calls and e-mail.

4.3 Internal Communications

The County PIO manages county-wide, internal communications with County managers and supervisors.

The County Executive Officer (CEO) establishes policies and supports distribution of official information to managers, supervisors and employees. The Production Lead/Health Educator obtains guidance and prepares internal communications for the Public Health Officer and County PIO approval. Information is distributed to County employees using Sharepoint – the County Intranet for employees.

4.4 Messages

In coordination with messages from the federal, state and other local PIOs, the Lead PIO determines the requirements for public information messaging during a public health emergency activation. In some activations, the County PIO will develop a logo and slogan to “brand” the situational information for Napa County residents, visitors, workers and county employees⁴. The need to develop a logo will be evaluated in each circumstance. Where possible, existing County and Public Health logos will be used.

Branding is used to:

1. Reinforce the gravity of the situation.
2. Emphasize disease-specific information as advised by the Public Health Division, e.g. in the H1N1 activation, the disease-specific message was that the H1N1 flu was not just the seasonal flu.
3. Ensure that users recognize that information presented is trustworthy and that it is official information coming from Napa County, specifically the Public Health Division.

4. Ensure that users immediately recognize the information as guidance about that particular public health emergency.

Two distinct sets of messages are likely in an influenza disease outbreak:

1. Keep yourself and your family healthy through proper hygiene and courtesy.
 - a. Wash your hands with soap and water often for at least 30 seconds.
 - b. Cover your cough or sneeze with your sleeve or a tissue.
 - c. Stay home from school or work if you have symptoms.
2. Get your seasonal flu and (situation-specific) vaccinations. Guidelines and information about target groups and priorities for vaccination are specific to the situation/activation and are determined by the PHD for distribution by the Lead PIO to the general public.

Additionally, specific messaging and training is developed for County employees, as needed (e.g., social/outreach workers, corrections officers, juvenile hall counselors).

4.5 Message Timing

The Lead PIO is responsible for determining when to prepare and distribute specific messaging to address:

1. Initiation of the public information campaign and response.
2. Coordination with school schedules.
3. Coordination with seasonal influenza campaigns and information.
4. Holiday travel (e.g. Thanksgiving and three-week school Winter Break).
5. Winding down the public information campaign and response.

On-going, proactive messaging aimed at managing rapidly changing information is provided to address:

1. Changes in CDC/CDPH guidance.

⁴ The use of a unique logo and brand was used during the 2009 H1N1 activation.

2. First death of an adult or child.
3. School dismissals.
4. Surge or specific outbreak.
5. Other topics as identified.

4.6 Status Meetings and Briefings

The County PIO at the EOC activates the following meetings and briefings to inform partners, amplifiers and county officials:

1. Upon activation of the response, twice weekly face-to-face status meetings are augmented with a daily conference call check-ins, specifically to update guidance and status of the emergency. The Lead PIO activates and facilitates meetings and conference calls as needed.
2. Attendance during CaHAN and ABAHO conference calls is the responsibility of the Lead PIO, unless delegated.

4.7 PIO Public Information Work Plan

The following work plan format is used to document public information media relations activities:

PUBLIC INFORMATION WORK PLAN				
RELEASES/PITCHES	DATE	RESULTS	DATE	ARCHIVED?
MEDIA RELATIONS				
(List)				
(List)				
PAID MEDIA			COST	
Register				
Register Post It add-on				
NV Marketplace				
St. Helena Star				
Weekly Calistogan				
American Canyon Eagle				
Hispanos Unidos				
WEB SITE				
Home page				

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised October 2010

PUBLIC INFORMATION WORK PLAN				
RELEASES/PITCHES	DATE	RESULTS	DATE	ARCHIVED?
Public Health pages				
Social Media				
Facebook page				
Twitter				
Nixle				
Other				
Internal Communications				
Chardonay				
Posters				
Training/Presentations				
E-mail				
Presentations/Speakers Bureau				
General PPT				
Giveaways/Collateral Material				
Stickers				

4.8 Sample Public Information Distribution Budget

Item	Budget	Actual
Graphic Design		
Print ads – Napa Register, Star, Calistogan, Eagle, Hispanos Unidos		
Print ads – Napa Valley Marketplace, insertions and editorials.		
Printing costs – posters, stickers, brochures		
Webinar and Windows Media podcast for business (unlimited use annual contract)		
Totals		

4.9 Evaluation

1. During activation, the Distribution Lead and PIO conduct surveys for feedback from audiences, specifically to determine “How did you hear about...”
2. Following activation, a survey is conducted to evaluate the effectiveness and value of public information during the activation. The survey is distributed to specific audiences, as identified by the County PIO.

