



Communication and Public Health Emergencies: A Guide for Law Enforcement



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Most importantly, thank you to those of you in law enforcement who work so hard to make our communities safe. We hope that this guide provides you with useful resources and information to assist you in your public health emergency communication planning efforts.

The Authors
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About the Series

This report is one in a series of three documents created by the Police Executive Research Forum (PERF), with support from the U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (BJA), on the law enforcement response to public health emergencies. This report identifies the considerations that law enforcement executives should address in their public health communications plans, regarding internal communications (those that remain within the law enforcement agency) as well as external communications (those that go to other agencies or the public).

The second document is *Benchmarks for Developing a Law Enforcement Pandemic Flu Plan*, which is an interactive guide that leads the reader through a planning process to help ensure continuity of law enforcement operations during a flu pandemic. An influenza pandemic is considered one of the most severe types of public health emergencies that a law enforcement agency could be called upon to handle. The guide provides links to sample plans and templates for the reader to download and customize to his/her agency.

The third document, *A Guide to Occupational Health and Safety for Law Enforcement Executives*, focuses on steps a law enforcement agency can take to ensure the best possible health of the agency's workforce,¹ including educating agency staff members before a public health emergency occurs, so that they are better able to protect their health and the health of their loved ones.

The documents in this series are intended to apply to agencies of all sizes and types. How the suggested strategies are implemented will no doubt vary according to the jurisdiction's size and other characteristics.

While these documents can be used as stand-alone resources, readers undertaking the pandemic flu planning process will find it useful to refer to the communications and occupational health and safety guides as they work through the *Benchmarks* document.

¹ The word "workforce" includes both sworn and civilian staff.

Using a Flu Pandemic as a Worst-Case Scenario

In December 2007, PERF hosted three Advisory Panel meetings, during which national experts from the communications, health, emergency planning, and law enforcement fields provided feedback on drafts of each guide and the series as a whole. On the first day, the group agreed that while the focus of the series was on public health emergencies of any nature, using a worst-case scenario such as an influenza pandemic could help readers see just how critical it is to effectively plan and prepare for such an event.

Following is a fictional description of how a flu pandemic might affect a community and its law enforcement agency:

Potential Pandemic Scenario

Officials from the World Health Organization (WHO) have been tracking an influenza virus that poses substantial health risk worldwide. Ominously, WHO officials have announced that they have assessed the threat at 4 out of 6 on the WHO pandemic alert scale, meaning that there is “evidence of increased human-to-human transmission” of the flu virus.

Meanwhile, officials in a certain city have noted an immediate increase in local illness, and the responsible authorities have declared an emergency, activating the city’s emergency operation plan. The law enforcement agency has been asked to provide security at the local hospital and the local prophylactic point of distribution (POD), where general anti-viral medicines will be available. (Vaccines specifically designed to counter the virus will not be available for months.) Public concern has led the mayor to appear on local television, asking residents to stay away from shopping malls, movie theaters, sporting events, and other places where people congregate in close quarters. Unfortunately, that is the only information contained in the

mayor’s message, and the mayor does not take questions from reporters or give local health experts an opportunity to provide more detailed information.

When local law enforcement officers arrive at the hospital, they find lines of people waiting to get into the emergency room; the lines stretch around the building. The officers note that some persons appear clearly ill; many who are not showing symptoms are, moreover, highly anxious and are demanding treatment. Some of the people seeking treatment are accompanied by their parents, children, and friends. The officers also have to deal with traffic gridlock because the hospital parking lot is full and people are continuing to arrive.

A similar scene is playing out at the POD for anti-viral medicines, a centrally-located elementary school. Residents are anxious and angry because they and their loved ones have not been seen for treatment. Despite the mayor’s instruction not to leave home, people are rushing to grocery stores to stock up on food, water, and other essential items, creating additional law enforcement challenges. Many motorists decide

to top off their tanks, resulting in traffic jams and heightened tension at gas stations. Ambulances carrying sick patients are delayed by the gridlock, and when they arrive at the hospital, emergency technicians are mobbed by residents demanding care. Radio traffic makes it clear that law enforcement assistance is needed at each of the scenes, as hostility and violence are imminent.

- What should the department's priorities be?
 - Enforcing traffic laws to open traffic access?
 - Facilitating pedestrian movement?
 - Enforcing crowd control?
 - Where? At the POD, hospitals, or other sites?
- Are there enough officers available to respond to all of these sites?

Adding to the difficulties, over the next few weeks it becomes clear that as much as 20 percent of the law enforcement agency's staff is affected by the flu pandemic (either the employees are sick or must stay home to care for sick loved ones, or they have been potentially exposed to the flu virus and must stay home to avoid infecting other employees). Some of the officers who report for duty are implementing their own protective measures by donning personal protective equipment (e.g., goggles and gloves), or simply distancing themselves by refusing to engage in contact with anyone.

Overall, the situation is deteriorating rapidly, and stress among the workforce is escalating.

An exaggeration? Perhaps. However, in the early stages of a pandemic influenza, such scenes could well play out, particularly if residents and law enforcement officers have not been informed ahead of time about the risks, how to prepare, and how law enforcement's role will change as a pandemic unfolds.

In the past, all-hazards planning mainly focused on *physical damage* as a result of man-made or naturally-occurring critical incidents. However, the lessons learned from Hurricane Katrina taught us that all-hazards planning should and must include preparing for the temporary or permanent loss of human resources. Preparing for the loss of *human resources* is key in effective planning for a public health emergency as well. While a pandemic influenza is considered by most public health experts to be a worst-case scenario, law enforcement must be aware of the effects that such an incident would have on department personnel and, ultimately, the ability of the department to continue operating effectively.

(By the way, experts agree that the issue is not *whether* a flu pandemic will occur, but *when*. There were three major flu pandemics in the last century, the least of which caused 34,000 deaths in the United States alone.²)

² Influenza pandemics have occurred three times in the past century: in 1918–19 (the “Spanish flu”), 1957–58 (the “Asian flu”), and 1968–69 (the “Hong Kong flu”). During the most recent

pandemic, the “Hong Kong flu” caused approximately 34,000 deaths in the United States. The “Asian flu” resulted in 70,000 deaths in the United States. By far, the worst flu pandemic in recent

history was the “Spanish flu,” which killed an estimated 50 million people worldwide, including 675,000 people in the United States. See: www.pandemicflu.gov/general/historicaloverview.html.

The Effects on Law Enforcement

A pandemic flu will affect how local law enforcement agencies operate. Most importantly, departments will lose staff members. Many predict that the percentage of employees affected in some way (e.g., exposed, infected, or taking care of sick loved ones) will range from 10 to 40 percent.³ Agencies will need to activate their internal emergency operations plans, shifting resources to the duties considered most critical. Calls for service will likely increase (dramatically at first), yet with fewer officers available to work, response time will suffer and services will be reduced. Because pandemics can circle the globe in waves, these issues will likely hit departments several times over the course of the pandemic.

A public health emergency may result in closure of public gathering places (e.g., shopping malls, places of worship), the dismissal of students from local schools, the creation of special mechanisms for the distribution of medication and vaccines, and the overcrowding of medical facilities. Law enforcement agencies will be expected not only to maintain public order, but also to assist public health officials in their efforts to seek compliance with related health orders. Most law enforcement agencies have pre-established communication networks that undoubtedly will be called upon to help broadcast public health messages.

To ease residents' concerns, reassure them that essential law enforcement services will continue, provide them realistic expectations, and encourage people to prepare for and comply with public health recommendations and related orders, law enforcement officials must address pandemic-specific issues in their department's public health emergency communication plans. As a part of advance communication efforts, department leaders should also provide employees with guidance on what they can do to protect themselves and their loved ones. Leaders must manage expectations of what the department and local government will be able to provide in support of employees and their families and the value and need for self-preparation. Further, law enforcement representatives must work with officials from other community agencies to ensure that their pandemic communication plans complement and support each other.

Operational Realities

Most critical incidents typically affect a limited geographical area and do not last long. In such circumstances, volunteers are generally able to provide adequate support to victims and responders, and mutual aid agreements are activated, bolstering the law enforcement response.

³ www.osha.gov/Publications/influenza_pandemic.html.

However, an influenza pandemic will affect multiple regions simultaneously throughout the world. “Business as usual” will be nearly impossible. Following is a table of operational realities that public health and policing experts believe will complicate the law enforcement response to a flu pandemic:

Table 1: General and Law Enforcement-Specific Operational Realities Associated with an Influenza Pandemic

GENERAL REALITIES	LAW ENFORCEMENT-SPECIFIC REALITIES
COMMUNITIES SHOULD NOT RELY ON MUTUAL AID AGREEMENTS WITH NEIGHBORING JURISDICTIONS, BECAUSE THE VIRUS WILL LIKELY SPREAD REGIONALLY, SO NEARBY COMMUNITIES WILL THEMSELVES BE LOOKING FOR HELP.	There will be little or no mutual aid available to local law enforcement agencies during a pandemic. Smaller agencies might be highly affected by absenteeism or the death of department staffers; larger agencies or private security firms may need to take over the law enforcement role for smaller agencies.
A PANDEMIC COULD LAST 12 TO 18 MONTHS, AND WOULD LIKELY HAVE MULTIPLE, 6- TO 8- WEEK LONG WAVES.	The likelihood of ever-greater absenteeism calls for succession planning at all levels and cross-training among divisions and units.
VACCINES WILL NOT EXIST FOR SEVERAL MONTHS; ANTI-VIRALS WILL LIKELY BE IN SHORT SUPPLY.	Law enforcement officials will need to reinforce general hygiene messages and activate other protective and social distancing measures (e.g., the mandatory use of personal protective equipment).
<p>AT LEAST 30% OF THE COUNTRY’S POPULATION WILL BE AFFECTED IN SOME WAY BY THE VIRUS (E.G., INFECTED OR CARING FOR SICK LOVED ONES).</p> <p>ABSENTEEISM FROM THE WORKFORCE COULD REACH 50% OR HIGHER.</p>	<p>Law enforcement agencies will see the number of available personnel decline significantly. Employees will be more likely to report for duty in a department led by an executive who:</p> <ul style="list-style-type: none"> • Supports occupational health, • Has a solid understanding of the associated risks, and • Sets clear and realistic expectations regarding the law enforcement role in a public health emergency. <p>Employees will be more likely to report for duty if:</p> <ul style="list-style-type: none"> • They know their loved ones are safe, healthy, and cared for. Law enforcement agencies should consider working with employees on family preparedness. • They are healthy and feel that precautions are in place to ensure their health while on the job. Law enforcement executives need to work with their jurisdictions to develop plans for anti-viral medications (i.e., who gets them, when, and who pays for them?) and vaccines (if/when they become available).
THE HEALTH SYSTEM WILL BE OVERWHELMED, AND THERE WILL BE A LARGE NUMBER OF DEATHS.	The law enforcement system will be overwhelmed by calls for service, personnel absence, mass casualties, the lack of mutual aid, etc.

