Public Health Emergency Preparedness and Response Capabilities

National Standards for State, Local, Tribal, and Territorial Public Health

Capability 4: Emergency Public Information and Warning

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For the full 508 compliant document, please visit https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednessResponseCapabilities_October2018_Final_508.pdf
**Capability 4: Emergency Public Information and Warning**

**Definition:** Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

**Functions:** This capability consists of the ability to perform the functions listed below.

- **Function 1:** Activate the emergency public information system
- **Function 2:** Determine the need for a Joint Information System
- **Function 3:** Establish and participate in information system operations
- **Function 4:** Establish avenues for public interaction and information exchange
- **Function 5:** Issue public information, alerts, warnings, and notifications

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Promotes the need to leverage social media platforms for issuing emergency public information and warnings
- Clarifies conditions for establishing a virtual Joint Information Center (JIC) and Joint Information System (JIS)
- Includes content to identify and reach populations at risk to be disproportionately impacted by incidents and those with limited access to public information messages

**For the purposes of Capability 4, partners and stakeholders may include the following:**

- 911 authority
- community and faith-based organizations
- elected officials
- emergency management agencies
- emergency medical services (EMS)
- health care organizations
- media organizations
- poison control centers
- public health agencies
- volunteer organizations

**Function 1: Activate the emergency public information system**

**Function Definition:** Notify and assemble key public information personnel and potential spokespersons identified prior to an incident to provide information to the public during an incident.

**Tasks**

**Task 1: Identify key public information personnel.** Identify public information officers (PIOs), spokespersons, and trained support personnel, such as subject matter experts to implement jurisdictional public information and communication strategies.

**Task 2: Identify a primary and alternate physical or virtual JIC.** Establish physical and virtual structures to support the creation and dissemination of health alerts and public information operations.
Task 3: **Mobilize PIOs, spokespersons, and support personnel.** Notify public information and communication teams of the need to be on call or report for duty within incident-appropriate timeframes, including no-notice events.

Task 4: **Establish roles and responsibilities of personnel to convey public information.** Assemble public information personnel at a physical location or virtually to establish roles and responsibilities.

Task 5: **Ensure personnel are trained in the functions they may fulfill.** Provide public information and communication education and training to PIOs, spokespersons, and support personnel according to jurisdictional need.

Task 6: **Support local public health systems with the implementation of emergency communications.** Clarify state, local, tribal, and territorial public health information roles and confirm communication support and coordination needs.

**Preparedness Resource Elements**

**P1:** *(Priority)* Procedures in place to document roles and responsibilities for PIOs, spokespersons, and support personnel based on the incident and subject matter expertise.

**P2:** *(Priority)* Message templates and risk communication message development to address identified jurisdictional risks and vulnerabilities related to incident characteristics. Recommended templates may include

- Stakeholder identification
- Potential stakeholder questions and concerns
- Key messages to address stakeholder questions and concerns
- Common sets of underlying concerns

**P3:** Primary and alternate physical locations or virtual structures to support the creation and dissemination of health alert and other emergency public information and warning operations. Personnel assembly can occur at a physical location, like an emergency operations center (EOC), virtual location, such as conference calls or web-based interfaces, like WebEOC, or combination of both physical and virtual locations.

*(See Capability 3: Emergency Operations Coordination)*

**P4:** Current roster or call-down lists with pre-identified personnel to participate in key emergency communications functions, including a minimum of one backup per role, as necessary.

**P5:** Procedures in place for personnel to notify and report for duty. Recommended notification procedures may include

- Notification methods, such as health alert network, e-mail, and other personnel notification methods
- Personnel notification time frame (how quickly personnel will be notified)
- Personnel reporting times and locations (may be virtual)

**P6:** Job action sheets that detail specific tasks for personnel and volunteer communications roles.

*(See Capability 3: Emergency Operations Coordination and Capability 15: Volunteer Management)*
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**P7:** Systems and procedures to mobilize communication activities and roles applicable to the incident or event, such as information gathering, information dissemination, operations support, and liaison. One or more individuals may conduct activities and roles, which include

- Fact gathering
- Rumor control or message testing
- Monitoring and publishing content across print, Internet, social, and other media
- Providing support to speakers, such as developing talking points, speeches, and visuals
- Managing or responding to public inquiries using hotlines or other channels

*(See Capability 3: Emergency Operations Coordination)*

**P8:** Emergency communication implementation and coordination support to local public health systems from state and territorial jurisdictions.