5 RISK COMMUNICATION CONTENT PREPARATION, APPROVAL AND DISTRIBUTION

5.1 Approval of Risk Communication Content

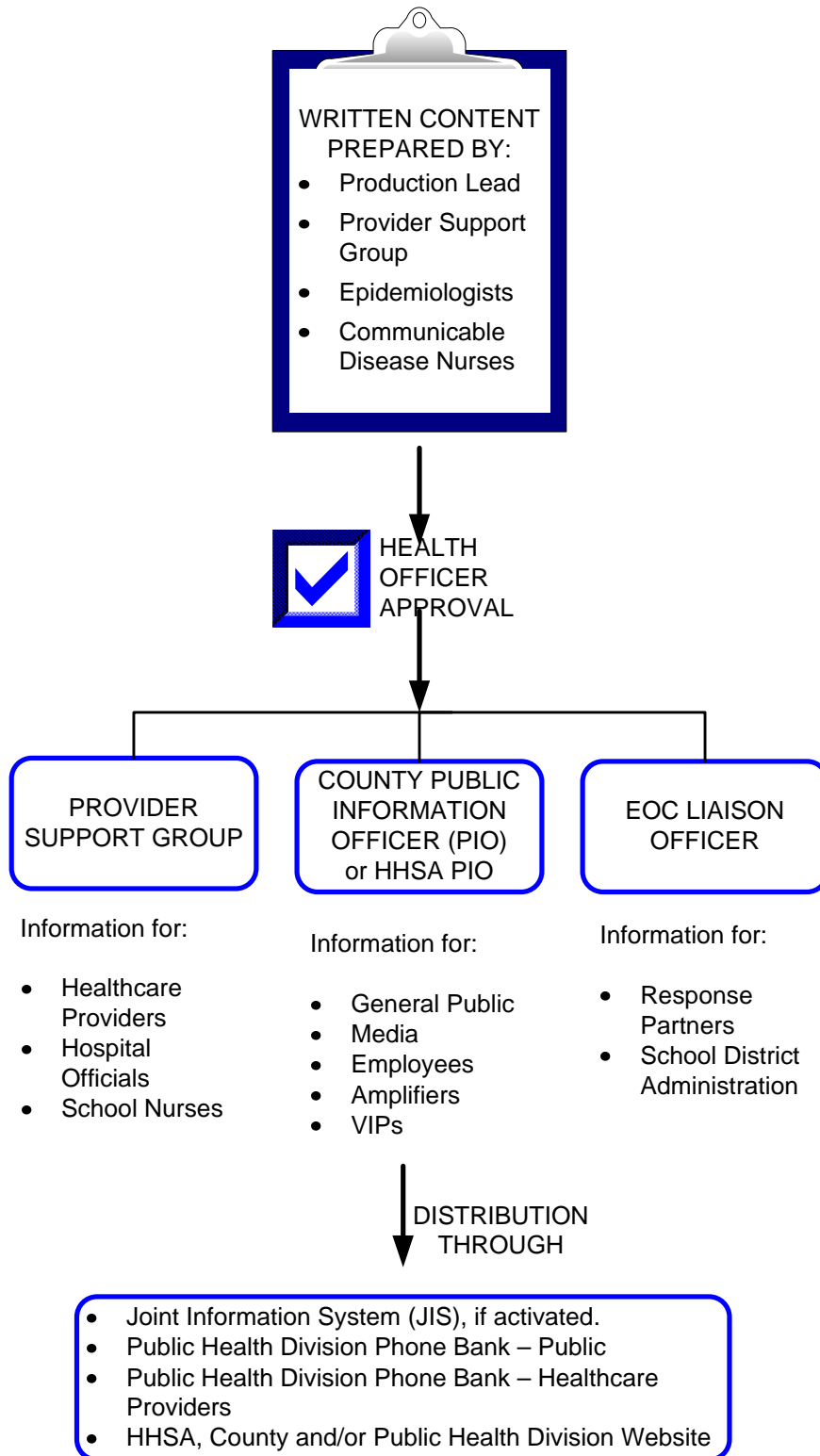
The Health Officer is the official with legal authority to take actions to protect the public in a public health emergency. Public health emergencies may be managed without activation of the Operational Area EOC and Incident Command. In this case, all informational releases, press releases, health alerts and advisories, and instructions for healthcare providers, school officials and emergency responders must be approved by the Health Officer prior to distribution or release.

When the EOC and Incident Command are activated in a public health emergency, all informational releases, press releases, health alerts and advisories, and instructions to healthcare providers, school officials and emergency responder must be approved by the Incident Commander and the Health Officer prior to distribution or release.

5.2 Content Preparation Overview⁵

Informational content is prepared by the Production Lead/Health Educator and the Provider Support Group, as determined by the audience. Communicable Disease (CD) Nurses and Epidemiologist(s) assist. The following diagram illustrates information is prepared and distributed during public health emergencies.

⁵ When the Department Operations Center (DOC) is activated, an HHSA Public Information Officer is assigned the Lead position for public information.



5.3 Communications Flow Chart

The HHSa PHD staffs the EOC Operations Section Provider Support Group. The Provider Support Group manages communication with healthcare providers and hospital officials. The Production Lead/Health Educator assists the Provider Support Group and County PIO. The Op Area EOC Liaison Officer provides contact with school administration officials and emergency responders.

