

# Nova Scotia Health System Pandemic Influenza Plan

## Chapter 2: Communications

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## Background

Accurate, consistent, and timely communication is essential as pandemic activity approaches and reaches Canada. Information about the level of influenza activity, the risk to the public, and advice on how to manage it will need to come from a variety of sources in a coordinated manner. The demand for information will be intense and sustained; therefore, spokespeople and information must be readily prepared and available across the province.

Communications will need to support other aspects of the pandemic plan during each phase of the pandemic. The communications plan supports internal communications within government and between governments and other health-care organizations. The focus is also on external communications to the public, health-care stakeholders, and the media. Finally, the communications plan complements communication to health-care professionals.

Health communicators from the province will have primary responsibility for meeting the communications objectives of this plan. They will work closely with communicators from the district health authorities and other government agencies and will take the lead in certain areas of pandemic planning, as appropriate.

## Objectives

Overall, the objectives of pandemic influenza communication are to

- instill and maintain public confidence in the province's public health system and its ability to respond to and manage the appearance of pandemic influenza.
- provide accurate, rapid, and complete information before, during, and after an outbreak
- provide accurate, consistent, and comprehensive information about the health threat
- address rumours, inaccuracies, and misconceptions as quickly as possible and prevent stigmatization of affected groups

## Communications Planning Assumptions

- Communication will be critical to the success of the pandemic plan.
- Communications will support each chapter of the pandemic plan.
- Demand for information will be intense and sustained.
- Communication must be timely, accurate, coordinated, appropriate, and consistent.
- Communication will need to come from federal, provincial, and local sources.
- Key partners and stakeholders will help communicate key messages to Nova Scotians.
- Media will be a key partner in communicating to Nova Scotians during a pandemic.
- Communication will be a tool to motivate action.
- Communication must balance the public's right and need to know, without generating fear or complacency.
- All Nova Scotians should have equal access to information.
- There are numerous audiences, both internal and external, to consider.
- There will be a need for both education and awareness, as well as information.
- Communication resources, like all others, will be compromised during a pandemic.
- Media resources, like all others, will be compromised during a pandemic.
- Communicators will rely on medical experts and health administrators and officials for key information during a pandemic.

## Coordinated Pandemic Communications Planning

Pandemic communications planning is ongoing at the federal, provincial, and district health authority levels. Communicators from each level are coordinated through the provincially led Critical Issues Communications Working Group. Also represented in this group is the Emergency Management Office and Communications Nova Scotia. This group is charged with developing, implementing, and updating the provincial pandemic influenza communications plan.

The provincial communications plan will be integrated with the district health authority communications plans through the Critical Issues Communications Working Group and the Public Relations Working Group, made up of health communicators from the province and the district health authorities. In the event of a pandemic, members of these groups would meet regularly to coordinate communications and implement the communications

plan. The Roles and Responsibilities (Annex D) will help to integrate communications planning, with roles to be fleshed out as planning progresses.

At any phase of a pandemic, existing channels of communication will be employed through the following key players:

- Nova Scotia Department of Health
- Nova Scotia Department of Health Promotion and Protection
- Communications Nova Scotia
- Health Canada
- Public Health Agency of Canada
- District health authorities and the IWK Health Centre

The Department of Health works with various communications partners to help develop key messages and distribute important messages, information, and materials to various publics. As planning progresses, organizations will be contacted and invited to participate in communications planning.

Key audiences are listed in Annex A. General public information on pandemic influenza is referenced in Annex B.

In the later stages of a pandemic, communications would be coordinated through Communications Nova Scotia and the Joint Emergency Operation Centre. Media will be advised to access key health spokespeople through the Department of Health communications section. A list of authorized spokespeople is contained in Annex C, and the roles and responsibilities of those involved in communications planning are outlined in Annex D.

## Communications Tools

There are a number of existing communication tools to build upon and develop as the pandemic develops. The following tools, or any combination of the following, will serve to get important health messages to Nova Scotians:

- fact sheets
- websites
- newsletter and rural newspaper articles
- news releases

- backgrounders
- press conferences
- technical briefings
- editorial boards
- PowerPoint presentations
- regular media availabilities
- teleconferences, messages to DHAs
- advertisements, public service announcements
- toll-free telephone information line

## Activities by Pandemic Phase

During a pandemic, key messages tailored to the specific nature of the outbreak will be developed, based on surveillance information and scientific analysis. Messaging to the public during a pandemic will include information on the outbreak; what individuals, families, and communities can do to protect themselves and cope with the situation; what steps they should take to manage their daily activities; how they can help to respond; and what steps to take if they are ill, including how and where to access health services.

