Crisis/Emergency Communications Guidelines

Communications, Marketing and Consultation Branch

Crisis Communications Unit

Approved by the DEC Committee on Risk Management (January 31, 2003)

Updated: September, 2003

If you have any questions or comments regarding the Guidelines, or to obtain extra copies, please contact John Rainford, Chief, Crisis Communications (613) 946-7245.

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1 INTRODUCTION

This document is intended to serve as a guide for Health Canada's communications response in the event of a health-related emergency or crisis. It is comprised of Crisis Communications Guidelines, Emergency Communications Guidelines along with communications tools that can be applied to both. In addition, it includes discussion of a Federal/Provincial/Territorial Emergency Communications Protocol that is a key element of better coordination of public communications activities in cross-jurisdictional emergencies.

Note: If an emergency or crisis evolves from a Health Canada to a Government of Canada issue, the approach proposed in these guidelines would fit within the broader structure coordinating the activity of several departments.

Definitions

Crisis: A situation that somehow challenges the public's sense of appropriateness, tradition, values, safety, security or the integrity of government.*

Emergency: An abnormal situation that requires prompt action, beyond normal procedures, in order to limit damage to persons, property or the environment.*

Objective of Crisis and Emergency Communications:

The objective of these guidelines is to promote organisational systems, decision-making processes, information-sharing networks, and strategic approaches that allow the department to respond to the communications demands of a crisis or emergency situation.

The Challenge of Crisis and Emergency Communications:

Crisis and Emergency Communications differ fundamentally from day-to-day communications activities in many ways, including:

Need for speed: This is essential to filling the information vacuum, which in turn demonstrates competence; increases the likelihood of control; manages rumours/incorrect information; can reduce public fear.

Need for appropriate messaging: Integrating risk communications and crisis communications principles, often a difficult task in the crisis or emergency environment.

Need for coordination of branches, departments, and governments: Most crises and emergencies are cross jurisdictional, and therefore demand strong communications coordination of all implicated organisations.

* Communications Policy of the Government of Canada - April 1, 2002

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2 GUIDING PRINCIPLES

In an attempt to face the challenge crisis and emergency communications presents, this document:

- 1. Applies one simple set of guidelines across the full scope of Health Canada's emergency responsibilities. The same basic approach is used to better manage communications crises even if no emergency plan has been activated.
- 2. Creates new approaches designed to respond to the unique demands of the crisis/ emergency situation, but builds on existing communications procedures, staff expertise and management structure, to the extent possible. As the department's day-to-day processes and systems change, the crisis and emergency guidelines should adjust appropriately.
- 3. Stresses the value of the production of prepared information, the establishment of information-sharing networks, and processes to speed up response time and resolve as many communications issues as possible prior to an event occurring.
- 4. Develops capacity to provide decision-makers with a range of <u>proactive</u> communications activities which view the media as only one of several key audiences.
- 5. Is consistent with Health Canada's Emergency Preparedness Policy (2001), Health Canada's Emergency Response Plan (2002), and with the Government of Canada Communications Policy (2002).

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SECTION 1

CRISIS COMMUNICATIONS GUIDELINES

CRITICAL COMMUNICATION ISSUE PROCESS (CCI)

Objectives of the Critical Communication Issue Process:

- 1. To bring together all implicated staff, including communications staff, program experts, program decision-makers, Deputy Minister's Office (DMO), Minister's Office (MO) and Privy Council Office (PCO), and other organizations as required.
- 2. To establish a single point of coordination for the response, typically the Crisis Communications Unit.
- 3. To employ a set of check-lists and communications tools to quickly share all relevant information, discuss communications options and strategy, assign responsibility, and prepare for potential developments.
- 4. To ensure specific goals of the crisis communications response are reached, including:
- provide senior management with various proactive communications options to access multiple audiences
- ensure Health Canada has the <u>ability</u> to participate in the first news cycle following a crisis event
- promote clear, common messaging among Health Canada spokespersons, and those of other organisations and other governments
- encourage the appropriate content for the response, including an integration of risk communications and crisis communications principles
- setting realistic objectives of the crisis communications response

Activation

The Critical Communication Issue (CCI) Response is activated by:

- A) The Deputy Minister or designate through the Director General, Communications, Marketing and Consultation Branch (CMCB).
- B) The Director General, CMCB, based on consultations with the responsible Communications Executive and the Directors of Strategy and Public Affairs, or following consultation with the involved Regional Communications Director.
- C) As part of a branch or regional level crisis response, which is usually led by the responsible Assistant Deputy Minister or Regional Director General.

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CRITICAL COMMUNICATION ISSUE (CCI) RESPONSE PROCESS

- **Step 1:** Critical Communication Issue Response is activated. Director General (or designate) contacts the Chief, Crisis Communications, with instructions to assemble the Crisis/Emergency Communications Team, setting out:
- the issue to be addressed
- time of meeting
- who should be involved (ie. Communications staff, Program, DMO, MO, PCO, Legal Services, and a regional office, if necessary)

(See ANNEX 2: Critical Communication Issue/Emergency Communications Team p. 15)

- **Step 2:** Chief, Crisis Communications, organises meeting, including:
- room arrangements*
- conference calls if necessary
- materials, including the relevant meeting check-lists
- record of decisions taken

(See ANNEX 3: Setting up the Critical Communication Issue/Emergency Communications Response p.17)

- **Step 3:** Chief, Crisis Communications, conducts meeting using the Critical Communication Issue/Emergency Communications Check-Lists in order to:
- share all available information
- discuss the appropriate communications strategy
- construct a response plan with specific communications activities
- designate appropriate spokespersons
- agree on responsibilities of Crisis Communications Team members
- set time and place for next meeting

(See ANNEX 5: Critical Communication Issue/Emergency Communications Check-lists p.29)

Step 4: Chief, Crisis Communications, circulates an email record of what was agreed to, specific responsibilities, deadlines, and the time and place of the next meeting.

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^{*} With the consent of the Director General or designate, room 1234B will be commandeered and all reservations previously made will be cancelled. The Executive Assistant to the Director General will be responsible for notifying those who made prior bookings to inform them of necessary cancellations.

SECTION 2

Emergency Communications Guidelines

This document serves as the framework for the development of emergency communications plans across the scope of Health Canada's responsibilities. The extent to which this generic template is followed increases the likelihood that an emergency communications plan serves as a useful tool during an emergency. The Crisis Communications Unit, Communications, Consultations and Marketing Branch, should act as a resource for the development and maintenance of each emergency communications plan.

The specific emergency plans in question include*:

- 1. Canadian Contingency Plan for Pandemic Influenza
- 2. Canadian Contingency Plan for Viral Haemorrhagic Fever
- 3. National Smallpox Contingency Plan
- 4. Emergency Response Assistance Plan for Infectious Substances Affecting Humans, Risk Group 4
- 5. Foodborne Illness Outbreak Investigation Protocol
- 6. National Counter-Terrorism Plan(HC component)
- 7. Canada/United States Joint Radiological Emergency Response Plan
- 8. MOU between Health Canada and CFIA on Food Safety Emergency Response
- 9. National Earthquake Support Plan
- 10. Water Quality Program Emergency Response Guide
- 11. MOUs related to the Quarantine Act
- 12. Food Directorate Emergency Preparedness Plan
- 13. Botulism Plan
- 14. Canadian Recommendations for the Prevention and Treatment of Malaria among International Travellers
- 15. Procurement and Storage of Blood and Blood Components for use in a National Emergency
- 16. Occupational Health and Safety General Response Plan
- 17. Therapeutic Products Directorate Emergency Management Manual
- 18. Departmental Business Continuity Planning Program
- 19. Building Fire Emergency Response Planning
- 20. Bomb Threat Response Planning Guidelines
- 21. Occupational Illness and Injury Response Planning Guidelines
- 22. Hazardous Material Spill Response Planning Guidelines and Response Plan
- 23. Workplace Violence General Guidelines
- 24. Utility Incident Response Planning Guidelines
- 25. Demonstrations and Occupations Response Planning Guidelines
- 26. Procedures for Handling Suspicious Packages/Envelopes
- 27. Canadian Science Centre for Human and Animal Health
- 28. Federal Nuclear Emergency Plan

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^{*}The name and status of these documents is subject to change.