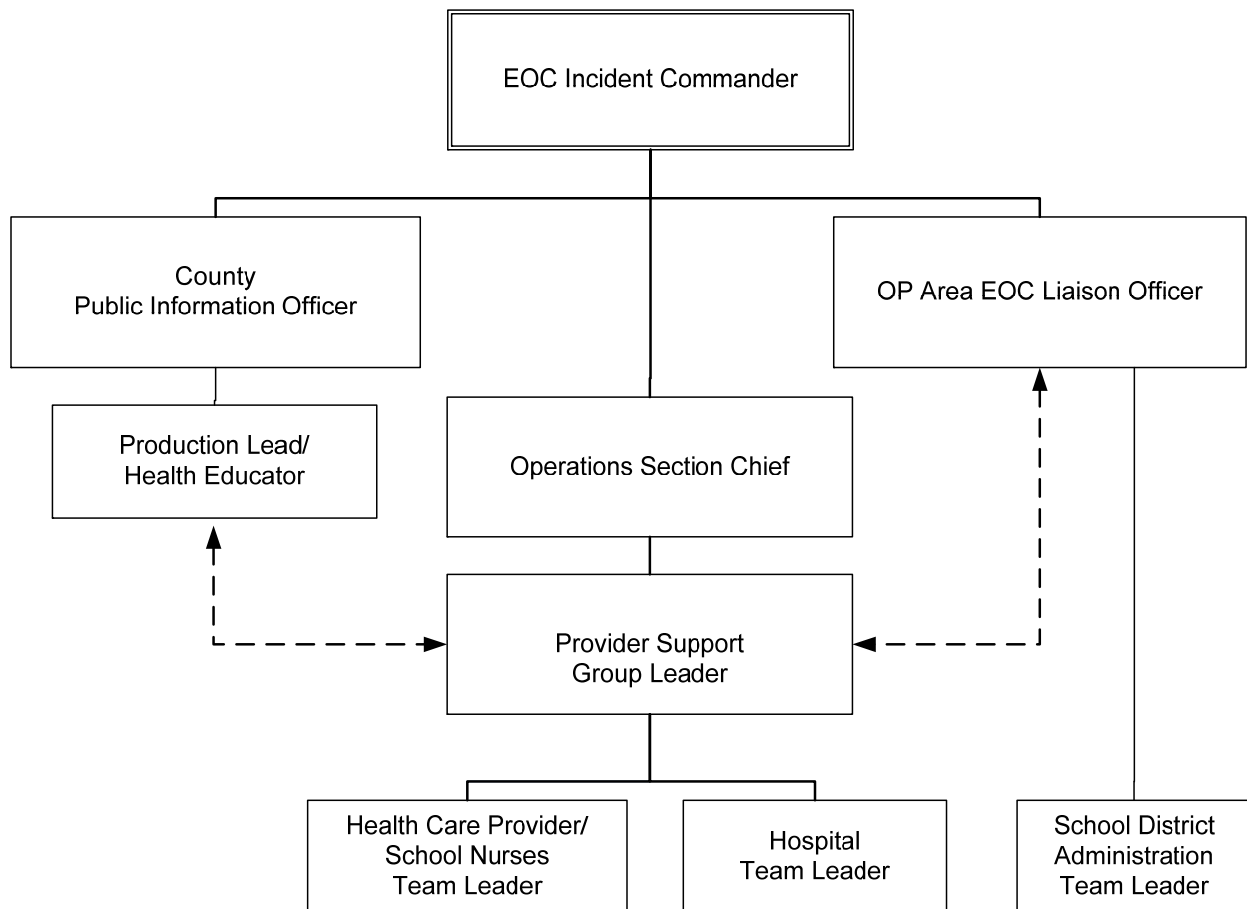


Figure 3 - Communications Flow Chart - October 2010

5.4 Content Preparation Responsibilities

A. EOC County Public Information Officer

1. Provide communications infrastructure planning, such as increased teleconferencing abilities or a password-protected site for Op Area-wide communications.

2. Provide advice at the Command level, including policy decision making at the Op Area level and operations communications among Op Area agencies.
3. Coordinate the release of information with the County PIO and Joint Information Center when the Op Area EOC is activated.

B. Production Lead Responsibilities

The Production Lead is staffed by the PHD Health Educator on the EOC A shift. The B shift may be staffed from another PHD or HHSA division. The Production Lead responsibilities include:

1. Prepare the content of health advisories and alerts based on federal, state and local information.
2. Prepare briefings and written updates and FAQ's for hospital officials, health care providers, school officials and response partners.
3. Assist the County PIO to:
 - Prepare media briefing content.
 - Prepare content for press releases.
 - Prepare content for Wide Area Rapid Notification (WARN) or Emergency Alert System (EAS) broadcasts.
 - Prepare scripts and information for call center operators.
 - Solicit feedback and respond to information requests and inquiries.
 - Oversee monitoring of public health and partner web sites to ensure the information presented is accurate.
 - Review advisories, alerts and materials for cultural and language requirements of FANs (functional and access needs populations).
4. Assist the Provider Support Group to:
 - Compile disease-specific, incident specific information from the Health Officer, the CPDH and the CDC into alerts, advisories and risk communication materials, including fact sheets, FAQs and situation updates.

- Review advisories, alerts and materials for cultural and language requirements of functional and access needs populations (FANs).

C. Provider Support Group Supervisor

The Provider Support Group Supervisor responsibilities include:

1. Provide medical and health information (medical protocols, risk communication, operational procedures) to hospitals and other health care providers.
2. Coordinate with the Production Lead/Health Educator to provide medical/public health content in plain (non-technical) language to the County PIO for distribution to the general public.
3. Provide medical response information sharing with the medical community or other FANs (functional and access needs populations).
4. Help organize and facilitate official meetings to provide information and receive input from hospital officials, health care providers, school nurses and response partners.
5. Provide medical and health information in plain (non-technical) language to the Liaison Officer for distribution/communication to school district officials.

D. Situation Status Unit Leader

1. Monitor information from the CDPH and CDC. Research medical / health information and data for use in content. (This duty may be outsourced to a consultant).

E. Liaison Officer

1. Coordinate with the PHD Communicable Disease Nurses, Provider Support Group and Health Officer to obtain updated guidelines and information needed by **school district administration officials** during a public health emergency.
2. Establish and maintain contact with school, school district, and County Office of Education officials and provide information and guidance approved by the Health Officer.
3. Establish and maintain contact with County emergency responders (fire, law enforcement, and emergency medical services) and provide updated information and guidance approved by the Health Officer.

5.5 Communication with Healthcare Providers

The Provider Support Group provides information to physicians, hospitals, clinics, skilled nursing facilities, and other health care providers. Information may be distributed as Health Alerts, Health Advisories, Health Orders, medical care protocols, guidelines and instructions. Information may address surveillance and reporting, disease outbreak investigation, social distancing measures, mass dispensing, medical treatment, isolation and quarantine. Systems in place to notify the medical community and school nurses include:

1. California Health Alert Network (CaHAN).
2. EMSsystems (Hospital Emergency Depts. and Emergency Medical Services).
3. County OES and PHD Web sites.
4. Blast Fax.
5. Telephone information line.
6. Conference calls.
7. Wide Area Rapid Notification (WARN) emergency broadcast system.
8. Nixle notification systems.

5.6 Communication with Hospital Officials

When the EOC is activated, the Operations Section, Medical Branch/Hospital Coordination Group establishes contact with each area hospital for the purpose of monitoring hospital capacity during countywide medical surge operations. The direct coordination from the EOC to hospitals may be required during public health emergencies.

In addition, the EOC PIO and Operations Section/Health Branch/Provider Support Group/Hospital Team Leader establishes contact with each hospital for the purpose of providing incident and disease-specific instructions and information.

In public health and other emergencies, contact with hospitals is established by the following procedure:

1. Contact the Director of Nursing or Shift Supervisor by email, telephone, blast fax, CaHAN or conference call.
2. Distribute/communicate emergency information, health alerts and advisories.
3. Determine if the hospital incident command (HICS) is activated.
4. Establish on-going communication and a schedule for briefings, conference calls, and/or situation updates.

5.7 Communication with School Districts and School Nurses

The EOC Liaison Officer establishes contact with School District Administrators/Officials and distributes disease-specific risk communication and information prepared by the PIO and Production Lead.

The Provider Support Group/Healthcare Provider Team Leader establishes contact with school nurses and provides information and instructions concerning disease surveillance and reporting, symptoms, and infection control.