Consistent with this approach, three stages of communications will be employed:

- Interpandemic Period and Pandemic Alert Period: Raising awareness and education levels among key audiences; encouraging good hygiene practices; testing the plan
- Pandemic Period: Communications response to a pandemic and implementation of tactics; helping to minimize the spread of illness and social disruption while managing expectations.
- Post-Pandemic Period: Evaluating communications; helping to sustain hygiene practices

A number of the activities listed in the Interpandemic and Pandemic Alert Phases have been completed or are in progress.

## Interpandemic and Pandemic Alert Period

- Create a Critical Issues Communications Working Group (consisting of communicators from provincial government, federal government, DHAs).
- Research current levels of education and awareness around pandemic influenza.
- Identify overarching key messages for all stages of pandemic.
- Clarify roles and responsibilities of federal, provincial, and district level communicators.
- Develop message map (who says what, when, and where and to whom).
- Create visual identity and guidelines to be applied to all pandemic materials.
- Develop general pandemic material (key facts, FAQ).
- Develop pandemic website; post materials.
- Engage non-health response partners in planning.
- Send fact sheets to DHAs and key audiences.
- Carry out ongoing briefings (Cabinet, caucus offices, senior leadership teams, provincial medical officers of health, DHA communications directors).
- Develop media relations and media-monitoring strategies.
- Identify spokespeople and back-up spokespeople.
- Provide media training to key spokespeople.
- Coordinate media information requests.
- Coordinate provincial editorial boards.
- Develop media guidelines for pandemic period.
- Articulate the Nova Scotia approach to pandemic—what we’re doing to prepare.
- Develop speakers bureau material for presenters from government departments and DHAs.
- Develop infection-control materials for health professionals and the general public.
- Develop ad campaign for pandemic phase.
- Set up and activate toll-free telephone information line to handle public inquiries.
- Develop list of potential questions for toll-free telephone information line.
- Implement stakeholder/partner education/information sessions.

- Develop business continuity plan for communications team.
- Develop materials for physicians (in hospitals and community clinics) and health-care professionals.
- Develop self-care materials.
- Cross-reference and integrate federal, provincial, and district communications plans.

#### **Announcement of Nova Scotia Pandemic Influenza Plan**

- Send letter and copy of plan to key audiences.
- Prepared key messages and briefings for DHA CEOs, medical officers of health, Cabinet and caucus, senior leadership teams, DHA communications directors.
- Develop plan for general public.
- Post plan on website.
- Carry out technical briefing with media.
- Hold press conference and distribute news release.

#### **Pandemic Period**

- Set up a permanent media briefing location with appropriate backdrops, etc.
- Coordinate regular technical briefings and/or news conferences to provide background information and set expectations.
- Maintain/update communications materials as scientific evidence and cases change.
- Maintain/update print material/website/speakers bureau material.
- Implement ad campaign.
- Send official (internal) statement from the Chief Medical Officer of Health.
- Respond to frequently occurring media questions by preparing and updating fact sheets, talking points, and Q&A documents to post on website.
- Coordinate requests for spokespersons and subject matter experts.
- Ensure that public information corrects misunderstandings and inaccuracies.

- Determine health professionals' knowledge of surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation. If areas of concern are identified, promptly address with mail-outs and communications through district health authorities.
- Hold regular teleconferences with communicators.
- Implement continuity plan for communicators.
- Provide regularly updated information to key audiences.
- Implement self-care campaign.
- Track toll-free telephone information line calls; update information.
- Carry out ongoing media analysis.
- Prepare and distribute e-mail from Minister or Premier to all government employees indicating what is being done, personal prevention, community assistance.

#### **End of First Wave**

- Develop messages around preparation for possible second wave, community support, mental health, and other appropriate topics.
- Develop and distribute messages around rebuilding capacity in the health-care system.
- Conduct a communications debriefing to determine what worked and where improvements are needed.
- Work with DHA communications directors, medical officers of health, and appropriate partners to determine where improvements are needed.
- Analyse media coverage to determine the nature of the coverage.
- Develop a revised communications plan based on feedback for use in second wave or other health emergency situations.
- Scale back communications staffing as need diminishes.

### **Second or More Waves**

- Carry out plan for the previous phases, with modifications to be determined as the pandemic progresses.