GENERAL REALITIES	LAW ENFORCEMENT-SPECIFIC REALITIES
LOCAL AGENCIES WILL NEED TO COORDINATE EFFORTS IN AN EMOTIONALLY CHARGED ATMOSPHERE.	In many jurisdictions, emergency operations plans have been developed without law enforcement input, and they may reflect unrealistic expectations of local law enforcement. Law enforcement leaders must work with other entities now to define realistic law enforcement roles based on the severity of the pandemic.
SERVICES AND RESOURCES (E.G., FOOD, MEDICINE, BANKING, RESPONSE TIME TO CALLS FOR LAW ENFORCEMENT SERVICE) WILL BE ADVERSELY AFFECTED.	In most jurisdictions, local law enforcement agencies have rarely (if ever) had to enforce public health orders. During a pandemic, local law enforcement agencies and public health departments might find themselves working side-by-side enforcing these orders. Officers will need to be informed of the orders as well as penalties for violating them and the respective enforcement roles of law enforcement and public health officers.
THE RELATED ECONOMIC AND PSYCHOLOGICAL IMPACTS WILL BE SIGNIFICANT.	The psychological effect of a pandemic influenza will be significant for all community members; law enforcement is no exception. Law enforcement will likely be dealing with mass casualties, distressed family members, and social unrest.
LOCAL AGENCIES MUST PLAN FOR RECOVERY.	Because some law enforcement duties will have been curtailed or eliminated over weeks or perhaps months as a pandemic runs its course, law enforcement will operate very differently during and immediately after a pandemic. Because of the loss of employees and other factors, recovery will not happen quickly or automatically.

Readers should keep these operational realities in mind as they make their way through this series of guides to planning for a pandemic flu outbreak, for public health communications, and for occupational safety and health in policing. Imagining the worst-case scenario can help officials prepare their departments to effectively respond to a public health emergency.

Communication and Public Health Emergencies: A Guide for Law Enforcement Executives

“Anthrax ‘Panic’ Cripples the Capitol”⁴

“When Anthrax Hit, U.S. Saw Communication Breakdown”⁵

“Hospitals Fear Influx of the ‘Worried Well’”⁶

“New Orleans Collapses into Chaos as Katrina’s Destruction Spreads”⁷

“Fear Grows Around Washington as Police Continue Sniper Hunt”⁸

“Chaos Continues on Last Day of Flu Shot Clinics”⁹

These headlines illustrate the emotional impact of public health emergencies as well as the increased sense of fear or panic that headlines can incite. Fear and dread may be entirely appropriate responses to critical incidents, given the scale of human suffering and economic upheaval they can cause. However, fear, uncertainty, and the potential chaos of a large-scale public health emergency can result in less than rational responses among law enforcement and public health officials as well as the public. Well-laid plans for effective communications, on the other hand, can help reduce the chaos and minimize the damage caused by a public health disaster.

While public health representatives will develop and deliver public health messages during disease outbreaks, community members look to their local law enforcement executives to be the voice of authority and calm during *any* type of emergency. In the wake of incidents such as the September 11th terrorist attacks, the anthrax letters, Severe Acute Respiratory Syndrome (SARS), and Hurricane Katrina, planning for “all hazard”¹⁰ events is now becoming the status quo for law enforcement. Law enforcement officials are now being tasked with understanding and communicating public health risks—both internally to agency employees and externally to the public.

4 D. Boyer and A. Hudson, *The Washington Times*, October 18, 2001.

5 K. Branch-Brioso, *St. Louis Post-Dispatch*, October 21, 2001.

6 Kathy Robertson, *Sacramento Business Journal*, October 26, 2001.

7 D. Ovalle and C. Adams, Knight Ridder Washington Bureau,

September 1, 2005. Abstract available

at: www.accessmylibrary.com/premium/0286/0286-9583239.html.

8 Shira Kantor, Knight Ridder/Tribune News Service, October 8, 2001. Abstract available at <http://www.encyclopedia.com/doc/1G1-92607348.html>.

9 Fox 11 News, October 16, 2004. www.foxreno.com/news/3826870/detail.html

10 “Any emergency event including terrorist attacks and natural or accidental disasters.” See “HOMELAND SECURITY: DHS’ Efforts to Enhance First Responders’ All-Hazards Capabilities Continue to Evolve,” U.S. Government Accountability Office, Report GAO-05-652, July 2005. www.gao.gov/new.items/d05652.pdf.

How, then, can law enforcement disseminate important messages about potential public health risks in a way that captures attention and encourages preventive and preparatory action, but does not foster unnecessary fear?

How should law enforcement executives prepare agency personnel¹¹ for the consequences that a public health hazard such as a pandemic flu may have on them, their families, their jobs, their law enforcement agency, and the community they are sworn to protect?

The answers to these questions are contained in this guide, which was written to help law enforcement executives develop public health emergency communication plans **now** to ensure community resilience during such an event.

About the Guide

This guide provides a summary of the goals, principles and strategies for developing a communication plan, with a specific emphasis on the importance of risk communications (i.e., communications aimed at conveying information about a threat and risk for the purpose of impacting individual behavior), including a discussion of the factors that influence an individual's perception of risk, and how officials can manage fear and provide useful, non-inflammatory information to understandably concerned residents during a public health emergency.

This guide also outlines anticipated community expectations of law enforcement during a public health emergency, highlights the value of communicating about threats prior to an emergency, and how this communications role fits with existing community policing practices. While this guide was written to apply to any type of public health emergency, the authors chose to use an influenza pandemic to illustrate a "worst case scenario" throughout the document.

"A well-prepared leader will have communication plans and resources in place to help minimize the number of decisions about communication that must be made in the moment."¹²



Many people may not realize that flu pandemics are not a merely theoretical threat. As recently as 1968–69, the "Hong Kong flu" caused 34,000 deaths in the United States. The worst flu pandemic in recent history was the 'Spanish flu' of 1918–19, which killed as many as 50 million people worldwide, and 675,000 in the United States.¹³

Left: Military hospital in Camp Funston, Kansas during 1918–19 influenza epidemic. Photo courtesy of the National Museum of Health and Medicine.

11 The term "agency personnel" includes sworn and administrative agency staff.

12 "Crisis and Emergency Risk Communication: by Leaders for Leaders," Centers

for Disease Control and Prevention, 2006; p.5. www.bt.cdc.gov/erc/leaders.pdf.

13 www.pandemicflu.gov/general/historicaloverview.html

The next six sections of the document present factors for law enforcement executives to take into consideration now—in advance of a public health emergency—and how to activate these plans once one has been declared. Section I presents an overview of risk communication in the United States. Section II discusses using communication planning to prepare the agency for a public health emergency, from an organizational and human resources perspective. Section III presents considerations for communicating with other agencies. In Section IV, strategies for communicating with the public before and during a public health emergency are discussed. Working with the news media in advance of and during a public health emergency is covered in Section V, and the recovery period and incorporating lessons learned is discussed in Section VI.

These topics are captured below and are expanded upon throughout the guide.

Ten Tips for Effective Communications About Law Enforcement/Public Health Issues¹⁴

- 1 Understand that regardless of the type of emergency, residents will look to law enforcement for reassurance and guidance.
- 2 Establish trust-based, two-way communication within the agency, between the agency and the community, and between the law enforcement and other local agencies *before an emergency strikes* to ensure a calmer, engaged, more cooperative response during an emergency.
- 3 Plans for internal communications (within the agency) should address who will be in charge of developing the public health emergency plan, how the plan will be triggered, how the agency will educate personnel on basic disease prevention, and how personnel can protect themselves and their loved ones during a public health emergency.
- 4 Understand other agencies' expectations of the law enforcement role in communicating during a public health emergency, and correct any unrealistic expectations prior to a public health emergency.
- 5 Prepare residents for potential changes in the law enforcement role prior to a public health emergency to help alleviate concern when a public health emergency strikes.
- 6 Be cognizant of the different demographic groups served by the agency. Community stakeholder groups can help determine the communication tools that will reach residents in the most effective, efficient manner. Have materials translated as necessary.
- 7 When a public health emergency occurs, local law enforcement should keep the public apprised of the changing status of the emergency and how the agency is modifying its roles accordingly.
- 8 Know who will represent the agency during press conferences and interviews. Have a media plan in place regarding when and how briefings will take place, and be sure to have a succession plan in case the law enforcement agency's media representative becomes ill or is otherwise affected by the crisis.
- 9 Engage the media before a public health emergency occurs, and when a crisis happens, prepare as much as possible for press conferences, anticipating questions.
- 10 As soon as possible after a public health emergency is concluded, incorporate "lessons learned" into the communications plan. Share this information throughout the agency and with the community at large.