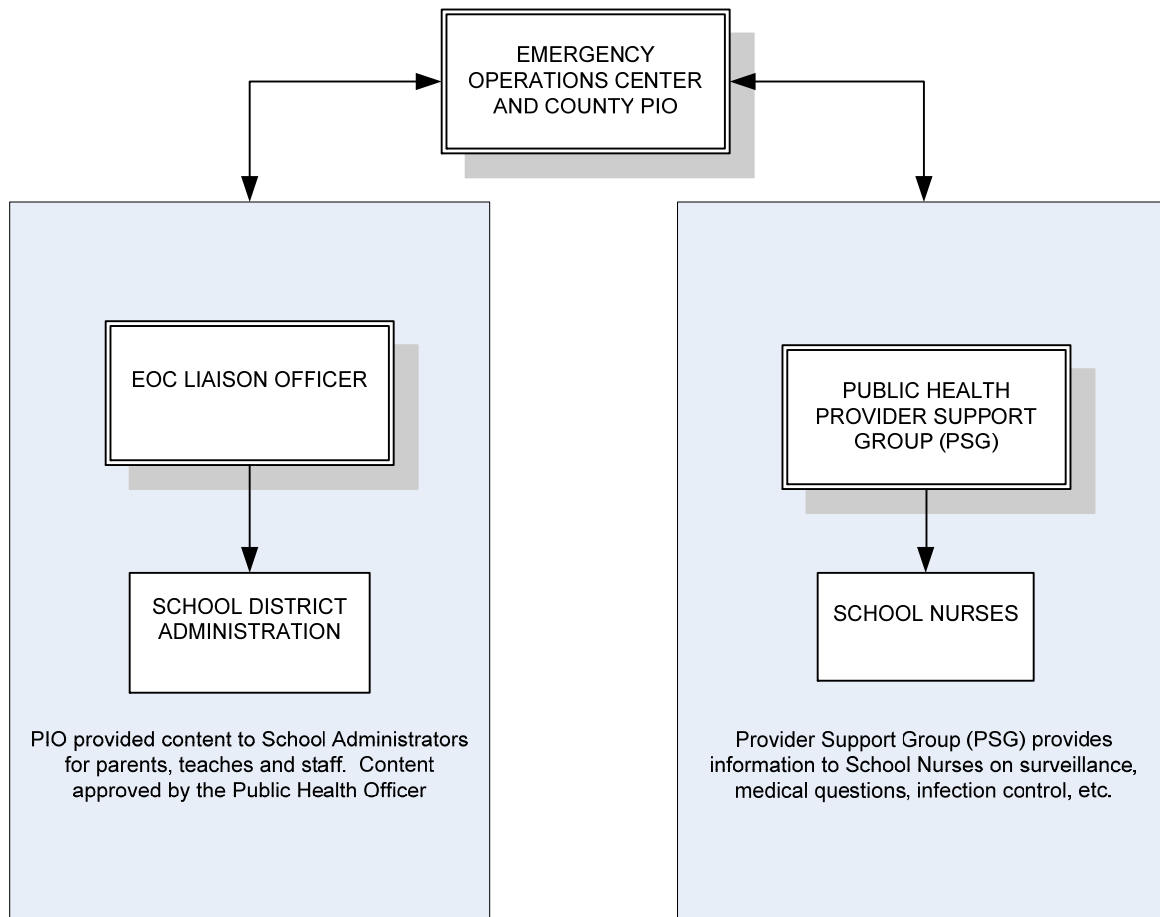


Figure 4 - Coordination with School Administration Officials and School Nurses - October 2010

OP AREA EOC PROVIDER SUPPORT GROUP			
POSITION	RESPONSIBILITIES	A SHIFT (Position Title)	B SHIFT (Position Title)
Provider Support Group Supervisor	<p>Coordinate contact and information to healthcare providers and hospital officials.</p> <p>Prepare and distribute guidance and information on surveillance, medical treatment, and infection control to school nurses. (Content approved by the Health Officer)</p> <p>Prepare guidance and information for distribution by the EOC Liaison Officer to school officials. (Content approved by the Health Officer).</p>		
Hospital Team Leader	<p>Establish and maintain contact with area hospital officials and provide updated guidance and information.</p> <p>Prepare content of medical and health information provided by CD Nurses answering calls to the Napa County Phone Bank extension number for hospital, clinic, skilled nursing facility, pharmacy and healthcare provider use.</p>		
Healthcare Provider/School Nurse Team Leader (Staffed by Communicable Disease Unit Nurses).	<p>Establish and maintain contact with area healthcare providers and school nurses.</p> <p>With the Hospital Team Leader, prepare content of medical and health information provided by CD Nurses answering calls to the Napa County Phone Bank extension for school nurses, hospital, clinic, skilled nursing facility, pharmacy and healthcare provider use.</p>		

EOC LIAISON OFFICER			
EOC Liaison Officer	Establish and maintain contact with school district and Office of Education officials and provide information and guidance approved by the Health Officer. Establish and maintain contact with local emergency responders and provide information and guidance approved by the Health Officer.		

5.8 Point of Distribution (POD) Site Media Policy

If POD Sites are opened the lead PIO/JIC must determine overall media policy for POD Sites. Issues to be considered including:

- Referring media to the DOC/EOC PIO for comment
- Official explanation why media cannot be admitted to an area.
- Determining when/where media visits are permitted.
- Determining if media permitted to attend briefing station.

The POD Site manager will follow the media policy set by the lead PIO/JIC by:

- Reviewing media statement(s) with DOC/EOC PIO/JIC
- Briefing all personnel on media policy.
- Briefing security personnel and greeters on media handling procedures.
- Coordinatign media activities with DOC/EOC/JIC
- Making media contacts as necessary.
- Providing media statements and answer questions (if allowed by media policy)
- Arraning guided tours for media as necessary (if allowed by media policy)
- Participating in meetings and briefings to ensure that media considerations are a part of the plan.
- Documenting all media contacts.