### **Post-Pandemic Period**

- Review performance measurement criteria and evaluate response.
- Coordinate debriefing with key partners.
- Engage independent body to assess/audit communications plan.
- Update the plan based on evaluation results.
- Return to the Interpandemic Phase.

## Annex 2-A: Key Audiences

### General Public

Parents, youth, and children  
Seniors  
Aboriginals  
Persons with disabilities  
Hearing and visually impaired  
French-speaking Nova Scotians

### Governmental

Public Health Agency of Canada  
Health Canada (including First Nations and Inuit Health Branch)  
Department of National Defence  
Other provincial Departments of Health  
Other provincial chief medical officers of health  
Emergency Management Office  
Department of Environment and Labour (Minister responsible for Occupational Health and Safety)  
Department of Community Services  
Department of Education  
Department of Justice  
Department of Agriculture  
Department of Finance  
Office of Economic Development  
Department of Tourism, Culture and Heritage  
Seniors' Secretariat  
Office of Aboriginal Affairs  
Public Service Commission  
Communications Nova Scotia  
Cabinet  
MLAs  
Government Caucus Offices  
Disabled Persons Commission  
Regional housing authorities

### Partners

South Shore Health  
South West Health  
Annapolis Valley Health  
Colchester East Hants Health Authority  
Cumberland Health Authority  
Pictou County Health Authority  
Guysborough Antigonish Strait Health Authority  
Cape Breton District Health Authority  
Capital Health  
IWK Health Centre  
Nova Scotia Association of Health Organizations  
Doctors Nova Scotia  
Nova Scotia Government and General Employees Union  
Nova Scotia Nurses Union  
Pharmacy Association of Nova Scotia  
Nova Scotia Dental Association  
College of Physicians and Surgeons  
College of Registered Nurses  
College of Licensed Practical Nurses  
Nova Scotia College of Paramedics  
Red Cross  
Victorian Order of Nurses  
Abilities Foundation of Nova Scotia  
Continuing Care Association of Nova Scotia  
Public Health Association of Nova Scotia  
Dalhousie Medical School  
Long-term care facilities (publicly and privately funded)  
Residential care facilities  
Community Based Options  
Nova Scotia municipalities  
Canadian Mental Health Association  
Children's aid societies  
Nova Scotia Association of Social Workers  
Child Care Connections  
Continuing Care Association of Nova Scotia  
Nova Scotia Residential Agencies Association

Adult Residential Centre/Regional  
Rehabilitation Centre Association

**Private Sector**

Large employers (Imperial Oil, Aliant, Nova  
Scotia Power, Irving, Sobeys, Atlantic  
Superstore,  
Michelin, Neenah Paper, Stora, Bowater)  
Halifax International Airport Authority  
Halifax Port Authority  
Chambers of commerce

**Media**

Chronicle Herald  
Transcontinental Media  
Eastlink  
CTV Atlantic  
Global  
CBC TV  
CBC Radio  
RDI Radio and TV  
Rogers Radio  
Community radio stations  
MRG  
The Coast  
Community weeklies  
University papers and radio  
Church bulletins  
Programs for Seniors

## Annex 2~B: General Information on Pandemic Influenza

Visit [www.gov.ns.ca/pandemic](http://www.gov.ns.ca/pandemic) for general information on pandemic influenza.

## Annex 2~C: Key Health Spokespeople

### Department of Health

- To access key spokespeople from the Department of Health, media must contact Communications at 902-424-5886.

### Department of Health Promotion and Protection

- To access key spokespeople from the Department of Health Promotion and Protection, media must contact Communications at 902-424-4410.

### Public Health

- Dr. Jeff Scott, Chief Medical Officer of Health  
Alternate: Dr. Robert Strang, Deputy Chief Medical Officer of Health
- Dr. Shelly Sarwal, Medical Officer of Health, Colchester Health Authority, Cumberland Health Authority, Pictou County Health Authority, Guysborough Antigonish Strait Health Authority, Cape Breton Health Authority
- Dr. Richard Gould, Medical Officer of Health, South Shore Health, South West Health, Annapolis Valley Health
- Dr. Gaynor Watson-Creed, Medical Officer of Health, Capital District Health Authority
- Dr. Ann Roberts, Medical Officer of Health, Department of Health Promotion and Protection

### Emergency Planning

- Jim Millar, Chief of Program Delivery, Department of Health

## Annex 2~D: Roles and Responsibilities

(Nova Scotia Pandemic Influenza Roles and Responsibilities—Summary Report)