Preparatory Emergency Communications Work

Each Emergency Communications Plan should include the following preparatory communications work:

a) <u>Strategic Considerations</u>

Each emergency communications plan should include a single page of bullet points intended to quickly establish the strategic framework that will guide communications decision-making. Issues addressed may include:

- What level of government/federal department has the lead responsibility for public communications?
- What other organisations may engage in public communications activities?
- What level of media interest should be expected, and where will they likely turn for information?
- What is the time line for the first response?
- What in very broad terms -- is the public risk perception linked to this type of emergency?

(See Annex 5: Critical Communication Issue/Emergency Communications Check-Lists p. 29)

b) <u>First Response Information</u> (optional)

It may be appropriate to include draft, translated information on the steps the department will take in response to a specific emergency which could, in addition to what is known about the situation, act as a first response. In emergency scenarios demanding urgent and immediate public statements, this preparation will reduce the time required to disseminate information where appropriate, to key stakeholders and audiences, manage incorrect information and rumour, and reassure the public.

(See Annex 8: Releasing Information to the Media p.45)

c) **Background Information**

Each emergency communications plan should include background information for use in press releases, website postings, technical briefings and in response to media and toll free line enquiries. The information should be translated and formatted, if possible, into commonly used communications products, such as Qs and As or Fact Sheets.

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d) Emergency Spokespersons

- The Minister is the lead spokesperson for the department across the scope of its emergency responsibilities.
- In the event the Minister is not available: for example, technical briefings, regional events or for on-going updates of emergency developments, each plan must designate individuals as described in **Annex 6: Spokespeople p.40**.
- Criteria for spokesperson selection should include:
 - strength as communicator
 - bilingual
 - availability during the emergency
 - broad subject knowledge
 - patience
 - credibility
 - media training / media experience

e) <u>Key Opinion Leader Database</u>

Each emergency plan should include a list of stakeholders, experts and other opinion leaders. These individuals and organisations should receive information on the emergency situation as soon as possible and on an on-going basis from Health Canada. Doing so will reduce the likelihood of misinformation and increase the likelihood of consistent or complementary messaging from all health partners.

Such a list should be integrated into the Key Opinion Leader Database (KOL) to allow for quick electronic communications.

(See Annex 13: Releasing Information to Stakeholders p. 54)

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Emergency Communications Response Process

Step 1: The Emergency Manager, with authority of the Deputy Minister and the Departmental Executive Committee, activates the Health Canada Emergency Response Plan, including the Communications Group.

Communications staff will be integrated into the 24/7 Health Emergency Notification System.

Once the Chief, Crisis Communications, and Senior Advisor, Crisis Communications, are notified of an emergency through the notification systems, and after consultations with the Chair of the Crisis and Emergency Communications Group, they will be responsible for notifying other communications staff as necessary.

- **Step 2:** Each plan should identify where the Emergency Communications Group will meet. Based on the circumstances of the emergency, and the specific emergency in question, options for where the Emergency Communications Group will meet include:
 - DG's Boardroom, 1234C Brooke Claxton Building
 - Health Canada, Emergency Operations Centre, 100 Colonnade Road
 - National Support Centre, 122 Bank Street, 2nd Floor, Ottawa, ON
 - Health Canada Back-Up Emergency Operations Centre (Michael Street)

Note: if the Emergency Communications Group does not meet in the activated EOC, provisions must be made to ensure a continuous flow of information in and out of the EOC, and that communications staff are integrated into decision-making processes.

(See ANNEX 3: Setting Up a Crisis/Emergency Communications Response p.17)

- **Step 3**: Chief, Crisis Communications, conducts meeting using the Crisis Communications Check-lists in order to:
 - share all available information
 - discuss the appropriate communications strategy
 - construct a response plan with specific communications activities
 - designate appropriate spokespersons
 - agree on responsibilities of Crisis Communications Team members
 - set time and place for next meeting

(See ANNEX 5: Crisis/Emergency Communications Check-lists p.29)

Step 4

Chief, Crisis Communications circulates an email record of what was agreed to, specific responsibilities, deadlines, and the time and place of the next meeting.

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SECTION 3

F/P/T Emergency Communications Protocol

The shared responsibility among orders of government for most health emergencies must be reflected in Health Canada's emergency planning.

<u>The Health Emergency Communications Network (HECN)</u> - a working level group on improving emergency communications representing Health Canada and provincial and territorial governments.

The HECN is coordinated by the Chief, Crisis Communications.

Several key elements should be included in this section:

- protocols on notification of F/P/T communications counterparts in the event of an emergency
- up-to-date contact lists of key F/P/T communications staff
- protocols on information exchange during emergencies, including computer software compatibility

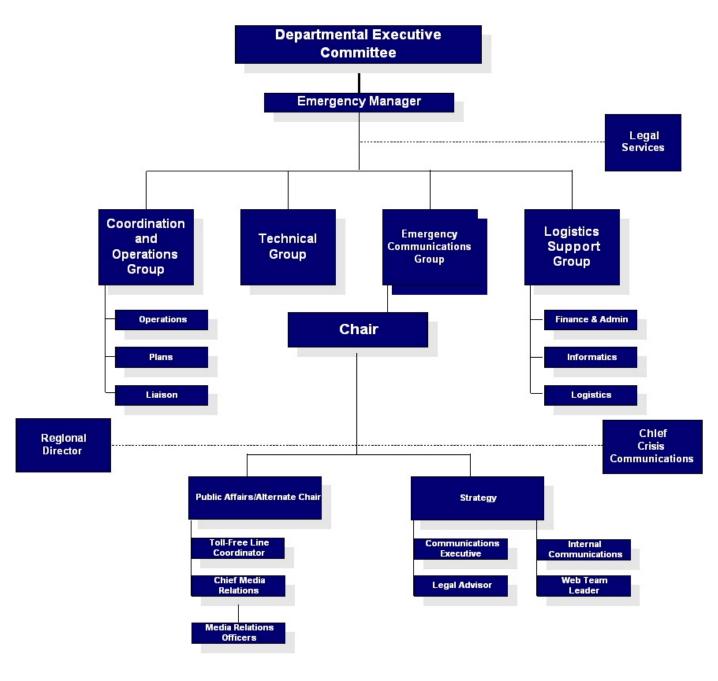
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Health Emergency Communications Network - Contacts		
NAME	OFFICE	CELL.
Health Canada		
Alberta Health and Wellness		
British Columbia Ministry of Health Planning & Health Services		
Manitoba Health		
Health and Wellness, Province of New Brunswick		
Government of Newfoundland and Labrador		
Department of Health and Social Services, Government of the NWT		
Department of Health and Social Services, Government of the NWT		
Nova Scotia Department of Health		
Department of Health and Social Services, Government of Nunavut		
Ontario Ministry of Health & Long-Term Care		
Ontario Ministry of Health & Long-Term Care		
PEI Department of Health and Social Services		
Ministère de la Santé et des Services sociaux (Québec)		
Saskatchewan Health		
Saskatchewan Health		
Department of Health and Social Services, Government of Yukon		