¹⁴ Tips summarized by PERF staff through an extensive review of existing literature (see Appendix

E: Additional Risk Communication Resources) and in working with subject matter experts on this issue.

Section I.

Overview of Risk Communication

The Importance of Effective Communication

Risk communication is an essential component of effective risk management. Risk communication is defined as “an interactive process of exchange of information and opinion among individuals, groups, and institutions; often involves multiple messages about the nature of risk or expressing concerns, opinion, or reactions to risk messages or to legal and institutional arrangements for risk management”¹⁶ This definition highlights the importance of ensuring that risk communication is a *two-way* process. If communications are disseminated only one way, from a law enforcement agency to the public, for example, the law enforcement agency may have no way of knowing whether the intended audience is really receiving and understanding the message. Accordingly, Sections II through V of this guide highlight the need to work with people inside the law enforcement agency, in other agencies, in the community, and in the media when devising messages about public health risks. There must be mechanisms for the intended audience to respond and constantly let officials know if they are “getting through” and communicating effectively.

Two-way communication also builds trust. Trust is essential for effective communication, especially when people are faced with uncertainty. When people lack knowledge about a risk, they will look to trusted sources of information for guidance.¹⁷ The importance of assessing audience concerns and how recipients understand risk messages is another theme that is emphasized throughout this document.

“If I were to list the three top problems we experienced, they are communication, communication, and communication... the challenge is coordinating the message.”
Dr. Anthony Billittier, Erie County Health Commissioner, in response to a recent Hepatitis A scare and associated mass inoculation effort, (2008).¹⁵

How Risk Communication Fits Within an Overall Communication Plan for Law Enforcement

An important facet of law enforcement communication is conveying information about a specific risk to achieve a desired result, typically behavioral change. The content and format of messages and how and

¹⁵ Henry L. Davis, “Hepatitis Scare Gives County a Preview of How to Handle a Pandemic,” *The Buffalo News*, February 27, 2008.

¹⁶ “Improving Risk Communication,” Committee on Risk Perception and

Communication, National Research Council, National Academies Press, Washington, DC, 1989; p. 2. www.nap.edu/catalog.php?record_id=1189

¹⁷ T.C. Earle and G.T. Cvetkovich. “Social Trust: Towards a Cosmopolitan Society,” Praeger, Westport, CT, 1995.

when they are presented should depend on the type of threat and the audience that will be receiving the message. Effective presentation of information—before, during, and after a public health emergency—is essential to maintaining public order and helping residents protect themselves and support their neighbors as much as possible. It is important, therefore, for law enforcement and other local officials to understand their role in producing and effectively delivering risk information when planning for public health emergencies.

Communicating risk to the public is something that law enforcement officials have been doing since law enforcement agencies came into being. Most recently:

- The September 11, 2001 terrorist attacks found law enforcement executives in New York City; Arlington, VA; and Shanksville, PA standing next to local politicians, explaining the nature of the attacks and providing information to the public.
- During the “Beltway Sniper” attacks in the Washington, D.C. area in 2002, law enforcement executives from many neighboring jurisdictions held joint press conferences, addressing rumors and providing residents with current information to the best of their ability.

Recent public health emergencies have called for law enforcement and public health officials to come together to deliver information to concerned community members:

- Shortly after September 11, 2001, the nation watched law enforcement officers work closely with public health authorities to communicate risk and provide guidance to residents regarding the anthrax attacks in Washington, D.C., New York City, and Boca Raton, FL.
- During the 2003 SARS outbreak in Toronto, police worked side by side with public health officials, communicating risk both internally to agency personnel and externally to the community.

Additionally, police regularly communicate about crime-related and other risks to the community, other agencies, and internally within their agencies. At community meetings, officers help residents understand their role in crime prevention and regularly exchange information about community problems and public safety strategies. In meetings with other local agencies, personnel explain

“The center of gravity of the pandemic response...will be in communities. The distributed nature of a pandemic, as well as the sheer burden of disease across the Nation over a period of months or longer, means that the Federal Government’s support to any particular State, Tribal Nation, or community will be limited in comparison to the aid it mobilizes for disasters such as earthquakes or hurricanes, which strike a more confined geographic area over a shorter period of time.”¹⁸

¹⁸ www.whitehouse.gov/homeland/nspi_implementation_chap01.pdf.

how their policing roles might change in the event of an emergency. In roll calls, police supervisors keep personnel up to date on crime statistics, officer safety and wellness issues, and other relevant topics.

Public health emergencies require a coordinated, multi-disciplinary response between public health, public safety, hospital, and other medical leaders (to name a few). People will be looking to local authorities to help them make sense of events and decide what to do.

What does this mean for law enforcement? Law enforcement leaders need to capitalize on the time available before an emergency strikes to learn more about pandemic influenza and other public health threats. They also need to work with other local leaders (public and private) to develop a coordinated and consistent communication process that can adapt to unfolding events. Creating a communication plan before an incident occurs can help law enforcement officials:

- Define and clarify roles and responsibilities;
- Ensure that community members are informed on the topic, that they know what to expect from the law enforcement agency, and that they remain as calm, safe, and mutually supportive as possible and comply with reasonable restrictions on their movements. For example, leaders can introduce the public to officials overseeing a public health emergency, explain the likely changes in law enforcement roles, define terms, and encourage residents to expect and comply with restrictions on their movements during a crisis. Residents will be more likely to comply with such restrictions if they understand how and why the restrictions will help reduce the severity of the crisis;
- Prepare the agency (e.g., identify and train key spokespersons, develop message templates for press events, and ensure all personnel have a clear understanding of emergency plans and their roles and responsibilities before and during the emergency);
- Protect agency staff (e.g., communicate regularly about the proper use and importance of personal protective equipment), and help them to educate and prepare their loved ones (to ensure the workforce is as healthy and complete as possible);
- Work with the news media to ensure that consistent, vetted, timely, and effective messages are disseminated to the greatest number of residents possible; and
- Integrate law enforcement agency messages with the messages of other response agencies.

Overview of General and Pandemic-Specific National Risk Communication Systems

While there is no single federal agency or national warning system that collects and disseminates risk information about critical incidents, at least a dozen federal agencies have responsibility for issuing warning information for various types of hazards.¹⁹ In the case of naturally occurring critical incidents, Americans are most familiar with weather- and earthquake-related warnings issued via radio and television by the National Weather Service and the U.S. Geological Survey (e.g., the Saffir-Simpson Hurricane Scale).²⁰ Also well-known are the tests conducted by the Emergency Alert System (formerly known as the Emergency Broadcast System), which was created to provide a way for the President to address Americans through radio and television broadcasts in the event of a national emergency.²¹ After the September 11, 2001 terrorist attacks, the Department of Homeland Security (DHS) created the Color-Coded Threat Level System “to communicate with public safety officials and the public at-large” about the specific steps target audiences should take in response to a change in threat level.²² This information is communicated through radio, television, electronic billboards, and the Internet.

Global and National Pandemic-Specific Risk Communication Systems

Information about threats to public health is typically disseminated by the Centers for Disease Control and Prevention (CDC), which works with international and state public health officials to ensure those at risk are notified of public health threats. There are two major systems for describing the current level of risk from an influenza pandemic. First, the World Health Organization’s (WHO) system of six “phases” focuses on the worldwide risk of a pandemic. Many emergency managers in the United States and abroad base pandemic plan activation on these phases.

The second system, the U.S. government’s recently published framework of pandemic risk “stages” from 0 to 6, is designed to characterize the threat of a pandemic outbreak in the United States, rather than the entire world. For example, Stage 5 is defined as “Spread throughout United States,” and Stage 6 is “Recovery and Preparation for Subsequent Waves.”²³ Based on these stages, the CDC recently suggested that using a system of discrete “intervals” within these stages might be more practical for deciding when to implement various strategies; for example, social distancing measures would be implemented as a pandemic is “accelerating” and discontinued after the pandemic appears to be “decelerating.”²⁴ Appendix A illustrates the WHO “phases,” the U.S. government “stages,” the CDC “intervals,” and how the systems relate to each other.

It is important to note that all of these systems are simply guidelines; influenza pandemics do not take place in an orderly fashion. Further, they tend to spread rapidly (it took the Spanish flu just eight months to kill 675,000 people in the United States in 1918–1919).²⁵

19 Ruxandra Floroiu and Richard T. Sylves, “Alerting America: Effective Risk Communication—Summary of a Forum, October 31, 2002,” National Academies Press, Washington, DC, 2003; p. 5.

20 “A 1–5 rating based on the hurricane’s present intensity.” See: www.nhc.noaa.gov/aboutshs.shtml.

21 www.fcc.gov/pshs/services/eas/.

22 www.dhs.gov/xinfo/share/programs/Copy_of_press_release_0046.shtml.

23 www.whitehouse.gov/homeland/nspi_implementation_chap03.pdf.

24 www.pandemicflu.gov/news/guidance031108.pdf.

25 www.pandemicflu.gov/general/historicaloverview.html.

To date, how the public would be notified of a pandemic influenza would likely vary by situation. Theoretically, the message would come from local public health officials, who would have received it from state and federal public health officials. Today's up-to-the-minute news media coverage, however, lessens the likelihood of a linear, chain-of-command communication flow.²⁷

In 2007, CDC released *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*.²⁸ This guide presents readers with a "Pandemic Severity Index" that matches recommended local "non-pharmaceutical" policy decisions (such as voluntary isolation and closing schools) to the severity of the flu pandemic (Appendix B). For example, a Category 1 Pandemic projects less than 90,000 U.S. fatalities, while an estimated 1.8 million (or more) Americans would die during a Category 5 Pandemic.²⁹ While the guide does not provide a system for communicating this information to the public (that is left to local officials), it does stress the importance of creating risk communication messages that can help residents prepare for a pandemic. The benefit of having this index and list of associated policy considerations *now* is that law enforcement executives can use them to develop a communication strategy to prepare the agency and the community for a pandemic before it occurs.