### By Audience

#### Parents, Children, and Youth

- Public Health Agency of Canada (PHAC) and Department of Health (DOH) to develop messages, including self-care information
- District health authorities (DHAs)/IWK to provide information on access to services
- Distribution through partner departments, organizations

#### Seniors

- PHAC and DOH to develop messages, including self-care information
- Province to lead communications with seniors in the community and in care through DOH Continuing Care Branch and the Seniors' Secretariat
- Department of Community Services (DCS) to distribute to public housing residents through regional housing authorities

#### Persons with Physical Challenges

- PHAC and DOH to develop messages
- Province to lead communications

#### Persons with Mental Challenges

- PHAC and DOH to develop messages
- Province to lead communications; some distribution through DHA/IWK mental health programs
- DCS to distribute to clients through service providers

#### Persons with Chronic Conditions

- PHAC and DOH to develop messages
- Province to lead communications; distribution through DHA/IWK outpatient clinics
- Distribution through health-related non-governmental organizations (NGOs), family physicians, pharmacists, community-based outpatient clinics.

### **First Nations**

- Health Canada and DOH to develop messages
- Health Canada to work on pandemic preparedness training and communicate the need for people to listen to provincial/DHA messaging and access provincial services
- Province to lead/distribute communications

### **Immigrants (ESL)**

- PHAC and DOH to develop messages; consider translation into languages other than English or French
- Province to lead communications

### **Government**

#### *Public Health Agency of Canada/Health Canada*

- Information to flow between PHAC/HC and DOH

#### *Provincial government*

- Information to flow between provincial government departments
- DHAs and PHAC can use DOH as a conduit for information to other provincial government departments

#### *District health authorities and IWK Health Centre*

- Information to flow between DOH and DHAs/IWK
- Information from DHAs to federal government or vice versa to flow through DOH

#### *Health departments in other provinces/territories*

- Information to flow between provincial health departments and through PHAC/HC when appropriate

*Members of the Legislative Assembly (MLAs) and caucus offices*

- DOH to provide proactive information to MLAs and caucus offices; DHAs/IWK to respond to requests for information from MLAs and caucus offices

*Members of Parliament (MPs)*

- PHAC to provide proactive information to MPs; DHAs/IWK to respond to requests for information from MPs

**Health Professionals**

*Physicians in hospitals*

- PHAC and DOH to develop general messages, DHAs/IWK and DOH to develop specific messages
- Distribution by DHAs/IWK

*Family physicians*

- PHAC and DOH to develop general messages, DHAs/IWK; DOH to develop specific messages with Q&A documents
- DHAs/IWK to distribute specific messages
- Possible distribution through partners

*Mental health professionals*

- PHAC and DOH to develop general messages; DHAs/IWK, DOH to develop specific messages with Q&A documents
- DHAs/IWK to distribute specific messages
- Public Service Commission to distribute to Employee Assistance Programs

*Nurse practitioners*

- PHAC and DOH to develop general messages
- Province to distribute messages/materials

*Other health-care staff, support staff, and management companies*

- PHAC and DOH to develop general messages; DHAs/IWK, DOH to develop specific messages with Q&A documents
- DHAs/IWK to distribute specific messages

*Pharmacists*

- PHAC and DOH to develop general messages
- Distribution through the Pharmacy Association of Nova Scotia, colleges
- DHAs to distribute to hospital-based pharmacists

*Paramedics*

- PHAC and DOH to develop general messages; DOH to develop specific messages
- Distribution through EHS/EMC

*Dentists*

- PHAC and DOH to develop general messages; DHAs/IWK and DOH to develop specific messages
- Distribution through the Nova Scotia Dental Association

*Other regulated health professionals*

- PHAC and DOH to develop general messages
- Distribution through professional colleges

*Community health boards*

- PHAC and DOH to develop general messages
- DHAs/IWK to develop specific messages if required
- Distribution through DHAs/IWK

## Other

### *Educational institutions*

- PHAC and DOH to develop general messages
- Province to communicate with school boards overall
- DHA/IWK to lead in some logistics

### *Long term-care facilities, residential care facilities, community-based options*

- PHAC and DOH to develop general messages
- DOH to distribute to LTC/RCFs; DCS to distribute to CBOs
- Possible distribution also through Nova Scotia Association of Health Organizations (NSAHO)