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ANNEX 1: EMERGENCY OPERATIONS CENTRE ORGANISATIONAL STRUCTURE

The Crisis/Emergency Communications Group fits into the organizational structure as detailed in the Health Canada Emergency Response Plan:



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ANNEX 2: CRITICAL COMMUNICATION ISSUE/EMERGENCY COMMUNICATIONS TEAM

Title	Name	Contact
Chief, Crisis Communications		
Senior Advisor, Crisis Communications		
Director General, Communications		
Senior Director, Strategic Communications		
Director, Operations		
Director, Public Affairs		
Chief, Media Relations		
Manager, Emergency Operations Centre		
Media Relations Officers		
HCO Web Team		
Communications Executives		
РРНВ		
НРЕВ		
НРСВ		
HECS		
FNIHB		
IACB		
CSB		
Regional Communication Directors		
Alberta/Northwest Territories		
Atlantic		
British Columbia/Yukon		
Manitoba/Saskatchewan		
Ontario/Nunavut		
Quebec		
Other		
Privy Council Office representative		
Deputy Minister's Office representative		
Deputy Minister's Office representative		
Minister's Office - Director of Communications		
Minister's Office - Special Assistant		
Legal Advisor - Senior General Counsel		
Other Departments		
Canadian Food Inspection Agency		
Foreign Affairs & International Trade		
Agriculture & Agri-Food Canada		

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	1	1
Environment Canada		
Solicitor General		
Transport Canada		
Office of Critical Infrastructure Protection & Emergency		
Royal Canadian Mounted Police		
National Defence		
F/P/T		
Alberta Health and Wellness		
Alberta Health and Wellness		
British Columbia Ministry of Health Planning & Health		
Manitoba Health		
Health and Wellness, Province of New Brunswick		
Government of Newfoundland and Labrador		
Department of Health and Social Services Government of		
Department of Health and Social Services Government of		
Nova Scotia Department of Health		
Department of Health and Social Services Government of		
Ontario Ministry of Health & Long-Term Care		
Ontario Ministry of Health and Long-Term Care		
PFI Department of Health and Social Services		
Ministère de la Santé et des Services sociaux (Québec)		
Saskatchewan Health		
Saskatchewan Health		
Department of Health and Social Services, Government of		
International		
U.S. Centers for Disease Control and Prevention		
Health & Human Services (USA)		
World Health Organization		
Department of Health, United Kingdom		

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ANNEX 3: <u>SETTING UP THE CRITICAL COMMUNICATION</u> <u>ISSUE/EMERGENCY COMMUNICATIONS RESPONSE</u>

Teleconferencing Call Set-Up

Phone Conference Line Centre:

a call or to change/cancel the teleconference.

1.

2.	Customer representative will request:
•	Date of meeting: Time: from : to: specify time zone Number of lines (includes chair person): Name of Chairperson: Chairperson's phone number: Billing Code:
3.	Request a toll-free number. You will be given a 1-800 number as well as an access code.
The re	presentative will give you a reservation number. They will ask for this if asked to confirm

NOTE: In the event of a crisis/emergency lasting several days it is essential that you arrange to have the same telephone number for daily teleconference calls to simplify the process.

For information on setting up a teleconference for the media, see Annex 9: Releasing Information to the Media p. 45.

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Chair (Director General, Communications, Marketing & Consultation Branch or designate)

~	RESPONSIBILITIES
	Direct and manage the Critical Communication Issue Process/Emergency Communications Group (CCI/ECG).
	Direct and manage the allocating of resources. Financial needs - Branch Finance Manager (phone #) Space requirements - Executive Assistant (phone #)
	Represent CMCB at the Departmental Executive Committee (DEC).
	Appoint Toll-free Line Coordinator.
	Manage human resources in the event of a prolonged crisis/emergency. Contact Unit Head, Human Resources (phone #).
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC
	Communications Executives PPHB HPFB HPCB HECS FNIHB IACB CSB

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ANNEX 4: GENERIC INSTRUCTION SHEETS

Alternate Chair (Director, Public Affairs)

/	RESPONSIBILITIES
	Acts in place of the chair in the event the chair is unable to lead the meeting of the Crisis/Emergency Communications Group.
	Supports the activities of the chair.
	Manages the approval process of communications products, under direction from the Chair. (See Annex 7: Critical Communication Issue/Emergency Approval Process p.41)
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC
	Communications Executives PPHB HPFB HPCB HECS FNIHB IACB CSB

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Coordinator (Chief, Crisis Communications*)

✓	RESPONSIBILITIES
	Coordinate the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG) meeting logistics, including setting up meetings, conference calls, etc. Tele-Conference Line Centre: Billing Code: Use boardroom 1234B (See Annex 2: CCI/EC Team Contact List p.15)
	CCI/ECG representative in the Emergency Operations Centre (if activated). Contact EOC Manager (phone #) Verify laptop is up-to-date and compatible with EOC operating system.
	Ensures record of decisions (ROD) is circulated following meetings.
	Inter-organisation communications as directed by the chair (eg. FPT Health Emergency Communications Network/NGO Health Emergency Group).
	Disseminate information packages to stakeholders, experts and other opinion leaders through the Key Opinion Leaders Database. (See Annex 13: Releasing Information to Stakeholders p. 54)
	Act as the lead advisor to the chair on specifics of crisis/emergency management.
	Distribute the appropriate CCI/ECG materials; including check-lists, prepared materials, instruction sheets and Crisis/Emergency Communications Guidelines.
	Lead the post-mortem process following the crisis/emergency. (See Checklist 9: Post Critical Communication Issue/Emergency Review p. 39)
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC

^{*} Senior Advisor, Crisis Communications, will act as the coordinator in the event the Emergency Operations Centre is activated and the Chief is representing the CECG in the EOC.

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Senior Director

~	RESPONSIBILITIES
	Coordinate the writing, production, and approvals of all materials at program level.
	Liaise with DMO and Minister's Office.
	Lead multi-branch decision-making and information sharing including organising meetings or conference calls between branches to facilitate information flow.
	Ensure that risk communications principles are incorporated into public communications materials and activities.
	Ensure the appropriate communications executives are notified and involved in decision-making.
	Coordinate internal communications.
	If necessary, attend meetings of the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG).
	KEY CONTACTS
	Senior Advisor, Deputy Minister's Office Executive Director, Deputy Minister's Office Director of Communications, Minister's Office Special Assistant, Minister's Office
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC
	Communications Executives PPHB HPFB HPCB HECS FNIHB IACB CSB