6 PUBLIC OUTREACH

Public outreach is accomplished in several ways as part of on-going public health programs and services. In a public health emergency, these methods are used:

1. Face-to-face (e.g., briefings with key state and local officials, media and community leaders).
2. General and ethnic media (e.g., radio, television and newspaper public service announcements).
3. Public meetings (e.g., public and/or town hall meetings or presentations).
4. Informational resources (e.g., Internet Web sites or telephone hotlines).
5. Community (e.g., outreach to functional and access needs populations AKA FANs, community-based organizations and community mailings).
6. PHD web site with updated information specific to the emergency.

6.1 Community Amplifiers

The PHD has identified exiting organizations within the community that can reach out to target groups during a public health emergency. These community “amplifiers” can work with public health to get information out about medical care, vaccination and actions to take. The following format is used to identify activities and assign tasks for outreach to target groups.

OUTREACH TO TARGET GROUPS DURING PUBLIC HEALTH EMERGENCIES			
Target Group	Agencies (Community Amplifiers)	Activities	Responsibility (Assigned Tasks)
Healthcare Providers	Clinic Ole QVMC Community Outreach Sister Ann’s Dental Clinic Planned Parenthood Private Providers Skill Nursing Facilities		
Seniors	CSOA Senior Centers Area Agency on Aging Retirement Homes Assisted Living Centers		
Kids & Families	Schools		

ANNEX H - APPENDIX 2: HHSA CRISIS EMERGENCY RISK COMMUNICATION PLAN

Revised October 2010

OUTREACH TO TARGET GROUPS DURING PUBLIC HEALTH EMERGENCIES			
Target Group	Agencies (Community Amplifiers)	Activities	Responsibility (Assigned Tasks)
	Community Resources for Children (CRC) Napa Valley College		
Churches	St. John's St. Andrew's Puertas Abiertas		
Low-income	Homeless Shelters CANV Legal Aid Low income housing		
County Outreach Workers	Child Protective Services Adult Protective Services Public Health Nurses CD Investigators Foster Parents Environmental Management Eligibility Workers		
Non-Profits	Family Resource Centers- St. Helena, Napa, and American Canyon COPE Coalition of Non-Profits		
Private Business	Large-Scale Employers/Companies County/City Employees Vineyard Workers Service Clubs Chambers of Commerce Napa Downtown Association		
Hispanic Markets			
Laundromats			
Pharmacies			
Hotels			
Coffee Shops	City of Napa: Starbucks (various locations) Peet's Napa Valley Roasting Golden Bagel Brown's Valley Sweetie Pie's ABC		

OUTREACH TO TARGET GROUPS DURING PUBLIC HEALTH EMERGENCIES			
Target Group	Agencies (Community Amplifiers)	Activities	Responsibility (Assigned Tasks)
	Up Valley Napa Valley Roasting		
Gyms	City of Napa: Health Quest Exertec Synergy Curves Basics		
Bars	City of Napa: Henry's Downtown Joe's Norman Rose Up Valley: Anna's Cantina Pancho's Yountville Silverado Brewing Co.		
Entertainment	Movie Theatres Fat Boy Entertainment		
Social Service Clubs	Active 20-30 Club Kiwanis Rotary Lions Soroptomist Elks		

6.2 Napa County Phone Bank – Emergency Activation

The County PIO and the PHD may activate the Napa County Phone Bank to:

- Provide information to the general public.
- Provide information to healthcare providers.
- Manage and control rumors.

In a public health emergency that requires sustained operations (several weeks, months or more) the Health and Human Services Agency staff, augmented by other County staff as necessary, manage phone inquiries at their usual work stations. County Communications/IT is

activated through the EOC Logistics Section/Communications Unit, to set up the phone system needed to meet the demands of the situation.

Information Technology Services (ITS) personnel assigned to the EOC Communications/IT Unit can quickly program a branched routing system that will screen, triage and route calls to the appropriate receiver.

Content (scripts) for phone bank staff are provided and updated by the Provider Support Group for phone calls triaged to the Healthcare Provider line and by the PIO organization Production Lead (Health Educator), with County PIO approval for phone calls triaged and routed to the General Public line.

The Health Officer must approve all content used by phone bank staff prior to release. Phone bank staff maintain logs of calls routed to their phone line. Daily briefings (or as needed) via email are provided by the Provider Support Group and/or Health Educator to update information and manage difficulties encountered by the phone bank staff. Callers are referred to the PHD website for additional information and resources.