*(See Capability 6: Information Sharing)*

**Skills and Training Resource Elements**

**S/T1:** *(Priority)* Public information personnel trained in relevant National Incident Management System (NIMS) courses, which may include

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- National Incident Management System, an Introduction (IS-700.a)
- National Incident Management System Public Information Systems (IS-702.a)
- National Response Framework, An Introduction (IS-800.b)

**S/T2:** *(Priority)* Public information personnel able to develop key messages using the principles of crisis and emergency risk communication. Within six months of hire and at least once every five years thereafter, the following trainings are recommended for completion

- CDC's Crisis and Emergency Risk Communication (CERC) Basic Training
- CERC training administered by CDC personnel or local personnel already trained by CDC personnel

**S/T3:** PIO able to complete responsibilities, which may include

- Representing and advising the incident commander as part of the command personnel on all public information matters relating to communication management for the incident, and monitoring and handling media and public inquiries
- Managing day-to-day operations of the JIC and functioning within a JIS
- Coordinating with PIOs from participating government departments and organizations to manage resources and avoid duplication of efforts

**Equipment and Technology Resource Elements**

**E/T1:** Dedicated phone line(s) to receive and address inquiries from the media, stakeholders, and the public.

**E/T2:** Capacity for 24/7 health alerting (using phone or other alerting or notification methods), including maintenance, licensing, and mechanisms, such as contracts in place to purchase media time or short system messaging (SMS) code, as necessary.

**E/T3:** Redundant power supply to support 24/7 alerting and public messaging capacity.
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**E/T4:** Communication devices to support partnerships with emergency management or other local authorities. Communication devices may include

- Amateur radios
- Government Emergency Telecommunications Service (GETS) card issued by the U.S. Department of Homeland Security (DHS)
- Satellite phones
- Walkie-talkies, such as P25 compliant radios
- Other wireless devices

**Function 2: Determine the need for a Joint Information System**

**Function Definition:** Coordinate with emergency management agencies to determine the need for and scale of a JIS, including, if appropriate, activation of a new public health JIC. Participate with other jurisdictional JICs to combine information sharing abilities and coordinate messages.

**Tasks**

**Task 1:** Coordinate with jurisdictional emergency management to establish a public health JIC or a virtual JIC and participate in a JIS as needed. Activate a public health JIC or a virtual JIC, as applicable to the incident, and coordinate with emergency management to determine the need for a JIS.

**Task 2:** Ensure appropriate participation from public health communications representatives in the jurisdictional EOC. If a public health JIC is not activated for the incident, identify a public health communication representative, such as a PIO to participate in the jurisdictional EOC to ensure public health messaging capacity is represented.

**Task 3:** Coordinate public information messages through four common functions. Assign leads to the four common functions: information gathering, information dissemination, operations support, and liaison roles to public information personnel. Ensure coverage for extended operational periods, as applicable.

**Preparedness Resource Elements**

**P1:** Procedures in place to activate a JIC or virtual JIC connecting public information agencies or personnel through telephone, Internet, or other technologies and means of communication.

*(See Capability 3: Emergency Operations Coordination)*

**P2:** Standard operating procedures in place to request additional emergency public information and warning resources including personnel and equipment, and replace inoperable equipment to ensure continuity of operations through the jurisdictional incident management system.

**P3:** Decision support matrix to help determine when to scale up or scale down JIS operations. Recommended considerations may include

- Contingencies if incident information needs exceed the public health agency resources
- Procedures in place to detail how the public health agency will participate in the jurisdictional JIC or JIS if the response involves multiple organizations requiring coordinated messaging and spokespersons
Skills and Training Resource Elements

S/T1: Personnel or volunteers from partner agencies who will support information gathering, information dissemination, operations support, and liaison roles during an incident.