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Chief, Media Relations

V	RESPONSIBILITIES
	Lead the media relations, media monitoring, and press conference logistics teams.
	 Talk to Chair to organise back-up teams if necessary. Ensure the HR requirements for Media Relations Officers and Media Monitoring Staff are met regarding rotational schedules to avoid burnout.
	Manage all press conferences. (See Annex 9: Releasing Information to the Media p.45)
	Coordinate the release of information to the media.
	Identify, with the Chair and Communications Executive the appropriate spokesperson. Coordinate training and preparation of spokespeople.
	Monitor the level of information demand from the media and report back to the Chair.
	Coordinate the approval and translation process of all materials to be distributed to media. Manage the emergency translation process. (See Annex 8: Translation During an Emergency p.43)
	 Media monitoring. Ensure that media reports and analysis are distributed to the CCI/ECG, as well as other implicated individuals within the department and in other organisations. Verify distribution list is kept up to date as more people and organisations become implicated and begin requesting information.
	Attend meetings of the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG).
	KEY CONTACTS
	Director of Communications, Minister's Office Special Assistant, Minister's Office Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Public Affairs
	Conferences and Special Events Senior Presentations Officer Senior Presentations Clerk

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Communications Executive* (of all implicated branches)

✓	RESPONSIBILITIES
	Lead on branch contact for the ECG including ADM's office.
	Production of materials, including leading the writing team, as well as writing key products (as directed by the Senior Director).
	Identify the appropriate spokesperson(s) with the Chair and Chief of Media Relations.
	Allocate resources within the branch team appropriately. Submit HR needs to Chair.
	Attend the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG) meetings.
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC
	Other Government Departments Canadian Food Inspection Agency Foreign Affairs & International Trade Agriculture & Agri-Food Canada Environment Canada Solicitor General Transport Canada OCIPEP Royal Canadian Mounted Police National Defence

^{*}Branch Communications Advisor may act in this role if appropriate.

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Toll-Free Line Coordinator

✓	RESPONSIBILITIES
	Under the direction of the Chair, contact 1-800 O Canada to inform them of the need to set up a toll free line. Contact Client Services, Communication Canada (phone #)
	Coordinate the set up of a line and the transfer of information to 1-800 O Canada and ensure that updates and current information is forwarded to 1-800 O Canada as set out in Annex 11: Releasing Information to the Public p.48.
	Ensure that the number to be used is communicated through the various activities and products of the response, including those of involved health partners, e.g. HC web site and other implicated department sites, FPT, OGD and NGO networks.
	Coordinate the contract associated with setting up a toll free line.
	Contact the Branch Finance Manager (phone #) to manage the financial resources required for the implementation of the line.
	Monitor the situation and report back to the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG).
	Develop Exit Strategy for the phasing out the line.
	Attend meetings of the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG).
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC Communications Executives PPHB HPFB HPCB HPCB HECS FNIHB IACB CSB

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Web Team Leader (WTL)

/	RESPONSIBILITIES			
	Coordinate the setting up of crisis or emergency specific web pages with input from the programs.			
	Manage posting of content under one of the 10 main subject areas reflected in the new website architecture. A different WTL is responsible for each subject area depending on which program is implicated in the crisis.			
	Provide advice to the lead Communication Executive on coordination, assembly and/or collating content appropriate for the web.			
	Advise regarding other external links related to or reporting on the crisis.			
	Contact Web leaders from other implicated organisations to coordinate efforts.			
	Attend meetings of the Critical Communication Issue Process/Emergency Communication Group (CCI/ECG).			
	KEY CONTACTS			
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC			
	Communications Executives PPHB HPFB HPCB HECS FNIHB IACB CSB			

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Regional Communications Director (of implicated regions)

✓	RESPONSIBILITIES
	Notify the Chief, Crisis Communications, in the event of an emergency or potential emergency.
	Participate – by conference call – in meetings of the Critical Communication Issue/Emergency Communication Group (CCI/ECG) and with HECN.
	Lead contact with regional levels of government, regional stakeholders and opinion leaders.
	Provide on-the-ground press conference support in the event of a regional briefing or statement.
	Identify those regional (non-communications) staff who should be involved in the CCI/ECG process.
	Identify regional communications staff who could potentially participate in back-up team in the event of a prolonged crisis/emergency.
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC F/P/T
	AB BC MB NB NF NF NT NT ON PE QC SK SK SK YK

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Manager, Internal Communications

V	RESPONSIBILITIES
	Direct and manage corporate internal communications to all Health Canada staff. Share messages with HC Staff using one or multiple internal communications tools: Voice messaging set up via Octel System E-mail sent to all HC Staff via Lotus Notes Posting on HC external website HC Broadcast News for urgent and non-urgent delivery See Annex 12: Releasing Information to Health Canada Staff p.52 for complete instructions.
	Maintain close contact with the Senior Director and Crisis Communications team to ensure consistency in messaging internally and externally.
	Lead the writing, translation and approvals and distribution of all corporate internal messages, in conjunction with DMO.
	Contact Treasury Board regarding employee communications, strategies and wording of messages.
	Attend meetings of the Critical Communication Issue/Emergency Communication Group (CCI/ECG).
	KEY CONTACTS
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC

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ANNEX 4: GENERIC INSTRUCTION SHEETS

Legal Advisor

✓	RESPONSIBILITIES			
	Provide legal advice to the Senior Director and lead Communications Executive in the production of materials. If necessary, review content in press releases, media lines, Qs & As and any other material for release to the public.			
	Provide legal advice to the Chief, Media Relations, on specific issues or questions raised by the media.			
	If necessary, attend meetings of the Critical Communication Issue/Emergency Communication Group (CCI/ECG).			
	KEY CONTACTS			
	Emergency Communications Group Chief, Crisis Communications Senior Advisor, Crisis Communications Director General, Communications Senior Director, Strategic Communications Director, Operations Director, Public Affairs Chief, Media Relations Manager, EOC			

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ANNEX 5: CRITICAL COMMUNICATION ISSUE/EMERGENCY COMMUNICATIONS CHECK-LISTS

Check-List #1: Initial Meeting / Information Gathering

Verif	yin	g Information			
	G	What happened? When? Where? Why? How?			
	G	Is there any contradictory information? If so, can we trust our understanding is accurate?			
	G	What is the seriousness of the situation? What is the potential for escalation?			
	G	When did we find out?			
	G	Who else knows?(eg. Members of the public/media/other departments/other governments) Do we know anything of their reaction?			
Notif	ica	tion			
	На	ve all implicated Health Canada communications staff been notified of the situation?			
	Can we confirm that the relevant staff in the Deputy Minister`s Office and the Minister`s Office have been notified and are aware of our activities?				
	Have communications staff in implicated departments been notified? Has the Privy Council Office?				
	На	ve communications staff in provincial and territorial governments been notified?			
	If appropriate, have stakeholders and other implicated groups been notified?				
Resp	ons	sibility			
		nat level of government/which department is responsible? At what point will that ange?			
	Wł	no is the lead?			
	Wł	nat is Health Canada's role?			
	Which branch within Health Canada is lead? What other branches are involved and in what way?				
	Who is the program/scientific/technical person in charge?				
		nat other organisations/individuals are likely to make public comment? What are they ely to say?			

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Check-List #2: The Communications Response

Communications Options

What are the immediate, short term communications objectives of our activities?			
What is the department willing and able to say?			
Who v	vill speak for the department?		
How q	uickly can we respond?		
What	communications activities do we need to engage in to reach identified audiences?		
	Media Lines for use of Media Relations Officer		
	Public statement released to the media? Backgrounder released to the media?		
	News Conference briefing (In Ottawa? At location?)		
	Toll free line?		
	Website posting?		
	Release of information through the Key Opinion Leader database?		
	Information sessions or material for front line responders, implicated organisations?		
	Internal communications for Health Canada staff?		