"What is important to remember is that these are conceptual frameworks for thinking about an event that, in reality, is not likely to unfold neatly, one step at a time, allowing people to adjust along the way."

Dr. Monica Schoch-Spana, (2007)²⁶

26 PERF Project Advisory Panel Meeting, December 2007.

27 PERF Project Advisory Panel Meeting, December 2007.

28 "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in

the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions," Centers for Disease Control (CDC), 2007. www.pandemicflu.gov/plan/community/commitigation.html.

29 The CDC based these numbers on the assumption of "a 30% illness rate and unmitigated pandemic without interventions." See www.pandemicflu.gov/plan/community/commitigation.html.

Factors that Shape Public Perceptions of Risk Before and During a Public Health Emergency

At a forum titled “Alerting America: Effective Risk Communication,” David Ropeik (formerly the director of risk communications at the Harvard Center for Risk Analysis) listed seven factors that affect an individual’s perception of risk.³¹ Table 1 illustrates how these factors might be applied to analyzing how people think about the risk of a flu pandemic. It is important for law enforcement officials to keep these factors in mind as they develop their communication plans.

“When individuals think that they could be disaster victims, they may take protective actions even if the risk is statistically low.”³⁰

Table 1. Factors that May Affect Risk Perception

FACTOR	EXPLANATION	GENERAL EXAMPLE	PANDEMIC-SPECIFIC EXAMPLE
FAMILIARITY	People are likely to become “used to” the risks that occur repeatedly, especially if they have not suffered losses because of them.	Tornado or other severe weather warnings that do not come to fruition.	No U.S. or local human casualties as a result of the virus.
TRUST	Messages are more likely to be believed and acted upon if they come from a recognized, trusted expert.	The local law enforcement chief, sheriff, or a well-known public health authority.	The local law enforcement executive and director of public health attending community meetings to discuss what residents can do to protect themselves and how policing roles might change in response to staff reductions.
CHOICE	People are more likely to fear a risk if it is imposed (i.e., not within their control) rather than voluntarily assumed.	An imposed risk: terrorism. A voluntarily assumed risk: living in an earthquake-prone area.	Imposed risk: pandemic flu. Assumed risk: traveling to an area experiencing an outbreak of the H5N1 strain of the Avian Flu virus.
CONTROL	Having perceived control of a situation leads people to be less afraid of a risk.	Driving a car versus air travel.	Working with the community and other local agencies to plan together for all types of hazards versus not planning.

³⁰ Floroiu and Sylves, 2003; p.2.

³¹ Floroiu and Sylves, 2003.

FACTOR	EXPLANATION	GENERAL EXAMPLE	PANDEMIC-SPECIFIC EXAMPLE
ACUTENESS	Persistent situations that kill many people over long periods of time garner less fear and attention than an incident that claims many lives in a short period of time.	Annual lung cancer deaths versus SARS deaths.	Number of national deaths from seasonal influenza versus local fatalities from a pandemic influenza.
PERSONALIZATION	When people think they could actually be victimized, they are more likely to take protective actions, even if the risk of victimization is low.	The 2002 “D.C. Sniper” attacks.	Cases of pandemic influenza in other communities versus cases in the community in which the individual resides.
RISK VERSUS BENEFIT	If the benefit of taking action outweighs the risk of inaction, people will be more likely to take that action.	Getting vaccinated versus becoming infected with a deadly virus.	Keeping a supply of over-the-counter medicines versus assuming local stores would stay open and stocked during a pandemic.

The Value of Advance Communications

The value of establishing two-way, trust-based communication with the public (as well as other local agencies and the media) before an incident occurs cannot be stressed enough. Some of the general national risk communication systems referred to earlier in this document (e.g., the Emergency Alert System) may be employed just prior to or once a public health emergency occurs in the United States. But what about preparing well in advance of a public health emergency? Doing so can ensure a calmer, engaged, more cooperative community. It can encourage partnership and help with planning when the environment is peaceful, not chaotic. It can help law enforcement become more aware of community resources that could be activated in the event of an emergency.

Preparing for a public health emergency also enables law enforcement officials to become familiar with other local officials who would be involved in the response effort. Ideally, both the law enforcement and public health agencies will gain a better understanding of each other's strengths and weaknesses. The communication that takes place before a public health emergency is at least as important as that which takes place once an emergency is declared. Advance communications about risk should occur formally (at community meetings, during press conferences) and informally (during casual officer-resident encounters). Because so many Americans rely upon the news media for information, working with local reporters ahead of time can also help a law enforcement agency disseminate appropriate messages.³³ Because so many Americans rely upon *electronic* media for information, it is important to include blogs and Internet news sources in this dissemination effort.

"It has been said that many sidewalks are constructed only after seeing pathways where the grass has been beaten down. Similarly, we often don't know what we need to until after the incident. Anytime we can increase our experience level, we are more likely to be better prepared under trying conditions. Public health officials have great experience in their world, and police have equal experience in the law enforcement arena. These experiences working independently will never be as strong as a joint partnership with enhanced understanding of each other's roles."

Major Larry Moser, Fairfax County (VA) Police Department, (2007)³²

In the aftermath of Hurricane Katrina, Mayor Ray Nagin testified that quelling rumors was "the thing that we spent way too much time doing."³⁴

³² PERF Project Advisory Panel Meeting, December 2007.

³³ See "Working with the News Media" in Section V for more information.

³⁴ "A Failure of Initiative: Final Report of the Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina," 2006,

p. 248. www.katrina.house.gov/full_katrina_report.htm.

Section II: Internal Communication Planning

Prior to a Public Health Emergency

Once a law enforcement chief or sheriff approves the development of a communication plan specifically addressing public health emergencies, those in charge of writing the plan must gain a thorough understanding of the goals and principles of risk communication (presented in Section I). Then, the following agency-specific questions should be considered:

Questions for Executive Consideration: **Developing an Internal Communications Plan**

- Where does communication planning fit with the agency’s current emergency operations plan?
- How does the agency’s plan fit within other jurisdictional agency plans (e.g., will it work under a “unified command” incident command structure?)³⁵
- When/how will the communication plan for responding to an emergency be activated? Will it be triggered when WHO or the U.S. government announces that a certain phase or stage has been reached? Should the plan itself take effect in stages?
- How can the agency use messages to prepare personnel for the changes in their roles that would accompany a public health emergency?
- Should the agency develop a mission for the communication plan that stresses the public safety aspect of the plan?
- How will the communications process be documented during drills or an actual event?

³⁵ Unified command (UC) is defined as “An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Agencies work

together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies

and a single (incident action plan)”. See: www.nimsonline.com/nims_3_04/glossary_of_key_terms.htm.

Protecting and Educating Agency Personnel

Providing agency staff members with basic knowledge on disease transmission and prevention can ensure a healthier, better-staffed workforce should a public health emergency strike. One way to help ensure successful risk communication with the agency staff is to make it part of the agency's daily routine. In Toronto, for example, all law enforcement and court officers are issued officer safety kits (containing antimicrobial gloves, antiseptic towelettes, saline solution, and a one-way CPR air mask) that are stored in pouches on the officers' duty belts. All officers and some civilian staff members receive training on communicable disease risk management and the correct use of personal protective equipment (PPE).³⁶ In Leesburg, VA, command staff members from the police department meet throughout the year with representatives from the local public health department and disseminate information through the ranks. In other agencies, this process may occur on a more informal basis (e.g., during roll call discussions of recent stories in the news or via the agency's Intranet system).

Law enforcement leaders must also consider that agency personnel may be kept away from their homes and their loved ones over an extended period, causing additional stress for personnel and their families. During the 2002 Washington, D.C. sniper investigation, for example, officers across the Washington region spent countless hours on stakeouts or patrol or staffing hotlines. "The lack of contact and communication exacerbated family members' concerns about both officers' physical and emotional well-being."³⁸ Some agencies may end up housing staff members separately from their families to reduce their risk of exposure and infection. Other agencies may need officers and civilians to work extended shifts because of high levels of absenteeism. It is important to communicate these types of plans in advance (and have a family support plan in place if possible) so that all agency personnel can create their own plans for their households.

Some decisions law enforcement executives should make when developing an advance communication plan for agency personnel include the following:

"Leaders could communicate via annual discussions before the regular flu season begins. Educate personnel on the need to daily wipe down door knobs, keyboards, and telephones with antibacterial gel. Consider installing hand sanitizing units at the entrances of all buildings."
Commander Nancy Demme, Montgomery County (MD) Police Department, (2007).³⁷

³⁶ Edward Richards, Kathryn Rathbun, Corina Solé Brito, and Andrea Luna. "The Role of Law Enforcement in Public Health Emergencies: Special Considerations for an All-Hazards Approach," U.S. Department of Justice, Office of Justice Programs, Bureau of Justice

Assistance, Washington, DC, 2006. www.ojp.usdoj.gov/BJA/pdf/role_law_enforce.pdf.

³⁷ PERF Project Advisory Panel Meeting, December 2007.

³⁸ Gerard Murphy, Chuck Wexler, Heather Davies, and Martha Plotkin. "Managing

a Multijurisdictional Case: Identifying the Lessons Learned from the Sniper Investigation," Police Executive Research Forum, Washington DC, 2004; p87. www.ojp.usdoj.gov/BJA/pubs/SniperRpt.pdf.