S/T2: Personnel or volunteers from partner agencies who have awareness-level training specific to media operations during an incident. Media operations may include television, Internet, radio, social media, newspapers, and other channels.

Equipment and Technology Resource Elements

E/T1: (Priority) Minimum components of a virtual JIC may include

- Electronic communications equipment to exchange information within the jurisdiction and with CDC in real time, as possible
- Plans for continuity of operations if equipment is inoperable
- Shared site, mechanism, or system to store electronic files of JIC products, e-mail distribution lists, incident information, and scheduling

E/T2: Supporting infrastructure for state, local, tribal, and territorial jurisdictions to send and receive information, with the ability to meet access and functional needs guidelines. Infrastructure may include

- Cellular phones
- Clocks
- Computers and printers
- Contact information for state and local officials and media
- Fax machines
- Internet access
- Phones and multiple phone lines
- Radio (dual-band, HAM, or high-frequency)
- Recording devices for both radio and television
- SMS text
- Television
- Video conferencing equipment

Function 3: Establish and participate in information system operations

Function Definition: Monitor jurisdictional media, conduct press briefings, and provide rumor control for media outlets using the principles of NIMS for organizing and coordinating incident-related communications.

Tasks

Task 1: Participate in public information sharing. Develop, recommend, and execute approved public health communication plans and strategies on behalf of the incident command or unified command structure based on the public health incident management role. Before sharing information with the public, collect, evaluate, and verify all information and obtain approval from authorized officials, such as health officer or incident commander.
Task 2: Control rumors. Control myths and rumors within the jurisdiction using media and digital outlets, including television, Internet, radio, social media, and newspapers.

Task 3: Provide a single point for dissemination of information for public health and health care issues. Release public health and health care information through pre-identified procedures based on jurisdictional processes, such as systems and spokespersons in coordination with the JIC.

Preparedness Resource Elements

P1: Procedures in place for when the public health agency may designate a lead PIO or provide public information support within emergency operations plans, job action sheets, or other applicable documentation.

P2: Procedures in place to track and monitor media, which may include
- Tracking media contacts and public inquiries, including contact, date, time, query, and outcome
- Monitoring media coverage to ensure information is accurately relayed
- Correcting misinformation before the next news cycle
- Addressing public health and health care concerns received from jurisdictional media interests
- Maintaining media contact lists and protocols for media engagement

Skills and Training Resource Elements

S1: Public information personnel trained in incident management and information systems operations. Relevant trainings may include
- National Incident Management System (IS-701.a)
- Emergency Management Institute G291—Joint Information System/Joint Information Center Planning for Tribal, State, and Local Planning Information Officers
- Emergency Management Institute PIO trainings

Equipment and Technology Resource Elements

E/T1: Equipment and digital media accounts that are accessible to PIOs or spokespersons in order to receive messaging from the jurisdiction’s public health alert system or network.

(See Capability 3: Emergency Operations Coordination or Capability 6: Information Sharing)

Function 4: Establish avenues for public interaction and information exchange

Function Definition: Provide methods for the public to contact the public health agency with questions and concerns. Methods may include
- Call centers
- Help desks
- Hotlines
- Instant messaging
- Social media
- Text messaging
- Websites
Tasks

Task 1: Establish systems for managing public and media inquiries. Implement scalable methods, such as Internet sites, call centers, poison control centers, non-emergency lines, such as 211 or 311, and social media to respond to public and media inquiries, as needed, for the incident.

Task 2: Post incident-related information on the public health agency website. Establish an Internet presence to inform and connect with the public that adheres to the principles of CERC.

Task 3: Use social media platforms and text messaging. Implement social media platforms, such as Twitter and Facebook and opt-in targeted notifications through texting, when and if possible, for public health messaging to the public.

Task 4: Identify, protect, and ensure information exchange with disproportionately impacted populations. Use geographic information systems (GIS), demographics, and epidemiological data to understand the complexities of the emergency and the response and to identify appropriate methods and sources, such as trusted spokespersons to protect, reach, and engage at-risk individuals with access and functional needs who may be disproportionately impacted by the incident.