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Check-List #3: On-going Communications Activities

ACTIVITY	RESPONSIBILITY	STATUS
Contact with Minister's Office		
Contact with Privy Council Office		
Preparation of Media Lines/Holding Lines		
Preparation of News Release (if necessary)		
Preparations of Backgrounders/Qs and As		
Contact communications staff in implicated federal departments/organisations		
Contact communications staff in implicated provincial/territorial/local governments		
Confirm and prepare spokespersons (ie. media training)		
Set-up and monitor toll-free line through 1-800 O CANADA		
Coordinate contact with stakeholders, including program contact and K.O.L. contact		
Contact communications staff in implicated foreign governments or organisations		
Media Monitoring reports /analysis		
Press Conference set-up and coordination		
Translation		
Crisis/Emergency Approval Process		
Designate / Prepare spokesperson		
Manage website posting / set-up of subsite		
Contact Regional Communications Directors		
Internal communications		

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Check-List #4: Expected Media Questions

Can you tell us exactly what happened and how?
Do you know how many people are affected?
What is the damage/death/injury estimate?
Who is to blame?
How can you assure concerned Canadians that you are in control of this situation?
What is Health Canada doing to address the situation, fix the problem?
When did Health Canada find out about the situation, why the delay?
Who has responsibility for managing this?
Can you estimate when the situation will return to normal?
With the situation as serious as it is, why is Health Canada not moving quicker/allocating more resources?
Do you think the government/the department/the province/the municipality could have handled this better?
How do you explain seemingly contradictory statements coming from industry/province/experts/other ministers?
Are other regions of the country vulnerable to this same situation?
What work has the department done to plan for this kind of situation? What plans exist? How does this compare internationally?

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Check-List #5: Audiences to Consider

TASK	'
Public within the circle of the emergency. Concerns: Personal safety, family safety, stigmatization, property protection.	
Public immediately outside circle of the emergency. Concerns: Personal safety, family safety, interruption of normal life activities.	
Public health and medical professionals involved in the emergency. Concerns: Resources adequate to respond, personal safety, family safety.	
Public health and medical professionals not involved in the emergency. Concerns: Ability to respond to patients with appropriate information, access to treatment supplies if needed/wanted.	
Emergency response and recovery workers. Concerns: Resources to accomplish response and recovery, personal safety, family safety.	
Media Concerns: Personal safety, access to information and spokespersons, deadlines.	
Stakeholders and partners specific to the emergency. Concerns: Included in decision-making and access to information.	
Trade and industry. Concerns: Business issues (loss of revenue, liability, business interruption) and protection of employees.	
Members of Parliaments. Concerns: Informing constituents, review of statutes and laws for adequacy and adjustment needs, opportunities for expressions of concern.	
Civic leaders, local, provincial, and national. Concerns: Response and recovery resources, liability, leadership, and quality of response and recovery planning and implementation; opportunities for expressions of concern; trade and international diplomatic relations.	
International community Concerns: Exploration of readiness.	

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Check-List #6: Setting up a News Conference*

6.1 Technical Equipment Check-list:

Contact: Senior Presentations Officer (phone #) OR Presentation Company (phone #)	Availability	Contact	Responsible	Status
1 - MSDC (Multi Feed box)				
3 - Head table mics (cabinet 0115C)				
2 - Floor mics (wireless in 0115C)				
2 - Speakers large or small	none currently			
2 - Cassette recorders C-60 cassettes as required) & Video VHS (0115C)				
1 - Technical Service Representative (TSR): (phone #)				
OPTIONAL: Back drop (drape colour? Length?), Lighting Kit 1 - Set up 1 - Delivery & pick up				
Sound + recording with teleconference (Bridging) Same sound + recording equipment plus 1 - telephone interface 1 - bridging company (TelAv or Government Conferencing) * List of names & phone numbers supplied by client (start time of teleconference is always Ottawa time)				

^{*} **NOTE:** Health Canada has purchased a large part of the equipment listed here; to gain access please contact the Senior Presentations Officer (phone #) or Senior Presentations Clerk at (phone #).

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6.2 Full Media Briefing:

Simultaneous interpretation, sound, recording, teleconference

Same equipment as above for Sound + Recording. Plus the following:	Availability	Contact	Responsibility	Status
bilingual simultaneous interpretation system				
# of receivers required (based on press attending)				
interpreters supplied by PWGSC. Contact: (phone #)				
teleconference with English + French bridges				
Health Canada contact on site to be confirmed with supplier.				
Paperwork to follow for approval.				
Contact: Presentation Company (phone#)				

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6.3 Full Scrum Kit: portable

For portable equipment please contact the presentation company (phone #) to handle your request.

Equipment	Availability	Contact	Responsible	Status
Stand-up mic for portable locations				
One on one, no podium or head table required.				
1 - floor stand c/w mic (0115C)				
1 - mixer (TelAv)				
1 - video cart (TelAv)				
1 - speaker (TOA) (TelAv)				
1 - MSDC (single) (multi feed box)				
1 - cassette recorder * C-60 cassettes as required (0115C)				
1 -TSR Contact: Presentations Officer (phone #) OR Presentation Company (phone #)				
1 - Delivery & pick up (Company)				

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This check-list can be used to review the preparedness of each Emergency Communications

Check-List #7: Emergency Communications Plan Readiness

Plan.	Does the Emergency Communications Plan include:
	Contact numbers for all involved communications staff within Health Canada and in other implicated organisations? (See pg. 15)
	Agreed upon system through which communications staff are notified of an emergency or of a possible emergency?
	Simple Strategic Considerations establishing, for example, lead responsibility, what other organisations are involved, and the recommended time line for the first response? (See pg.9)
	Optional draft, translated material to be used in the First Response detailing the process through which the emergency is being managed? (See pg. 9)
	Draft, translated Background Information, preferably in a useable format such as questions and answers? (See pg. 9)
	Designated Spokespersons and back-up spokespersons? (See pg. 10)
	List of Key Opinion Leaders for the emergency in question comprised of stakeholders, experts, and activists? (See pg. 10)
	Agreed upon processes through which public communications activities and materials will be approved? (See pg. 41)
	Process through which additional or unexpected costs or HR issues will be managed? (See pg. 56)
	Signed endorsement from the Director General, Communications, Consultation and Marketing Branch?

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Check-List #8: On-Going Issues Check-List

In a pro-longed crisis or emergency, the managers of the communication response must take into account other issues that are not necessarily urgent to the initial response. The following check-list may be used to guide discussions of such medium and long-term issues.

Is our response working?
Are resources properly allocated to the different functions of the response?
Are daily/weekly media briefings appropriate to reduce the demand for one-on-one interviews?
Should hours of operation be increased or reduced?
Are supplemental funds needed to meet public/media demand for information?
Have problems with the communications response been identified? Can they be fixed immediately?
Should the Critical Communication Issue/Emergency Approval Process continue to be used, or should the department revert to the normal procedure?
Are staff close to burn-out? Are there steps that we can take to manage stress levels or specific individuals? (limiting shift length, day off, access to exercise or fresh air, etc.)
Are the crisis/emergency costs/contracts/financial commitments being managed properly?