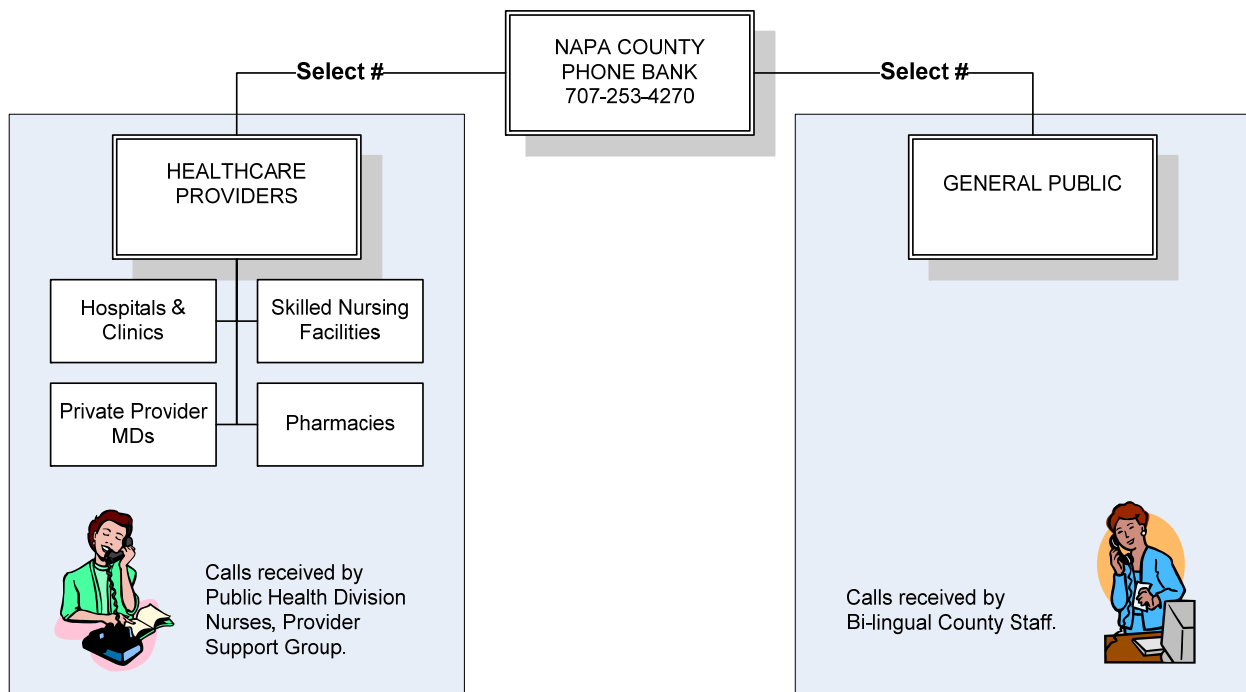


Figure 5 - Napa County Public Health Division Phone Bank - October 2010

A. Healthcare Provider Phone Bank

1. Phone calls are received by the Provider Support Group/ Public Health Nurses working at their usual workstations. The number of staff required for the phone bank is determined by the volume of calls.
2. FAQs and phone scripts are prepared and updated daily (or as needed) by the Health Educator and Provider Support Group.
3. The Health Officer approves all FAQs and phone scripts.
4. A tally and log of questions asked is maintained and used to track and update information.
5. Callers are referred to the HHSA/PHD website for additional information and resources.
6. Weekly meetings provide support to CD Nurses managing phone calls and alert the Public Health Division CD Nurses and Health Officer to problems or concerns.
7. County Communications/Information Technology Services (ITS) adapt the routing, as needed, during initial and sustained response operations.
8. During times of heightened health care provider interest, the phone bank staff hours may be extended beyond the normal 8AM- 5PM working day to respond to demand for information.

B. General Public Phone Bank

1. Phone calls are received by bilingual County staff working at their usual workstations. The number of bilingual County personnel required to staff the phone bank is determined by the volume of calls.
2. FAQs and phone scripts are prepared and updated daily (or as needed) by the Health Educator and County PIO (for public Information).
3. A tally and log of questions asked is maintained and used to track and update information.
4. The Health Officer approves all FAQs and phone scripts.
5. Phone call staff contact the Health Educator and Public Health Communicable Disease (CD) Nurses if they encounter questions they cannot answer.

6. General information will be recorded with an option to select to talk to a person on the phone during regular business hours)
7. Callers are referred to the HHSA/PHD website for additional information and resources
8. Weekly meetings provide support to Public Health Division staff managing phone calls and alert the Public Health Division CD Nurses and Health Officer to problems or concerns.
9. County Communications/ Information Technology Services (ITS) adapt the routing, as needed, during initial and sustained response operations.
10. During times of heightened public interest, the phone bank staff hours may be extended beyond the normal 8AM- 5PM working day to respond to demand for information.

6.3 Public Health Division Web Site

1. The Health and Human Services Agency maintains a local intranet accessible to employees. Emergency information can be distributed to employees using the HHSA intranet⁶.
2. Emergency information to the public may be distributed over the external county website. Currently, the HHSA/PHD can post emergency information on the county website homepage, with a link to an HHSA/PHD page. The county website is managed by the County PIO.
3. The Health Educator or other designated Public PHD website contributor will design and update content for the HHSA/PHD webpages. County ITS and PIO will accept content to be posted in the electronic chain of approval and assist with posting links to the information prominently on the county home page, with “calls to action” and other web buttons that will allow of easy access to health information.
4. The Public Health Officer has authority to approve information posted to the employee intranet and to the external county website during public health emergencies. The

⁶ A Sharepoint site only for use by PHD employees is under development (October 2010)

County PIO, Health Educator and Provider Support Group prepare information, messages, and alerts posted on websites.

5. Additionally, a County Office of Emergency Services (OES) and/or the County Executive Office (CEO) government web site may be used to post emergency information.

6.4 Web Site Information

Emergency information is posted:

1. Within one to two hours of activating the HHSA DOC or Operational Area EOC for the event.
2. Update as frequently as information changes. This could be hourly.

The emergency website contains the following information:

1. A statement (e.g. media release) from the Health Officer and/or HHSA Director to acknowledge the event with empathy.
2. News and updated health/medical information and guidance.
3. Resources and links including links to lists, information pages, or home pages of emergency providers including the California Department of Public Health and the Emergency Preparedness Office.
4. Emergency public information resources, including the phone numbers for the 24/7 recorded Napa County Public Health hotline and phone bank (if activated).
5. General Information/fact sheets specific to the situation.
6. Emergency assistance information, if the situation requires.

6.5 Web Site Deactivation

The county web site with HHSA emergency information remains active throughout the recovery phase of the event, which may be as long as a year. Continual updates are maintained by the PHD, County PIO and ITS personnel. Updated information is provided to the County Executive

Office (CEO) website and the County OES website, as necessary during response and recovery.

6.6 Outreach During Electrical Outages

In case of electrical outages messages can be disseminated using outreach workers [County Disaster Service Workers, first responders, Medical Reserve Corps (MRC) /medical volunteers, CERT volunteers and community amplifier partners] verbally and with hard copies of messages. Information will be posted at locations listed under Section 6.1 Community Amplifiers. County and City Public Works and Fire Departments can post information at major intersection on battery/generator powered signs.

6.7 Functional and Access Needs (FAN) Populations⁷

Functional and access needs (FAN) populations are those that are different and unique from the general population. Communications must be adapted to physical or mental disabilities, language barriers, income gaps and other factors.

The FEMA National Response Framework ([NRF](#)), published January 2008, includes updated definitions for FANs populations affected during emergencies:

FANs are those populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to:

1. **Maintaining independence** – Individuals requiring support to be independent in daily activities may lose this support during an emergency or a disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Supplying needed support to these individuals will enable them to maintain their pre-disaster level of independence.

⁷ Adapted from the CERC Toolkit, California Department of Health Services

2. **Communication** – Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. They may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or limited English proficiency.
3. **Transportation** – Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.
4. **Supervision** – Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer’s or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.
5. **Medical care** – Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals require support of trained medical professionals.