Preparedness Resource Elements

P1: Procedures in place to activate and manage designated inquiry line(s), as applicable. Recommended procedures may include

- Diversion of unnecessary calls away from the community 911 system by establishing call centers or by other methods
- Diversion of non-critically ill patients away from the health care system, including the use of public information, advice, or triage lines
- Provision of updated public information regarding public health agency actions and recommendations

P2: Procedures in place to activate call centers with community partners, as needed. Recommended procedures may include

- Criteria for activating call centers
- Designation of persons to activate the call center system
- Designation of call center leader
- Process for call center system activation
- Procedures to detail how the call center will interface with the jurisdiction’s incident management system, to include the JIC
- Call center scripts or message maps for call center personnel
- Coordination of call center scripts with other messages
- Contact information for community partners for example, providing a public health center with poison control center contact information
- Processes to assess staffing needs
- Processes for staffing, increased hours, and demobilization of call centers
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P3: Procedures in place for the usage of CDC-INFO or nurse triage lines and poison control centers as resources to increase response capacity for public and health care provider inquiries in emergency and natural disaster incidents, as applicable to the jurisdiction.

(See Capability 6: Information Sharing)

P4: Procedures in place to monitor, manage, and use social media, which may include
- Addressing questions, myths, and misconceptions
- Collecting and reviewing digital media metrics, such as click-through rates, impressions, followers, likes, and shares
- Coordinating social media messaging with call center scripts
- Creating and clearing posts, including a timeframe or schedule for adding new posts
- Evaluating social media engagement and reach
- Hyperlinking to other relevant websites
- Promoting social media channels
- Using geotags and push notifications to target social media messages to users in impacted areas

P5: Message development guidelines for social media, which may include
- Considerations for target audiences
- Use of plain language
- Character limits for messages
- Sign language interpreter and captioning for video messaging
- Audio conversion for scrolled messaging
- Actions the public can and should take during an incident

Skills and Training Resource Elements
S/T1: Public information personnel trained in the use of social media, technology, and health communication.

S/T2: Public information personnel who have completed NIMS Communications and Information Management training (IS-704).

Equipment and Technology Resource Elements
E/T1: Information technology or telephonic equipment to support the scalability of the inquiry line, as needed, for the incident (a transferred call occupies a phone channel until the call is completed).

Function 5: Issue public information, alerts, warnings, and notifications

Function Definition: Use CERC principles to disseminate critical health and safety information to alert the media, public, and other stakeholders to potential health risks and reduce the risk of exposure to ongoing and potential hazards.

Tasks

Task 1: Comply with jurisdictional legal guidelines when communicating information. Prevent communication of information that is protected for national security or law enforcement purposes or that may infringe on individual or entity rights.
Task 2: **Disseminate information to the public using pre-established message maps.** Disseminate approved messages to the public through multiple mechanisms, and ensure that languages and formats of information account for the access and functional needs of individuals, which may include individuals
- Who are deaf or hard of hearing
- With vision impairments
- With limited English proficiency
- From diverse cultural backgrounds
- With cognitive limitations
- Who do not use traditional media

Task 3: **Disseminate information to responder organizations.** Coordinate and transmit health-related information to responder organizations through secure messaging platforms.

### Preparedness Resource Elements

**P1:** Documented and approved intra- and inter-jurisdictional legal authorities to avoid communicating information that is protected for national security or law enforcement purposes or that may infringe on individual or entity rights.

**P2:** Procedures in place to identify points of contact and establish a clearance process to verify and approve communication products, including talking points, social media messages, public information, and external-facing documents.

**P3:** Documented information to help populations at risk of being disproportionately impacted by an incident understand personal preparedness, what services are available, and where and how to obtain services. Consider the use of multiple media, multilingual materials, and alternative formats as well as the cultural appropriateness and age appropriateness of information.

**P4:** Procedures in place to address populations that may be disproportionately impacted by the incident, including at-risk populations with access and functional needs, in the development of informational materials.

**P5:** Procedures in place to reach rural or isolated populations.

### Skills and Training Resource Elements

**S/T1:** Information technology personnel with necessary skills to support and sustain the jurisdictional health alert network or system.

*(See Capability 6: Information Sharing)*

**S/T2:** Personnel trained in health communication and cultural competency.