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Check-List #9: Post Critical Communication Issue/Emergency Review

The Post Critical Communication Issue/Emergency review is an essential step of the Crisis/Emergency Communications process. As soon as possible after an event, involved staff should come together to review what worked and what didn't, toward improving our performance. Ideally, the process should be led by a senior staff member not closely involved in the response. The review process may include the following steps:

	Establish a chronological time line of events and decisions taken.
	Compile and analyse media coverage.
	Conduct a "hot wash" (an immediate review of what went right and what went wrong) to capture lessons learned. Options for this include one-on-one interviews, or roundtable discussions.
	A report based on the time line, media coverage, and the views of all participants should be done, distributed, adjusted, and filed for future reference.
	Revise crisis plans, policies and procedures, and increase training opportunities, based on lessons learned.
Issue	s that you may want to address through this process could include:
	Did we meet our communications objectives?
	Were there any occasions of procedures taking too long & slowing the release of material to the media & the public?
	Were we able to meet the media's demands?
	Were the spokespeople overwhelmed? did they receive adequate support? were they well prepared?
	Was information provided to the public via the web site and the 1-800-O Canada number useful and done in a timely fashion?

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ANNEX 6: SPOKESPEOPLE

Spokesperson	Fr/Eng	Training	Area of expertise	Availability	Contact #
Subject specific expert					
Cubicat anadica august					
Subject specific expert					
Subject specific expert					
Regional Spokesperson					

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ANNEX 7: CRITICAL COMMUNICATION ISSUE/EMERGENCY APPROVAL PROCESS

In urgent circumstances, the following approval process should be used. The Critical Communication Issue/Emergency Approval Process reduces the number of people required to sign off on material, and elevates the authority of the individual responsible for managing the process.

- Step 1: Chair, Critical Communication Issue/Emergency Communications Group authorizes the shift to the Critical Communication Issue/Emergency Approval Process and assigns responsibility to a senior member of the group to manage the process (recommend: Deputy Chair).
- **Step 2:** Sign-off will be required from:
- 1) Subject Matter Expert
- 2) Responsible Assistant Deputy Minister(s)
- 3) Director General of Communications, or designate
- 4) Emergency Manager (if in place)

The attached form should be used during this approval process in order to collect sign off of the appropriate parties. A record of this approval should be provided to the Media Relations Unit.

Note A: This approval process does not preclude consultation with other key departmental staff, but limits the number of people able to prevent the timely release of public information.

Note B: Legal Services should also provide advice on the document before it is distributed.

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CRITICAL COMMUNICATION ISSUE / EMERGENCY COMMUNICATIONS APPROVAL

Branch ♦ Direction générale				Approval deadline Échéance d'approbation	
Subject ♦ Sujet					
CONTACTS ♦ PERSONI	NES-RESSOUF	RCES			
Project Manager Chargé de projet		MRO: Communications Advisor / Agent des communications		Minister's Office Cabinet du Ministre	
Comments ♦ Commentaire	es				
Approvals Approbations		ng Authority orisé par	Signatu	re	Date
1. Program Programme					
2. ADM/SMA					
3. DG, Communications					
4. Emergency Manager / Gestionnaire des situations d'urgence					
5. Legal / Juridique					
Please return to ♦ Veuillez	Please return to ♦ Veuillez retourner à : Room ♦ Pièce FAX / Téléc.:				

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ANNEX 8: TRANSLATION DURING AN EMERGENCY

Experience has shown that during a crisis or emergency, a number of challenges arise in the translation of communications products:

- delays the translation service is unable to keep up with the revisions of the document or are unable to translate more than one document at a time;
- inconsistencies different translators being used results in different terminologies in different documents;
- low priority as the crisis or emergency stretches on, translation needs fall through the cracks, with nobody ensuring that all materials are being translated.

Several options are available, depending on the nature and duration of the crisis or emergency, in order to meet these demands.

URGENT OFF-HOUR TRANSLATION

In a short-term emergency, outside of business hours, where the translation demands are limited, all materials should be sent to a company under contract to the CMCB to have the materials translated on an urgent basis. (See below for instruction on how to send this material.)

SUSTAINED CRISIS OR EMERGENCY

In a situation where the crisis or emergency will stretch over a number of days or weeks:

 translations would be sent to the CMCB's on-site translator* in order to translate these requests.

If the crisis or emergency should extend past a week, or it appears that it will, and the Emergency Manager has activated the department's Emergency Response Plan:

a second translator may be hired on a temporary basis in order to assist the Branch's translator with the increasing demands and to cover the in-house translator in order to provide longer hours of service, and a day off when required. (See Annex 15 for details on managing Human Resources p.56.)

MANAGING EMERGING TRANSLATION CHALLENGES

In the event of on-going translation problems:

 Chair of the ECG may appoint an individual, reporting to the Chief, Media Relations, with strong french language skills who will manage the translation demands and to ensure quality control.

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^{*} This position is currently vacant.

HOW TO SEND MATERIAL FOR TRANSLATION (OUTSIDE BUSINESS HOURS)

There are a number of companies that will provide translation services to Health Canada outside of normal business hours. Here is a list of some of those companies and a method of contacting them.

- 1)
- 2)
- 3)
- 4)

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ANNEX 9: RELEASING INFORMATION TO THE MEDIA

SETTING UP A NEWS CONFERENCE

First Option: 0115C in the Brooke Claxton Building

- Infrastructure and technical support are coordinated by DEC Services, Departmental Secretariat.
- 2 Room must be booked as soon as possible to allow coordination of contractors.
- Media access through the front entrance of Brooke Claxton Building. Media Relations will ensure that media visitors will be signed in.

4 Boardroom contact numbers: Conferences & Special Events (phone #)
Senior Presentations Officer (phone #)
Senior Presentations Clerk (phone #)

Second Option: The National Press Theatre (NPT)

Located in the National Press Building on the first floor, 150 Wellington Street - directly across Wellington from the West Block of the Parliamentary Precinct.

- Infrastructure, including broadcast feeds and simultaneous translation, provided and coordinated by the Press Gallery.
- 2 Time allotted in 30 minute slots, moderated by a member of the press gallery executive.
- 3 Attendance of non-gallery members strictly limited, passes required.
- 4 Press Gallery contact numbers NPT General: 613-992-4511

Teleconference feature for journalists: This allows journalists who are not in the area to listen to the press conference and also pose questions. Request the "Question and Answer" feature when booking the teleconference. This features allows reporters to listen in while on mute mode. An operator will then facilitate questions in an ordered manner. The customer representative will guide you through the various options associated with this feature.

Contact at a Presentation Company (phone #) to book your teleconference.

Teleconference access information may be distributed to media in two ways:

- 1) include toll free number and pass in news conference notice;
- 2) in the Notice to Media, require reporters to phone Health Canada and obtain number and access code individually to limit circulation of number and code.

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DISTRIBUTING A NEWS RELEASE TO THE MEDIA

- 1) Translation (See Annex 8: Translation During An Emergency p.43)
- 2) News Release Approval (See Annex 7: Critical Communication Issue/Emergency Approval Process p.41)
- 3) Issuing A News Release to Canada NewsWire
- Step 1: Send an e-mail to the HCO Web Team, and to the NR distribution list, attaching the materials to be issued and informing them of the actual posting time (posting should be synchronized with the wire service's issuing time).
- **Note:** For Warnings/Advisories that involve HPFB, please CC Manager, Advertising and Risk Communications Section.
- **Step 2:** Send to wire service (phone #):
- **Step 3:** Fill in the necessary fields on the wire service form (saved under Media 2003/Formats).
- Fax the form, along with the materials to be issued by the wire service to (fax #). Give them a call to make sure they have received everything and that someone is working on your documents. When you ask them to issue something immediately, ask them for an estimated release time.