Questions for Executive Consideration: Developing the Agency's Communications Plan

- Who are the key local public health communication partners who can help educate agency personnel?
- Who from the law enforcement agency will be responsible for collecting and disseminating the information?
 - In some agencies, this duty falls under the unit responsible for occupational health. Many agencies do not have such a unit; this duty is often carried out through the training academy or human resources.
 - For example, recent outbreaks of Methicillin Resistant Staphylococcus Aureus (MRSA), a type of drug-resistant staph infection, led medical experts who work closely with the Fairfax County, VA Police Department to create a pamphlet that was disseminated throughout the agency (Appendix C).
- Are personnel represented by a union or similar organization? This could impact the type of changes an executive would be able to consider regarding sick leave and other policies.
- What type of information should be shared on a regular basis?
- What type of information would be shared in the event of an emergency?
 - For example, some agencies plan to vary the type of information released based on WHO's pandemic phases.³⁹
- What type of pandemic influenza-specific information should be shared with staff members now?
- When/how can risk information be communicated to agency personnel?
 - Weave information into roll call or other personnel meetings if possible/practical.
 - Invite local public health representatives to make presentations at roll call or other personnel meetings.
 - Have command staff meet with public health officials and then communicate the information they obtain to law enforcement personnel through various communication mechanisms established within the agency.
 - Send automated voice mail to personnel/families.
 - Disseminate information via text messaging, agency wide Intranet, memoranda, policy statements.
 - Institute awareness campaigns and refresh plans annually, just prior to “regular” flu season.
 - Refer staff members to public health websites (e.g., the local and/or state agencies of public health, BJA's “Preparing the Justice System for a Pandemic Influenza” page [www.ojp.usdoj.gov/BJA/pandemic/resources.html], www.pandemicflu.gov).⁴⁰
 - Provide information at academy and in-service training and other agency education and training opportunities on:
 - Basic public health (e.g., disease transmission, basic hygiene tips)
 - The law enforcement role in a public health emergency
- How will the agency ensure that the communication was received?
 - Create sign-off sheets or online logs to track whether officers have read messages.
 - Create online training with built-in tracking capacity.

³⁹ PERF Project Advisory Panel Meeting, December 2007.

⁴⁰ See Appendix E of this document for a list of resources. Also see the forthcoming guide in this series,

Benchmarks for Developing a Law Enforcement Pandemic Flu Plan.

CONTINUED | *Questions for Executive Consideration: Developing the Agency's Communications Plan*

- Should the agency provide guidance and resources on officer family plans?
 - Share sample plans from reputable Internet sources. To ensure that the plans are comprehensive, vet the samples through the planning team to determine if they provide the advice needed in various concrete scenarios. If needed, add to the plans as the planning team deems necessary.⁴¹
 - Use the agency's occupational health program (if available) as a vehicle for communicating with family members.
 - Send information home with pay stubs.
- How can the law enforcement agency prepare all officers to deliver risk-reduction and planning information to residents?
 - Should/could officers share parts of their personal plans with community members to serve as models?

⁴¹ See Appendix E and the forthcoming *Benchmarks for Developing a Law*

Enforcement Pandemic Flu Plan for links to sample family plans.

Planning for Effective Internal Communications Once a Public Health Emergency Has Been Declared

Once a pandemic or other public health emergency has been confirmed, and the law enforcement agency has fully activated its emergency operations plan, the “response” side of the communication plan should be activated. Addressing the previously mentioned considerations and adhering to the rules and principles of risk communication will ensure that well-prepared agency spokespersons are able to effectively deliver messages and guidance internally to officers (and externally to other local agencies and community members, as discussed later in this document).

Communications Within the Law Enforcement Agency

Internally within the agency, there must be a plan for two-way, agency-wide communication to produce *daily* reports on the number of employees who are available for duty and the number who are out sick.⁴² This can help the agency make any necessary changes in staffing and/or prioritization of calls for service.⁴³ Frequent, regular, and accurate updates concerning the emergency should be shared with the agency’s entire staff, and officers should have a communication mechanism they can use to submit questions or topics of concern with command staff.

When creating an internal communication plan (if not already addressed in the agency’s existing plan) during the response phase of a public health emergency, law enforcement executives should consider:

Questions for Executive Consideration: **Providing Useful Information to Employees**

- Who will be responsible for reporting numbers on staff member absentee levels?
- How will updates be provided to employees?
- How can employees submit questions/concerns to command staff?
- Who will be responsible for responding to these queries?

⁴² Communicating this information to the local public health department can also help track the disease in the community.

⁴³ See the forthcoming guide in this series, *Benchmarks for Developing a Law Enforcement Pandemic Flu Plan*, for a more in-depth discussion of

reprioritizing calls for service and continuity of operations planning.

Communications with Agency Staff

Most law enforcement agencies have standard operating procedures (SOPs) regarding responding to calls involving people who obviously are ill or are suspected of being infected with a communicable disease. Such SOPs mandate that officers maintain a certain distance between themselves and members of the public⁴⁴ and that they wear personal protective equipment if it is impossible to avoid coming in contact with ill people. But the pathogen causing a pandemic flu can be transmitted just as easily from one employee to another as it can from responding to a call for service. Moreover, someone infected with the flu can be contagious prior to exhibiting any symptoms. Once a public health emergency has been declared, the agency should consider the following:

Questions for Executive Consideration: **What to Tell Employees, and How to Tell It**

- How can the frequency of interagency risk communications and updates be increased? How can the messages be made specific to the disease?
- How will the messages be disseminated?
 - Agency memoranda (e.g., a policy reminder)
 - Via pager
 - Via e-mail
 - At roll calls and/or pre-scheduled briefings
 - Agency Intranet
 - On bulletin boards
 - With pay stubs
 - On patrol car electronic display terminals
 - Two-way pager informational notices
 - “Just in time” education (e.g., short videos, online education)
- What types of information should be included in these messages?
 - Reminders to practice proper hygiene (e.g., use anti-bacterial gel) and don personal protective equipment (PPE) when appropriate
 - Updates on public health orders and associated enforcement powers
 - Descriptions of symptoms and modes of transmission associated with the pathogen causing the emergency
 - Lists of prevention strategies and rationales
 - Reminders to share information with their loved ones
 - Sick leave, bereavement leave, and other policy reminders or changes
 - Messages that quell rumors about the disease

⁴⁴ See, for example: www.osha.gov/Publications/influenza_pandemic.html#high_exposure_risk.

What about Officers' Families?

Efforts to ensure adequate advance communications to educate and prepare law enforcement personnel may help an agency maintain critical operations. These efforts may also help the agency reduce crime and avoid negative publicity and potential damage to law enforcement-community relations during a pandemic or other emergency situation. Officers will be more likely to report for duty if they possess the information necessary to prepare themselves and their loved ones for such an event.

As law enforcement officials add planning for public health threats to their ever-evolving list of planning responsibilities, they are realizing the benefits of advance planning to ensure the safety and well-being of agency personnel and their families. This is a critical part of planning that will help ensure that agencies have the staff available to actually carry out response activities and core agency functions when an emergency occurs. But comprehensive searches of academic journals and other media have produced the conclusion that little exists in the way of research findings, model policies, or other written guidance to help officials develop family preparedness programs or policies specifically geared to law enforcement agencies.

The good news, however, is that there is ample information on general family planning for emergencies available on the Internet provided by local, state and other entities,^{46,47} and law enforcement agencies do not have to “reinvent the wheel.” Communicating public health risk (and how to mitigate it) to officers' families can be as easy as identifying those materials that are most relevant to the agency and downloading, copying, and disseminating basic family plans to all agency employees. It can be as involved as creating an agency-specific dedicated phone line and/or messaging system for all employees and their loved ones.

During the Washington, D.C. sniper investigation, “We had to guard against low spirits in those who were away from home.”
SAC Michael Bouchard, ATF.⁴⁵

⁴⁵ Murphy et. al., 2004; p. 87.

⁴⁶ See, for example: www.ready.gov; www.redcross.org; www.ready.gov/kids/home.html; www.ready.virginia.gov/makeaplan/index.cfm;

www.ready.illinois.gov/before/familyplan.htm; www.ready.gov/america/makeaplan/; www.redcross.org/services/prepare/0,1082,0_239_,00.html.

⁴⁷ Also see the forthcoming guide, *Benchmarks for Developing a Law Enforcement Pandemic Flu Plan*, for more on the importance of family preparedness.

Law Enforcement Communication During the 2003 SARS Outbreak

In response to an outbreak of Severe Acute Respiratory Syndrome (SARS) in Toronto in 2003, the Toronto Police Service (TPS) activated the Police Command Centre (PCC), which operated 24/7, under the Incident Management System. The PCC was responsible for (among other things):

- Dealing with health threats to the TPS and its staff (the biggest of which was the threat of contamination of police employees);
- Acquiring and disseminating information about the crisis and developing appropriate responses to it based on available resources; and
- Capturing and recording all information relevant to the TPS for the duration of the event, both to respond to the crisis and to use in debriefing exercises after its conclusion.

The staff at the Police Command Centre included an incident manager, a public information officer, and communication operators. Throughout the emergency, the PCC maintained continuous communication and regular briefings with TPS units and the command staff, and spoke with other local law enforcement agencies daily. They also recorded and disseminated pertinent, accurate information to the TPS staff.

Source: Andrea Luna, Corina Solé Brito and Elizabeth Sanberg, "Police Planning for an Influenza Pandemic: Case Studies and Recommendations from the Field," Washington, DC: Police Executive Research Forum, 2007.