The above examples illustrate function-based needs that may exist within the community. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are pregnant; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency; or who are non-English speaking; or who are dependent on others for transportation.

7 TRANSLATION

More than 25 million adults in the United States speak a primary language other than English. Of those, more than five million indicated that they speak English “not well” or “not at all.” In

California, 40 percent of adults speak a language other than English at home. In Napa County, approximately 25,675 (or 20 percent) of the residents speak a language other than English at home (Spanish: 22,590; Tagalog: 1,255; French: 965; and German: 865)⁸. When communicating with non-English speakers, be sure to:

1. Have translation services identified in advance of an emergency so materials and information can quickly be translated if an incident occurs.
2. Identify spokespersons who can address non-English speakers.
3. Include non-English messages on emergency hotline numbers.
4. Include non-English print, television and radio media on your media distribution lists.
5. Be sure that materials targeting non-English speakers take into consideration cultural sensitivity, including tone, words or phrases used.

7.1 Translation Procedures

In public health emergencies, written documents, website content and phone bank scripts require translation into Spanish. A county-wide protocol for translation of documents is needed. Prior to a countywide protocol, the County PIO and the PHD will activate translation services through the EOC to include:

1. Identification of sufficient Spanish-speaking employees who can be assigned as Disaster Service Workers during emergency response for a public health emergency. Their duties may require full time work on translation during initial emergency response. During sustained operations (several weeks, months or more); translators may be assigned to provide translations on an as-needed basis.
2. Managers and Supervisors will be informed of the Disaster Service Worker and Translator duties, necessary time commitment and reporting procedures.

⁸ Center for Disease Control, 2008 data

3. Pre-event training will be provided to employees assigned as translators and to Managers and Supervisors.
4. Standards for grammar, vocabulary, syntax, and dialects will be established by a team of translators working in coordination with the County PIO.
5. In addition to employees identified as Disaster Service Workers/translators, the County PIO and PHD may contract with a private translation firm to provide review of translation drafts prepared by the translators.
6. Documents requiring translation include:
 - a. Health Officer alerts, orders, advisories.
 - b. Guidelines to healthcare providers, school officials, hospital officials.
 - c. Written information, vaccination campaign information for the general public.
 - d. Website content for healthcare providers, school officials, hospital officials.
 - e. Website content for the general public.
 - f. Media releases.
 - g. Phone bank scripts.
7. Each translated document is prepared following these steps:
 - a. The Health Officer approves English content of the document.
 - b. Employees identified as Disaster Service Workers/translators provide an initial draft translation within one day (24 hours).
 - c. The initial draft is sent to a second translator (may be a contracted consultant) for review and finalization within 4 hours.
 - d. Final translated documents for the phone bank, general public or media are sent to the PIO organization's Distribution Lead or the County PIO for direct distribution.
 - e. Final translated documents for healthcare providers, school district officials, or hospital officials are sent to the Provider Support Group for distribution.
 - f. Documents are sent to translators with a correct routing cover sheet by email. Documents are prepared in *Microsoft Word 2003 or 2007* compatibility mode.

7.2 Translation Using the Language Line

Napa County has translators available through Language Line Services. These services should only be used when in-person translation when in-person interpreters/translators are unavailable, most likely for languages other than Spanish.

1. Call 1-800-523-1786
2. Client Number: # 201773
3. Confirm Name: Napa County Health and Human Services
4. Press 1 for Spanish, 2 for other languages. If #2, say the language when asked
5. Department Number = 3 digit Budget Unit
6. Provide your first and last name
7. Wait for the translator to come on the line

8 JOINT INFORMATION CENTER (JIC)

A JIC is a temporary organization established to pool crisis communication among emergency responders. In a crisis, rapid communication with the media and with the general public becomes a top priority, and the JIC will be a source of information on the crisis. In a public health emergency, the County PIO may assume a leading role and activate and manage the JIC, with assistance from the PHD. Participants at the JIC may include:

- a. County administration
- b. Law enforcement
- c. Fire department
- d. Emergency Medical Services
- e. California Department of Public Health (CDPH)
- f. Hospital administrators
- g. Federal Bureau of Investigation (if terrorism related)
- h. Local elected officials
- i. Centers for Disease Control and Prevention (CDC)
- j. Office of Emergency Management (OES)
- k. Napa County Chapter of the American Red Cross
- l. National Guard (if deemed necessary by the Governor)
- m. Physicians
- n. Subject Matter Experts (SMEs)

At the Op Area EOC or JIC:

1. The County PIO and staff conduct periodic media briefings as appropriate.
2. The County PIO is responsible for scheduling briefings, determining participants, and notifying the media.
3. On-scene briefings are conducted after coordination with the County PIO. These briefings take place at an appropriate field site, e.g. a countermeasure distribution site (POD).

9 HEALTH OFFICER ADVISORIES AND ALERTS

The CDC defines the categories of Health Alert messages as:

1. Health Alert – conveys the highest level of important and warrants immediate action or attention.
2. Health Advisory – provides important information for a specific incident or situation and may or may not require immediate action.
3. Health Update – provides updated information regarding an incident or situation and is unlikely to require immediate action.

The Health Officer determines when to issue a Health Alert or Advisory based on information received on unsafe public health or medical conditions. The Health Officer and Provider Support Group prepare the alert/advisory messages and coordinate with the County PIO at the Op Area EOC to issue them via appropriate communication channels.

9.1 Issuing A Health Alert or Health Advisory

1. The Health Officer determines the appropriate public health intervention.
2. Or, the Public Health Officer receives instructions from the CDPH to issue a Health Alert or Health Advisory that is intended for regional or statewide distribution.
3. The Provider Support Group Leader contacts hospitals, the medical community, health care providers and others, through EMSsystems, Blast-Fax, and conference calls prior to broadcast distribution to the public.
4. The Health Officer or PIO contacts the Regional Emergency Operations Center (REOC) PIO the /EMSA Joint Operations Center (JEOC) if these are activated, to notify that a Health Alert or Health Advisory has been issued in the county.
5. The Health Officer contacts the EAS broadcasting service, and reads the Alert. The County PIO and EOC Director ensure that the broadcast is implemented.