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ANNEX 10: PRESS GALLERY MEDIA LIST (OTTAWA)

MEDIA OUTLET	PHONE NUMBER &	FAX NUMBER
Canadian Press / Presse Canadienne	613-236-4122	613-238-4452
Reuters	613-235-6745	613-235-5890
Broadcast News	613-236-4571	613-232-5163
CanWest News	613-751-3300	613-236-1788
CBC National TV	613-751-3400	613-751-3421
CTV	613-236-7343	613-236-9839
Global-TV	613-237-2026	613-234-3587
TVA	613-234-3357	613-234-3634
CHUM	613-235-4454	613-235-0208
Radio-Canada	613-751-3550	613-751-3571
CBC / Radio-Canada (Hill)	613-751-3505	613-751-3571
National Post	613-751-3300	613-563-2971
Montreal Gazette	613-751-3322	613-236-1788
Edmonton Journal	613-751-3324	613-238-6143
Ottawa Citizen	613-596-3664	613-726-1198
Sun News Service	613-232-6078	613-232-5089
Globe and Mail	613-566-3600	613-566-3640
Halifax Chronicle-Herald	613-992-4511	613-995-5795
Journal de Montréal	613-232-5161	613-996-2076
La Presse	613-238-8051	613-238-8421
Le Devoir	613-232-1138	613-232-1836
Le Droit	613-992-4511	613-995-5795
Le Soleil	613-236-0885	613-236-4662
Toronto Star	613-237-1770	613-563-9312
Vancouver Sun	613-751-3323	613-238-6143
Winnipeg Free Press	613-236-2711	613-233-7037

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ANNEX 11: RELEASING INFORMATION TO THE PUBLIC

WEB MANAGEMENT DURING AN EMERGENCY

The posting of information on Health Canada's web site during a crisis is not only necessary to communicating with the media and the public, but is also an essential link to other federal government departments, provincial governments, as well as non-governmental organizations (NGOs) and associations that are affected by, or involved in, the management of the crisis or emergency.

Health Canada's ability to post information to their web site quickly and regularly during a crisis or emergency will increase the likeliness that the department will be seen as a valuable source of information for the numerous audiences.

When a crisis or emergency has been identified, the following actions must be taken by the Web Team Leader:

participate in the CCI response process in order to determine what communications activities are planned and how this will affect or be reflected on Health Canada's web site
make connection with the Communications Executive on what products are in development
and determine how the information will be used or presented on the HC site
collect information already on the HC site relevant to the situation
make connections with the webmasters of other government departments involved in the
process and determine what information they have available on their sites
assess what human resources demands will be placed on their staff and make scheduling
arrangements, hiring temporary help, or look into outsourcing of activities
work with the Communications Executive to determine on a regular basis what materials are
required in order to meet the web's information demands
set up a review schedule for the information posted on the site in order to make sure that
the information is still accurate

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INFORMATION LINE SET UP

A toll-free information line is a valuable communications tool for disseminating information in the event of a health related emergency. It can provide information not available through other media and background to Canadians without access to the Internet. NOTE: A toll-free line should not be used to disseminate complex information, nor is it used solely for referrals.

Decision 1: Do We Need a Toll-Free Line?

If Health Canada is not the lead, a toll-free line may not be required. Furthermore, another department or government may have already assumed responsibility for an information line. If a line is deemed necessary, contact Trevor Milne at Government Information Centre to request that 1 800 O Canada respond to emergency queries.

Client Services Manager,
(phone #) Government Enquiry Centre
(phone #)

Decision 2: What type of line is required?

Option 1: Issue is not complex and calls can be made directly to 1 800 O Canada general line.

Option 2: Issue is complex and 1 800 O Canada provides a unique line dedicated solely to emergency.

Option 3: All calls are made to a Health Canada line where a response is provided, or the call is forwarded to 1 800 O Canada. Forwarded calls do not have voice mail option.

Decision 3: What are the necessary resources?

- Will call demand require line stay active longer than regular business hours?
- Should the line be limited to nation-wide accessibility, or expanded internationally?
 Generally, the line can be limited to North America with a line available for overseas collect calls.
- Will Health Canada program staff be required to be on duty during and outside normal hours to call back and provide extra details?

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Information/Briefings

Throughout the period through which the toll free line is in operation, Health Canada will have to provide bilingual responses to anticipated questions to senior staff at 1 800 O Canada.

- Information can be background documents, press releases, public statements.
- Determine method of updating 1 800 O Canada during unfolding of events to respond to calls to the main 1 800 O Canada line. Generally, regular updates by phone are the most effective.
- Include list of names and contact information for referrals, as well as media relations contacts.
- 1 800 O Canada will format information provided as required.
- Information is first provided to senior staff at 1 800 O Canada and then to operators, therefore operators can be briefed on a need-to-know basis.
- Determine if it is feasible to have a Health Canada employee at 1 800 O Canada site to offer expertise.
- When providing information consider: Majority of questions will concern the caller and his/her family and community. How does this affect me? What do I do? Often callers are seeking reassurance. What is Health Canada doing? Should I be concerned? Callers are also sometimes not in the area affected by the crisis, but require information to assure them information provided should reflect this reality.

Background: Government Enquiry Centre will...

- provide Health Canada with a toll-free number on a cost-recovery basis (approximately \$12,000 for 10 operators per week). The service is adaptable when accommodating situations commonly deemed emergencies.
- accommodate calls from 9:30am to 5pm in each time zone (8am to 8pm EST time). In extreme circumstances, a dedicated number can operate 24 hours a day, seven days per week.
- respond to up to 9000 calls a day. Additional operators will be assigned if necessary to accommodate volume.
- gather statistical information such as language, client type, province, city, gender, and country. These can be customized for dedicated lines.
- provide a night service to direct caller to another number, request a message, or state regular hours, for example.

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ANNEX 12: <u>RELEASING INFORMATION TO HEALTH CANADA</u> STAFF

In a crisis or emergency, internal communications must be considered a priority. Past experience suggests that internal communications activities often are delayed or ignored. Employees are a distinct and key audience requiring tailored and timely information.

As a member of the Emergency Communications Group, the Manager, Internal Communications will assume responsibility for internal communications activities, including liaison with Treasury Board and other involved federal departments to coordinate employee messaging.

(Please see Annex 4: Generic Instruction Sheet - Manager, Internal Communications p.27 and for translation, see Annex 8: Translation During An Emergency p.43)

Approval Process

- In cases where branch approval is necessary, branch communication executives are first-line contact for ensuring branch ADMs are comfortable with all-staff messages.
- Ensure that the Emergency Manager and Chair of the Emergency Communications Group approve of the use of the system and the content of the message to be delivered.
- Messages intending to be sent from the Deputy Minister's office (DMO) require the approval of each of the aforementioned bodies. The message may then be sent to DMO for final approval.

(Please see Annex 7: Critical Communication Issue/Emergency Approval Process p.40)

INTERNAL COMMUNICATIONS OPTIONS

1) Voice Messaging to all employees via the Octel system

Note: Message can not be longer than two minutes and must be bilingual.

To send a voice mail message:

- Send a request to the IMSD Helpdesk by phone at (phone #)
- Or send an email to IMSD Helpdesk. Type "open call" in the "Subject:" field.
- Briefly explain in the email why you require access to the voice mail system.
- Inform Telecommunications Services of the delivery of the message by calling: Chief, Telecommunications Services, IACB, (phone #)
 Manager, Telecommunications, (phone #)
- Forward the approved text to Chief, Telecommunications Services (email address)
- Verify successful messaging by checking your own voice mailbox at (phone #).