Section III: Interagency Communications

Prior to a Public Health Emergency

The overall expectation across the country is that public health representatives will develop and deliver public health messages during a public health crisis. Law enforcement executives would not be expected to be sources of medical information, just as doctors would not be expected to explain recent increases in violent crime. But by working together before an emergency, law enforcement and other public officials can meet each other in a calm environment, rather than during a crisis. It is important that local officials become familiar with each other and work to coordinate plans and roles during a public health emergency and, if necessary, to correct each other's unrealistic expectations. Furthermore, by working jointly with public health officials, law enforcement officials can build their credibility with the public, so that residents will trust the public health messages that law enforcement disseminate during a crisis.

Lessons learned from recent critical incidents lend credence to this statement. Working together *before an emergency occurs* can help all agencies anticipate and prepare to manage the challenges associated with a public health emergency. The important thing is to get the responsible officials working together in advance so that when an emergency happens, they will already know each other and will have already discussed the issues, and will not need to spend precious time doing the groundwork that could have been done earlier.

Collaborating on communications strategies before a crisis can also prevent the following communication failures as identified by CDC:

- Mixed messages from multiple sources;
- Delays in the release of information;
- Delays in anticipating and countering rumors and myths, allowing misinformation to spread; and
- Public power struggles and confusion.⁵⁰

“No single entity alone can prevent or mitigate the impact of a pandemic.”⁴⁸

“What makes a crisis communication plan a good one? Simple, it's the process used to develop the plan that determines the value of the plan, not what ends up on paper.”⁴⁹

48 www.whitehouse.gov/homeland/pandemic-influenza.html.

49 “Crisis and Emergency Risk Communication: by Leaders for Leaders,” Centers for Disease Control and Prevention,

2006; p. 24. www.bt.cdc.gov/erc/leaders.pdf

50 Ibid.

To prevent these failures and to better ensure effective communication, law enforcement must consider working with local public health departments to develop and deliver complementary educational messages. Law enforcement should also work closely with local fire and emergency service providers and hospital representatives when creating their messages to demonstrate a “united front” and to increase public trust and confidence in the agencies and the messages before and immediately after an emergency strikes. **A coordinated response (i.e., one that is developed and carried out in conjunction with other local agencies) can be nearly guaranteed with enough preparation by an individual law enforcement agency and its collaborations with other local agencies.**

Law enforcement executives should consider several issues when working with other agencies to create messages:

Questions for Executive Consideration: **Working with Other Agencies**

- What are other agency representatives’ expectations of the overall law enforcement role in a public health emergency?
- Are these expectations reflected in their messages?
- What messages about preparing for and reducing risks are already being delivered to the public by other agencies?
- What are other agency representatives’ expectations of the law enforcement message?
- How can the agency complement public health-specific messages to residents?
- How can the health department complement law enforcement messages to promote law and order?
- What types of information should law enforcement-specific messages contain?
- When are the messages to be given?
- What are the best media to use?
- What are the best times to communicate?

Once a Public Health Emergency Has Been Declared

Many jurisdictions have plans to activate an Emergency Operations Center (EOC) once a critical incident has occurred. As part of this activation, local agencies will typically assign communications staffers to these centers or to nearby sites, often referred to as Joint Information Centers, or “JICs.”^{51,52} In some cases, communications representatives from smaller agencies might report to a regional JIC, while a larger agency might be the only law enforcement agency represented in other centers. FEMA writes, “The Joint Information *System* (or JIS), provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions and / or disciplines.... Established JICs are critical supporting elements of the JIS.”⁵³ In other words, a JIC would be activated as part of an entire JIS system in a jurisdiction or region.

At these information centers, public information officers (PIOs) from law enforcement, fire, and public health departments, local hospitals, and other local agencies can work to ensure that agency representatives are delivering consistent and complementary messages about the emergency. Messages should be vetted by the various agency representatives at the JIC before they are released. Ideally, the same overall message would be released by all agencies, followed by field- or agency-specific information. Some considerations for communicating with other agencies during a public health emergency are listed in the box below:

Questions for Executive Consideration:

Coordinating Communications With Other Agencies

- Have personnel been trained in the use and function of a JIC?
- If a JIC is activated, who from the law enforcement agency will staff it? Have others been trained to replace communications staff if necessary?
- How will what is happening at the JIC be communicated to appropriate agency personnel?
- If a JIC is not activated, who will be responsible for working with other agencies? Where should this work take place? (While agencies may be hesitant to send their PIOs to JICs that are out of their jurisdiction, local JICs must plan to maintain consistent communication throughout the event.) Is there a protocol in place?
- How can the law enforcement agency facilitate interagency communication?
- How can the agency representative work with others to facilitate media access to the JIC? Is this issue addressed in the agency’s plan?

⁵¹ A JIC is defined as “a physical location where public information professionals from organizations involved in incident management activities can co-locate to

perform critical emergency information, crisis communications, and public affairs functions.” www.fema.gov/pdf/emergency/nims/imp_hos.pdf.

⁵² See Section V, Working with the News Media, for more information on JICs.

⁵³ www.fema.gov/library/viewRecord.do?id=3096.

Section IV: Communicating with the Public

Prior to a Public Health Emergency: Community Expectations of Law Enforcement

During any type of emergency, community members look to their local law enforcement executive to be the voice of authority, calm and reason, and to provide information that will help protect them and enable them to make the best decisions possible.

Because residents are likely to recognize their local law enforcement chief or sheriff and are likely to trust messages from these public figures, law enforcement officials need to be prepared to participate in press conferences and other media events (both alone and with health officials) to communicate with the public about flu pandemics and other public health emergencies—both before and after they happen.

“The community expects the same services to be provided, crisis or no crisis.”
Captain T.S. McInteer, Prince William County (VA) Police Department.⁵⁴

Questions for Executive Consideration:

Communicating with the Public About a Public Health Crisis

- How can the agency use messages to prepare the community for the changes in law enforcement roles that would accompany a public health emergency?
- How can the agency prepare personnel to deliver risk reduction and planning information to residents?

The principles and rules of risk communication (and communication science in general) fit well with those of community policing. Community policing and collaborative problem-solving require regular, two-way communication and cooperation among community stakeholders, law enforcement, and other government agencies about public safety topics, and a public health emergency almost certainly would impact public safety. Many police and sheriffs’ agencies have practices or procedures for keeping the public apprised of local crime trends, and they use the

⁵⁴ Murphy et. al., 2004; p. 79.

Preparing to Manage Residents' Concern for Safety

In writing an article on the psychological consequences of terrorism, Dr. Robyn Pangli focused on the sarin gas attacks that occurred on Tokyo's transit system in 1995.⁵⁵ Pangli explained that intense emotions and the desire to forge human contact "are actually rational responses to a disaster"—as are fear and anger (p. 3). During the sarin gas attacks, for example, psychological effects were more common than were physical effects. In fact, those who were "worried sick" about their safety (but not actually affected by the gas) "outnumbered physically affected victims by a margin of four to one" and had a significant negative effect on Tokyo's already stressed medical system. Pangli also wrote that during the 2001 anthrax attacks in the United States, "Psychological casualties easily outnumbered physical casualties in the anthrax attacks...which resulted in 23 illnesses and five fatalities, but affected millions."⁵⁶ While some level of concern is good (as it can encourage individuals to keep apprised of the emergency), it is important that this concern be driven by the evidence provided in sound, coordinated messages.

The scenario presented at the beginning of this document (see "About the Series") illustrates two things: the harmful effects that fearful residents could have on a community and its local law enforcement agency, and the impact that a law enforcement agency's failure to plan could have on residents' fear. Law enforcement executives and other public officials must be able to understand residents' heightened emotions and operate effectively in a crisis. Effective risk communication messages can help. While residents "may be able to handle the trauma of the actual disaster," they could "be adversely affected by... [an] uncoordinated or unsympathetic response to the disaster."⁵⁷ Adequate preventive and preparatory work that results from collaboration between a law enforcement agency and other local agencies can facilitate a coordinated response.

Examples of Concerned Behavior Regarding the 1918 Spanish Flu Pandemic

"We were afraid to kiss each other, to eat with each other, to have contact of any kind. We had no family life, no church life, no community life. Fear tore people apart." Bill Sardo, whose family owned a funeral home in Washington, D.C., during the 1918 Spanish flu pandemic.

QUOTED IN WWW.PANDEMICFLU.GOV/GENERAL/GREATPANDEMIC.HTML#DC

In Detroit, Michigan, an 18-year-old boy said that his father "...certainly is scared of the Spanish influenza. I never saw anyone so scared as he is. If fright will make you sick, well I do believe he will catch the 'flu' as sure as anything." *His father was not infected with the flu.*

WWW.PANDEMICFLU.GOV/GENERAL/GREATPANDEMIC2.HTML#MI

In Alabama, "the existing hospitals were greatly overcrowded with patients; and patients were waiting in line several hours for dispensary treatment, and were greatly delayed in obtaining prescriptions at the pharmacy."

WWW.PANDEMICFLU.GOV/GENERAL/GREATPANDEMIC.HTML

⁵⁵ Robyn Pangli, "After the Attack: The Psychological Consequences of Terrorism." *Perspectives on*

Preparedness, 7, 2002. www.usd.edu/dmhi/gaj/psyc656/dojguide.pdf.

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

media to help disseminate messages about crime prevention. Despite the fact that public health issues are not a topic commonly addressed by law enforcement, law enforcement officials can use their existing community policing systems, expansive networks with other agencies, and their communication mechanisms to increase public awareness, emphasize public health messages, garner support for countermeasures, and, ultimately, ensure a calmer, safer response should an emergency occur.