9.2 Cancelling a Health Alert or Health Advisory

1. The Health Officer issues a cancellation order.

2. The Health Officer or designee verifies cancellation with the CDPH, if necessary.
3. The Health Officer notifies the County PIO at the EOC that the Health Alert or Health Advisory is cancelled.
4. The County PIO distributes the cancellation information via the EAS and other media outlets.

9.3 Content of Health Advisories and Health Alerts

Health alerts vary by the situation and disease agent or public health concern and are targeted to medical and health care providers, not the general public. However, in general, Health Alerts or Health Advisories should address:

1. Situation and status of the situation,
2. Current actions,
3. Means of recognizing symptoms in an individual,
4. Appropriate medical care needed,
5. Locations/sites to obtain medical care, if needed,
6. Use of personal protective equipment and/or hygiene instructions,
7. Infection control information,
8. Instructions for reporting to the PHD, and
9. Instructions to obtain additional information.

10 PUBLIC HEALTH DIVISION SPOKESPERSONS

Official spokespersons are designated to speak for the PHD. Spokespersons are the only PHD personnel authorized to speak to the media during a public health emergency. Media contacts are coordinated and managed by the County Public Information Officer (EOC PIO Lead).

The following are authorized to serve as PHD spokespersons:

1. Health Officer
2. HHSA Director
3. HHSA Assitant or Deputy Director
4. HHSA PHD Director of Nursing
5. HHSA PHD Manager

The spokesperson communicates information to the public about:

1. The public health emergency situation and status.
2. Public health and safety recommendations, advisories, and risk communication.
3. Public health resources and use of resources to protect health and safety.

Early in an emergency, the spokesperson is expected to describe the following:

1. The health and safety risks for individuals and communities—what is the risk?
2. The incident and its magnitude (e.g., who, what, where, when, why, how).

Spokespersons must:

1. Know HHSA/PHD policies about the release of information.
2. Speak only for the PHD unless authorized by the Health Officer or Incident Commander to speak about other elements of the response.
3. Tell the truth. Be as open as possible.
4. Follow-up on issues.
5. Use visuals when possible.
6. Discuss only the facts and not express personal opinions.

11 COMMUNICATION SYSTEMS

Emergency Alert System (EAS) – The EAS may be activated by the Public Health Officer to broadcast public health alerts and advisories. All health alert/advisory content must be approved by the Public Health Officer. Use of the EAS is restricted to emergency life-saving information to the public. Broadcasts are over television and radio override. The timeframe for release of a message (after approval for release) is 5 to 30 minutes.

Wide Area Rapid Notification (WARN) System – WARN may be activated by the Public Health Officer and other County officials to call land-line telephone numbers in Napa County with a recorded emergency message. Thousands of calls can be placed in a short period of time to pre-established lists or to specific geographic areas.

California Health Alert Network (CaHAN) - PHD has opted to use the CaHAN as the primary emergency alerting system for the public health and medical community. CaHAN exists to receive, manage and disseminate alerts, protocols, procedures and other information for public health workers, primary care providers and public health partners in emergency response. It includes the ability to “push” information via messages and allow participants to “pull” information via the browsing of secure web sites. As the IT infrastructure for PHD allows, it will include the support of interactive communication sites for threaded discussion capabilities.

The CaHAN is the State of California’s web-based information and communications system available on a 24/7/365 basis for distribution of health alerts, dissemination of prevention guidelines, coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. CaHAN users have the ability to receive alerts and notifications via alphanumeric pager, e-mail, fax, and phone (cellular and landline).

CaHAN is not a universal notification tool, as not all public health employees or partners are members. CaHAN will be complemented by a mixture of FAX broadcast, web page alerts, auto-dial voice messages and radio communications.

The California Department of Public Health Emergency Preparedness Office provides CaHAN training, Help Desk support, and statewide administration. For issues regarding access, training, or assistance that cannot be resolved by the Primary or Backup Napa County Health Alert

Network (HAN) Coordinators, contact the CaHAN Team at cahaninfo@cdph.ca.gov or (877) 376-4767.

Response Information Management System (RIMS) – RIMS is used by the Operational Area EOC to input status reports and resource requests to the REOC and SOC.

Radio Amateur Civil Emergency Services (RACES) –PHD can request a RACES operator for the HHSA DOC or field sites. RACES volunteer radio operators are requested by the PHD to assist with communications at the HHSA DOC, hospitals, FTS, Dispensing sites, etc.

Electronic Data Information Systems (EDIS) – State and County OES activate EDIS when large-scale events impact health and safety. EDIS can be used by PHD to share hospital and health care provider information.

Hospital Communication Systems – The current hospital-to-hospital communication system in use is EMSsystem. In the event of a power shortage, emergency generators will enable facilities to continue communications among responders. During a power shortage when residents are unable to use phones and computers, the distribution of risk communications will be determined by the EOC Communications Team.

12 LOCAL, STATE, AND FEDERAL PUBLIC INFORMATION

12.1 California Emergency Public Information System

The California Emergency Public Information System includes city, county, Office of Emergency Services mutual aid region, State, and Federal public information officers, as well as public information representatives from hospitals and private agencies. The scope of the emergency determines how many levels of the system become actively involved in emergency public information release.

12.2 County Level Public Information

The County Public Information Officer (PIO) releases information and instructions locally and provides status information to PIOs at the State OES Regional Emergency Operations Center (REOC).

12.3 Regional Level Public Information

PIO(s) at the REOC reply to media calls and relay information from the state and federal levels to local public information representatives. The State OES PIO summarizes the disaster situation for the media and reports on state agency response activities.

The State OES PIO coordinates news releases pertaining to a particular jurisdiction with that jurisdiction's PIO prior to dissemination.

12.4 State Level Public Information

When the emergency public information function is activated by the California OES at the state level, PIOs are assigned to the affected OES mutual aid region to gather status information from local jurisdictions.

12.5 Federal Level Public Information

The Federal Emergency Management Agency's public information office provides information on federal response efforts and federal assistance programs and may provide staff support to the state on request. The CDC provide information on federal public health emergency response.