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2) E-mail to all employees

- Messages should be concise, clear and bilingual.
- Once a bilingual message has been drafted by Communications, it is the responsibility of the sender to ensure it is forwarded to All Notes Users. There is a restricted list of people who can access the All NCR Notes Users or All Notes Users addresses.

Note: It is recommended that you request access as a precautionary step if you anticipate that you might one day be acting in a capacity that would require you use this function.

To gain access to the All Notes Users address:

- Send a request to the IMSD Helpdesk by phone at (phone #)Or send an email to IMSD Helpdesk. Type "open call" in the "Subject:" field.
- Briefly explain in the email why you require access to the All Notes Users address.
- The IMSD Helpdesk will forward the call to the Lotus Notes Group who will evaluate your request and then add your name to the Access Control List of the restricted National Address Book.
- If you require further assistance contact:

Chief, National Service Desk (phone #)
Chief, IACB (phone #)

To send a message:

Type All NCR Notes Users or All Notes Users in the "To:" field since the All NCR Notes Users or All Notes Users addresses are not included in the HC directory.

Alternate Email Addresses

In the event that the All Notes Users function is not accessible there is an alternative way to send email to all Health Canada staff. This method requires sending the e-mail to specified servers.

- From your Lotus Notes Inbox click the "New Memo" icon.
- Click on the "Address" Icon.
- Scroll through the "Look in" Field section and select "E-mail Routing".
- A list of Health Canada addresses will become available.
- Type "Users-INFO." A series of addresses starting with Users-INFO will appear.
- To access all Health Canada staff, add all servers from Users-INFO 01 to Users-INFO 07 by placing a checkmark next to each entry. By doubling-clicking on the "To:" icon you can transfer all the addresses over.
- To access only NCR employees search for "Users-NCR_MAIL" include all servers from "Users-NCR_MAIL_02" to "Users-NCR_MAIL_06"
- Paste the subject and body of your message in the memo and send.

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3) Health Canada Website

The HC website is not generally intended to send messages directly to employees. However, in the case that employees may not be able to access their office space, employee-directed messaging on HC's website is acceptable.

To post bilingual information on HC's website: Please see Annex 8: Translation During An Emergency p.45 and Annex 11: Releasing Information to the Public p. 48.

4) HC Broadcast News

In the event that employees' health and safety are at risk, a RUSH Broadcast Message can be posted which will appear anytime during the day and which requires a two to three hour posting and replication process. For clarification of these requirements and other information on Broadcast News see the Guidelines posted on the HR Intranet.

Broadcast News Template

All broadcast messages are to sent to: HPCB_Information_DGSPC/HC-SC/GC/CA@HWC and must contain the following template information:

Subject [English]: limited to 40 characters Sujet [French]: limited to 40 characters Brief Description [English]: limited to 150 characters Description briève [French]: limited to 150 characters Category: Author Branch/Agency: Responsible Organization: Approved By: Contact: Telephone Number: Addressed To: ex.: all regions or NCR Target Branch/Agency: all employees

5) Managers Network

The Health Canada Managers Network may be a good resource to help communicate to Health Canada's management community. They may also act as a sounding board to help better focus information or identify problem areas. To get in touch with the network, contact (phone #).

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ANNEX 13: RELEASING INFORMATION TO STAKEHOLDERS

KEY OPINION LEADERS DATABASE

The objective of the KOL database is to inform key opinion leaders of both the situation and the specific actions Health Canada is taking in response to it, at the same time as the media is informed.

User Guide

Searching:

Contacts can be found in the database in two ways:

1) You may browse the database by selecting the "Organizations", "Names", or "Keywords" buttons on the left frame. This will produce a list of contacts organized by these categories.

"Keywords": Displays categories into which contacts are divided. To select a group of contacts by keyword, click on an issue in the keyword list to reveal a list of sub-keywords. Contacts can be selected by "checking" to the left of the sub-category. To view contact information, click the sub-keyword.

"Organization": Displays every organization in the database. Clicking on the organization will reveal all contacts belonging to that organization. Clicking to the left of the organization will select all members of that organization, or names can be selected individually.

"Names": Displays every contact alphabetically by surname. Click to the left to select. Click on name to reveal contact information.

2) Enter search term in search field on first page of database. Search terms can be names, organizations, locations, keywords, etc. Click on "search" button and matching results will appear. "Check" to left of result to select.

Sending:

To send an email:

- Click on "create email" icon.
- All organizations, names, or keywords which have been selected will now appear in the "To:" field of the email.
- Cut and paste them into the "Bcc:" field.
- Put your email address in the "To:" field.
- Enter subject and body of email.
- Click "send" to send message to all selected contacts.

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ANNEX 14: CRITICAL COMMUNICATION ISSUE/EMERGENCY COMMUNICATIONS GROUP LOG

Recorder: (name)	(title)	(contact)
Event Log#		

Date/Time	Source	Information	Action/Decision Status (Responsible)

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ANNEX 15: HUMAN RESOURCES

Emergency Communications Plans should include information on sound human resource management practices during emergency situations. Managers involved in the Critical Communication Issue Response Process should also factor human resource issues into their decision-making.

Recommended steps include:

- 1. Recognising the personnel demands of a crisis or emergency response. For a full scale response, this may include:
 - Emergency Communications Manager (dedicated, full-time);
 - Crisis Communications Team (Chief, Senior Advisor, Assistant);
 - Strategy/Writing Team (dedicated Communications Executive, up to three f/t writers);
 - Media Relations Officers (1 to 4);
 - Media Monitoring Staff (1 to 3);
 - Website management (2 to 4)
 - Internal Communications Advisor;
 - Regional Communications Staff (number will vary with implicated regions);
 - Administrative Support.
- 2. Recognising the demands on the crisis or emergency team especially over a medium or long term crisis or emergency -- including:
 - Extended hours: during a crisis or emergency staff will be expected to work anywhere from 10 to 14 hour shifts,
 - Weekend shifts: emergency managers should ensure that rotations are established allowing staff a minimum of one day off a week;
 - Management of other duties: many of those involved in the crisis or emergency response will have other work responsibilities that they must ignore during the event. Emergency managers should ensure that arrangements are made to either cover off those responsibilities through other staff members or that projects, for example, are deferred until appropriate.
- 3. Involving Human Resource Advisors and, if necessary, arranging for additional administrative support to help manage human resource issues.

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HUMAN RESOURCES CHECK LIST

The following checklist should be used by the Emergency Manager and the branch's HR advisor to ensure that HR issues are being addressed on an ongoing basis.

Do we have the appropriate number and mix of staff persons assigned to the response?
Are staff clear on who they report to and who they take direction from in the emergency environment?
Is it necessary to assign administrative support for specific duties associated with HR for the duration of the crisis/emergency?
Have we made arrangements (with other HC sections, HC regional offices, or with other departments through PCO) for additional staff to be brought in to spell off our team?
Have arrangements been made to arrange meals for staff working overtime and on weekends?
Have arrangements been made to ensure transportation for staff working late?
Has a roster been set up to allow all staff to have one day off a week?
Have arrangements been made to accommodate special circumstances for staff such as child care arrangements, etc.?
Has an overlap system been established to ensure staff are not walking in cold to their response duties (overlap typically involves several hours of shadowing staff)?
How can staff raise HR issues or problems in a constructive way during the crisis/emergency?
Are the applicable collective agreements being respected, including provisions for overtime claims, days worked in succession, meals, transportation, etc.?
In the event of a sustained crisis/emergency, have we constructed a long term HR plan?

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