Inviting local public health, hospital, fire/Emergency Medical Services (EMS), and medical experts along with political leaders to participate in a community meeting can help prepare residents for what to expect. The health officials could explain what is being done in the medical field to prepare for and respond to an emergency and keep residents safe. The law enforcement representative could share what the law enforcement agency is doing along the same lines. Just as important, these meetings could also be a forum for law enforcement officials to explain the potential changes in their roles and the benefits of voluntarily complying with any public health orders that might be imposed during a public health emergency. Law enforcement also should communicate and collaborate with the faith community, school officials, and local business owners. For example, the faith community already often plays a significant role in the handling of casualties, so developing a plan with them (or other groups such as the American Red Cross or Salvation Army) ahead of time might facilitate the law enforcement agency's management of mass casualties. Local business owners might be able to donate resources (e.g., food, water, shelter) to officers and other community members during an emergency. Creating a mechanism by which the law enforcement agency can request these services from community groups can help facilitate a more effective response.

“The critical role of individuals and families in controlling a pandemic cannot be overstated.... An infection carried by one person can be transmitted to tens or hundreds of others. For this reason, individual action is perhaps the most important element of pandemic preparedness and response.”⁵⁸

Community Volunteer Groups

In many neighborhoods, groups such as Community Emergency Response Teams (CERT), Volunteers in Police Service (VIPS), the Medical Reserve Corps, and Neighborhood Watch have already been established under the umbrella of “Citizen Corps,” a national association of volunteers. These groups meet regularly and bolster the efforts of local police and sheriffs’ agencies and other community agencies on crime prevention and critical incident preparedness and response strategies. Members of these groups volunteer to help their neighborhoods prepare for and respond to emergencies. “The goal,” according to *Citizen Corps: A Guide for Local Officials*, “is to have all citizens participate in making their communities safer, stronger, and better prepared for preventing and handling threats of terrorism, crime, and disasters of all kinds.”⁵⁹

58 www.whitehouse.gov/homeland/pandemic-influenza.html

59 www.citizencorps.gov/pdf/council.pdf (p. 6).

The Downtown St. Louis Emergency Preparedness Organization (DSTEP) is a group composed of local law enforcement and public utilities agencies and owners, managers and tenants of the largest buildings in downtown St. Louis. One of their first accomplishments was creating a radio communication system that can be activated during emergency situations and that allows public safety agencies to send “early and authoritative instructions.”⁶⁰

Each group established under the Citizen Corps program is preparing its volunteers to deal with man-made and naturally occurring critical incidents, including an influenza pandemic. Local law enforcement could collaborate with existing groups of this kind or consider creating such groups to help communicate information regarding risks to the rest of the community before and during the initial stages of a public health emergency. (See Appendix D for a general overview of each group and descriptions of their roles in preparing for and responding to public health emergencies.)

When preparing risk communication messages aimed toward the communities they serve, law enforcement leaders should consider the following questions:

Questions for Executive Consideration: **Getting Community Groups Involved**

- What groups already exist that can help disseminate public health messages and/or help with the response? Have these groups already developed pandemic flu-related messages that can be endorsed or refined by the law enforcement agency for use?⁶¹
- What roles can schools, churches, and other community institutions play in advance communication?
- In what languages should messages be written? Are local translators already readily available to the agency and willing to assist during an emergency?
- Can any community members help neighboring law enforcement families plan for the extended absence of a family member in law enforcement?
- Who will represent the law enforcement agency at community meetings? Command staff? Patrol sergeants?

In Los Angeles, Las Vegas, and Florida, for example, a device called the “Phraselator” allows officers to pre-record and store standard law enforcement commands in multiple languages. Such devices could assist officers during a public health emergency, but they can only communicate one way, so it would still be important to have a translator on hand if possible.⁶²

⁶⁰ www.dstep.org

⁶¹ For example, the National Crime Prevention Council has been funded by the Bureau of Justice Assistance to develop messages to be

disseminated by McGruff the Crime Dog®, the well-known cartoon figure who has been used in campaigns for over 25 years (www.ncpc.org).

⁶² Richard Winton, “LAPD Finds a Way to Connect,” *Los Angeles Times*, January 16, 2008. www.latimes.com/news/local/la-me-translate-16jan16,0,6435263.story

- Who is responsible for working with the mayor’s office to determine who will speak and when? What if these representatives are not able to report for duty?
- How can the law enforcement agency pre-test messages?
 - Is the public health department already doing this? If so, can the department coordinate efforts with public health?
 - Consider cultural differences that may affect compliance with messages (e.g., lack of trust, fear of law enforcement, issues associated with immigrants).
- What are the best venues for communicating this information to residents?
 - It is just as important for law enforcement leaders to communicate via “new media” (e.g., text messaging, blogs, Internet forums, social networks such as MySpace and Facebook) as it is for them to communicate using more traditional tools (e.g., written materials, television, radio, newspapers, flyers posted throughout the community).
- Where should print messages for non-English speaking or other special populations be posted and/or aired?

“When the chief is briefing the media, the PIO should always remain close by so the chief can defer to him or her for follow-up, to facilitate a clean end to the conference, and the PIO can answer the many questions that will be asked once the conference has ended.”⁶³

“Many cities, including Providence, Cincinnati, and Fort Worth are using text messaging programs that can communicate and receive messages in English and Spanish.”⁶⁴

What Types of Information Should Messages Include? How Should Messages be Sent?

Experts suggest that messages should answer three questions that the person receiving the message will have: Why me? Why now? And what can I do?⁶⁵ Along those lines, Dr. Peter Sandman, an expert in risk communication, explains that those communicating about risks also have to give people a range of guidance, from mandatory to optional actions.⁶⁶ Sandman’s “continuum of advice and recommendations” includes providing community members with information on:

- What they have to do;
- Things they can do that are “desirable but optional;” and
- Actions they can take that are “completely optional.”

⁶³ Murphy et. al., 2004; p. 95.

⁶⁴ Brandie Jefferson, “Text Messaging Offers Police Another Tool,” *The Providence Journal*, January 12, 2008. www.projo.com/news/content/WEB_

CRIME_01-12-08_I48J79Q_v11.2514f49.html

⁶⁵ PERF Project Advisory Panel Meeting, December 2007.

⁶⁶ “Dr. Sandman Addresses Minnesota’s Annual Community Health Conference,” found on *The Peter M. Sandman Risk Communication Website* at www.psandman.com/articles/sandman091202.pdf

Dr. Kathleen Tierney (a professor and director of the Natural Hazards Research and Applications Information Center at the University of Colorado) explained that while “television provides dramatic visuals and is attention-grabbing,” the images are temporary. People might forget radio messages unless they are repeated frequently. Because they can be stored, print messages permit readers to have more time to take in the information.⁶⁷ Experts agree that e-mail, blogs, and podcasts were also excellent sources for communicating messages to large groups of people.⁶⁸ In fact, results from a national poll conducted by the Harvard School of Public Health showed that 79 percent of respondents would consult a website for information about how to protect themselves against avian flu.⁶⁹ Law enforcement leaders could work with medical experts to determine which websites are most credible and relevant to their jurisdiction and should consider providing links to these sites on their agency website.

Getting the Message to Special Populations

Communicating with special populations (e.g., hearing or vision-impaired residents, older persons, those who speak limited English, the homeless) or those who do not have access to certain types of media is important. One promising practice can be found in Kentucky. The Kentucky Outreach and Information Network (KOIN), developed by the Kentucky Cabinet for Health and Family Services, is a network of 400 members from the Kentucky State Police, community groups, the faith community, health and social service agencies, and the news media.⁷⁰ Annual workshops help members exchange ideas about raising awareness of disaster preparedness and how best to reach different audiences.

Together, the group has worked to overcome several communications barriers. For instance, one of the organizations that belong to KOIN has members who can reach residents on horseback, if necessary. Translating messages into Braille has reportedly been a challenge for the group. For populations with lower literacy rates, KOIN is developing pictograms that depict how to make it through a flu clinic. Law enforcement leaders from more rural areas might consider teaming up with public health agencies to identify and determine the best ways to reach out to similar populations.

⁶⁷ Floroiu and Sylves, 2003; p. 4.

⁶⁸ E.g., PERF Project Advisory Panel Members

⁶⁹ www.hsph.harvard.edu/news/press-releases/2006-releases/press02232006.html.

⁷⁰ Ayisha Yahya, “Promising Practices for Pandemic Planning: Kentucky’s Grassroots Network Helps At-Risk Populations Prepare,” Center for Infectious Disease Research and Policy, University of Minnesota, January 30, 2008.

www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jan3008koinpp.html.

Communicating with the Community Once a Public Health Emergency Has Been Declared

If a law enforcement agency has thoroughly planned for a flu pandemic or other public health emergency, the response to a crisis will go more smoothly. The chief executive will likely appear on television with other local officials, speak at press conferences, do radio interviews, and be quoted in the local newspaper, providing useful information that will help the public and other government officials understand the nature of the crisis and what law enforcement is doing to ensure public safety. The executive (and possibly other agency representatives) will project a calm demeanor, and will explain what they know, what they don't know, and what the agency is doing to address what they do not know.