### *Unions*

- DOH and DHAs/IWK to jointly develop general messages (based on operational decisions)
- DOH, DCS, and DHAs to distribute messages depending on topic area

### *Non-governmental organizations:*

- PHAC and DOH to develop general messages

### *Military*

- PHAC/Department of National Defence (DND) to develop messages
- Possible distribution through DND, Military Family Resource Centres

### *Municipalities*

- PHAC and DOH to develop general messages
- DHAs to provide specific messages on operations in district
- Emergency Management Office (EMO) and DHAs connecting with municipalities

*Large employers/small businesses*

- PHAC and DOH to develop general messages
- Province to communicate with key business/essential services
- DHAs to connect with local chambers of commerce

*Airport authority/port authority*

- PHAC and NSDOH to make connections, develop messages

*Churches/religious groups*

- Provincial government to contact church umbrella groups as distribution channels and sources of emotional support for some Nova Scotians

*Media*

- PHAC/DOH and DHAs/IWK all have a role
- DOH/DHAs to draft media guidelines for use during a pandemic, with input from media
- PHAC/DOH to lead discussion with major media outlets regarding guaranteed public service

## By Tool

### **Key Messages**

- PHAC and DOH to develop messages, including self-care information
- DHAs/IWK/DOH to develop information on access to services
- DHAs/IWK to distribute information on access to services

### **Fact Sheets/Backgrounders**

- PHAC and DOH to develop fact sheets
- PHAC to distribute federal fact sheets
- DHAs/IWK/DOH to distribute provincial fact sheets

### **Websites (Public And Private)**

- Province to create a provincial public website
- Provincial site to link to federal site
- DHAs/IWK to post district/site information on their websites, with link to provincial site
- Province to create a provincial private website to be accessed by DHAs/IWK to post completed documents and works in progress
- Back-up web resources will be required for the provincial site

### **Newsletter Articles**

- PHAC produces *It's Your Health*, posted on the PHAC website
- DOH to produce newsletter articles for provincial newsletters and organizations
- DHAs/IWK to produce newsletter articles for district newsletters

### **News Releases/News Conferences**

- PHAC/DOH/DHAs/IWK to release news releases as required
- Office of the Chief Medical Officer of Health to lead provincial news conferences

### **Technical Briefings**

- PHAC conduct federal technical briefings with information provided to provinces
- DOH to conduct provincial technical briefings with input from DHAs/IWK
- DHAs/IWK to conduct district technical briefings with information provided to DOH

### **Editorial Boards**

- DOH to conduct provincial editorial boards

### **PowerPoint Presentations/Framework**

- DOH/CNS to produce and share

### **Regular Media Availabilities**

- All parties to all arrange media availabilities with appropriate spokespersons

### **Teleconferences to Update on Issues/Messages**

- PHAC to lead Pandemic Influenza Committee (PIC) and Health Emergency Communications Network (HECN) calls
- DOH to lead provincial calls with DHAs/IWK
- DOH to also arrange provincial calls on behalf of DHAs/IWK

### **Advertisements/Public Service Announcements**

- All parties to develop and place advertisements and public service announcements

### **Media Training**

- PHAC to provide media training to federal/regional spokespersons
- DOH/CNS to provide media training to provincial spokespersons
- DHAs/IWK to provide media training to district experts as required

### **Research/Evaluation**

- All parties to take part in research and evaluation activities

### **Application of Visual Identity**

- PHAC to use their own visual identity
- Provincial government/DHAs/IWK to use pandemic influenza visual identity

### **Distribution of Pandemic Print Materials**

- Provincial government/DHAs/IWK to distribute materials.

### **Communications Business Continuity**

- All parties to be responsible for business continuity plans for their own branches or districts
- Consideration also to be made for website back-up

### **Co-ordination of Media Requests**

- Media guidelines to be developed jointly by DOH/DHAs with feedback from media

### **Toll-free Telephone Information Line/Q&A Documents**

- Province/DHAs/IWK to jointly develop Q&A document
- DOH to establish line with Access Nova Scotia

### **Stakeholder/Partner Education Sessions**

- All parties to be responsible for educating their key partners

### **Monitoring/Addressing Rumours and Misinformation**

- PHAC to address misinformation in national media
- Province/DHAs/IWK to address misinformation in provincial and local media; the organization that initiated the coverage or handled the media call should address the misinformation

### **Town Halls**

- DHAs/IWK may choose to conduct town hall meetings in the early phases of a pandemic; the province may also use this tool for targeted groups