The chief executive will promise to "look into that" (and then follow up) when he or she does not have an answer to a question, and will explain such matters as the reasons behind the agency's reprioritization of calls for service. The chief executive and top law enforcement agency staff will communicate regularly with representatives from public health, medical, and other local public safety agencies to ensure they are sending consistent, complementary messages to the public. Following are some of the questions underlying effective law enforcement communications with the community during a public health emergency:

Questions for Executive Consideration:

What Law Enforcement Leaders Should Tell the Public During a Crisis

- What kind of information should a local law enforcement agency share during the initial stages of a public health emergency?
 - Public health orders and their role in enforcing them
 - The value of complying with voluntary quarantine and/or isolation or other civil orders
 - Reasons behind reprioritization of calls for service
 - Reassuring messages (e.g., that the agency is still responding to crime, but that they will be focusing their efforts on the most serious incidents while they are short-staffed)
- How can a local law enforcement agency continue to keep the community apprised of the emergency situation?
 - Community listservs, podcasts, website, links with public health department
 - Law enforcement leaders could consider offering the public health department use of variable message sign boards directing residents to view web sites and/or use information lines
 - Distribute flyers (remember those who do not speak English, the homeless population, and others)
 - Local hotline
 - Reverse 911
 - Non-emergency information line

Working with Community Groups During a Public Health Emergency

In the event of a public health emergency, law enforcement should work with community groups to: 1) assess how messages are being received and understood by the intended audience, 2) determine which messages need to be “tweaked” or updated, and 3) include community leaders in the response effort. Many members of Citizen Corps have professional training (e.g., in medicine, crowd management, and traffic control) and can bolster the law enforcement response, particularly when the agency is short-staffed.

Section V: Working with the News Media

The news media can play a significant role in disseminating messages about risk reduction and planning. The Pew Research Center for the People and the Press reports that “the average American dedicates more than an hour a day to the news.”⁷¹ A national study commissioned by the Newspaper Association of America (NAA) on daily newspaper readership trends found that about half of adults reported reading the newspaper daily in 2007, and more than half reported reading the Sunday newspaper.⁷² While newspaper readership has declined over the past 10 years, online news readership has increased. A 2008 Pew study found that the proportion of Americans who say they get news online at least three days a week has increased from 31 percent to 37 percent since 2006, and daily online news use increased by about a third, from 18 percent to 25 percent. The Pew study reports that “about as many people now say they go online for news regularly (at least three days a week) as say they regularly watch cable news (39%); substantially more people regularly get news online than regularly watch one of the nightly network news broadcasts (37% vs. 29%).”⁷³ As one example, each month, more than 16 million readers view *The Washington Post* (and its affiliates) online, and more than five million of these newspapers are delivered to “homes, businesses and news racks” each week.⁷⁴

CDC recently convened 45 focus groups across the country to determine where residents would seek information in the event of a plague (the effects of which would be similar to those of an influenza pandemic). Overall, participants cited mass media first, followed by emergency responders, local authorities, and medical personnel as critical sources of information. Participants in urban areas were more likely to list the media first, and those from rural areas named local authorities as their first source of information.⁷⁵

The relationship between law enforcement and the news media is not always ideal. In the course manual *Effective Media Skills for Law*

71 www.people-press.org/reports/display.php3?PageID=567.

72 www.naa.org/docs/Research/Daily_National_Top50_1998-2007.pdf

73 www.people-press.org/report/444/news-media

74 www.washpost.com/circulation/index.shtml

75 Ricardo Wray and Keri Jupka, “What Does the Public Want to Know in the Event of a Terrorist Attack Using Plague?” *Biosecurity and Bioterrorism*

(2):3, July 2004. www.liebertonline.com/doi/abs/10.1089/bsp.2004.2.208

Enforcement, William Doniel wrote that sometimes the media seem willing to go to extremes to guarantee “the public’s right to know.”⁷⁶ Conversely, he says, law enforcement needs to keep the media from compromising investigations.⁷⁷ The truth of the matter, he continues, is that the news media depend on the law enforcement for information that is not available to the general public, and law enforcement depends on the media to responsibly report that information in the spirit of public service. Furthermore, he states, local reporters know their audiences and can help law enforcement officials identify tactics to reach as many viewers as possible. They could even use this knowledge to help local law enforcement agencies develop risk communication messages.

Working with the Media Prior to a Public Health Emergency

There are several steps law enforcement leaders can take to engage the media in communicating about risk reduction and planning. For example, they can “encourage the media...to become familiar with the community’s [emergency operations plan], report on training and exercises, and participate in awareness and education programs.”⁷⁸ Reporters can disseminate information about local emergency operations plans with viewers and readers via print and television broadcasts. This can help assure the public that local officials are preparing for emergencies and familiarize residents with those plans.

Dr. James Sewell and other experts suggest some additional ways law enforcement can engage the media:

- Invite reporters on off-the-record “ride alongs” with patrol staff or to community meetings where pandemic plans will be discussed;
- Law enforcement agency representatives can in turn participate in a “reverse ride along” with local “crime beat” reporters;
- Invite reporters to participate in training tabletop exercises;
- Hold “media round table luncheons” every year to talk about “any issues that hinder a good working relationship.” For example, all officers from St. Petersburg, Fla. who have regular contact with the media participate in such an event; and

⁷⁶ <http://cop.spcollege.edu/COP/training/MediaSkills/Effective%20Media%20Skills%20-%20Instructor%20Manual%20%20July%202002.pdf>

⁷⁷ *Ibid.*

⁷⁸ Mark Morgan and Paul Camper, “Fear Management,” *Disaster Recovery Journal* (11):4, Fall 1998. www.drj.com/articles/fall98/morgan.htm

- Consider “lunch and learn” and/or table top exercises with local bloggers who write about law enforcement and public health emergency issues.^{79, 80, 81, 82}

To ensure a more supportive and collaborative relationship (and accurate message dissemination), law enforcement agencies could take this effort one step further: they could provide technical assistance to local media outlets developing their own emergency operations plans (including internal and external risk communications plans).

In 2005, the World Health Organization (WHO) released a field guide titled “Effective Media Communication During Public Health Emergencies.” In it, WHO lists several steps that local agencies should take when preparing to work with the media during a public health emergency, including:

- Assess needs of the media (e.g., understand what they are likely to ask, understand the legal and professional constraints that affect their ability to cover stories);
- Develop a written media communications plan;
- Identify local media outlets (e.g., local television news programs, cable TV channels dedicated to local programming, radio news and “talk” programs, newspapers, locally-based Web pages); and
- Plan specifically for the first 24 to 72 hours after a critical event begins.

CDC (2006) writes, “No matter what the crisis, the following are the questions that will always be asked and should be anticipated [by the law enforcement spokesperson]:

- What happened?
- Are my family and I safe?
- What have you found that may affect me?
- What can I do to protect myself and my family?
- Who caused this?
- Can you fix it?
- Who is in charge?
- Has this been contained?
- Are victims being helped?
- What can we expect, right now and later?
- What should we do?
- Why did this happen?
- Did you have forewarning?”

79 James Sewell, “Working with the Media in Times of Crisis: Key Principles for Law Enforcement,” *FBI Law Enforcement Bulletin* 76(3): March 2007, pp. 1-7. <http://www.fbi.gov/publications/leb/2007/march07leb.pdf>

80 PERF Advisory Panel Meeting, December 2007.

81 See http://archive.hhs.gov/secretarys_blog/my_weblog/2008/03/index.html for Secretary of Health and Human

Services Mike Leavitt’s article *Pandemic Exercise with Bloggers*.

82 See, for example, www.fluwikie.com/ and http://birdflujourney.typepad.com/a_journey_through_the_wor/2008/07/law-enforcement.html.

A partnership between law enforcement and the media can benefit both sides—helping the law enforcement to get their message out, and giving the media access to the emergency operations side of the law enforcement agency. Most importantly, collaborating with the media to disseminate preventive risk communication messages to the public can help ensure a more informed, and hopefully calmer, response in the event of an emergency.

As previously mentioned, many police and sheriffs' agencies have PIOs who interact with the media on a regular basis and who may be closely involved in developing the agency's risk communication plan and crafting agency messages. While PIOs play an important role in an agency's risk communication plan, it will be important that the law enforcement agency's chief executive be prepared to deliver important news briefings during a public health emergency, particularly during crucial moments. Equally important is succession planning in case the chief executive becomes ill or is otherwise unable to participate in briefings.

Many jurisdictions plan to activate a JIC in the event of a critical incident, in which PIOs from various local agencies can work together to keep apprised of the situation and prepare a collaborative media strategy. Many law enforcement agencies also have plans to send a representative (typically the PIO) to the JIC. In some areas, the JIC would be located within the Emergency Operations Centers, while in others, it may be housed in a different location.

The authors of *Managing a Multijurisdictional Case: Identifying the Lessons Learned from the Sniper Investigation* found that having a JIC located in one jurisdiction's headquarters (versus the Joint Operations Command Center) "eased preparations for press briefings that occurred in front of police headquarters, but it created problems when PIOs wanted to be in the JIC" (p. 97). The authors suggest that during a "protracted" event, "the agency should identify one permanent site for press conferences, briefings and distributing materials" (p. 93). They also emphasize that the location should allow the agency to maintain control over access and, if necessary, establish a security perimeter. It is important to keep members of the media close enough to do their work, but "far enough away from investigators and other law enforcement personnel so reporters cannot interfere with their work" (p. 94). Some leaders may even consider giving the media a separate phone number to the JIC. Many reporters will use this number sparingly (they will not want to hear a busy signal during a crisis), and this would allow the JIC to be as up-to-date as possible.

Keeping in mind that local public health departments will have a lead role in media matters prior to a public health emergency, law enforcement leaders should be able to answer the following questions regarding working with the media and developing specific risk communication plans:

In one site during the sniper investigation, the JIC was established in police headquarters, and not in the Emergency Operations Center. "This eased preparations for press briefings that occurred in front of police headquarters, but it created problems with the PIOs who wanted to be in the [EOC]."⁸³

83 Murphy et. al., 2004; p. 97.

Questions for Executive Consideration: Working with the News Media

- Will there be joint press conferences with other local officials? If so, when?
- Who will represent the law enforcement agency to the media? When will the chief executive personally deliver news briefings? Which ones?
 - How can the agency prepare/train the agency spokesperson and chief executive for delivering key messages during a public health emergency?
- Who is responsible for working with the mayor’s or governor’s office to determine who will speak when?
- If the identified spokesperson is not available because he or she has been infected by the flu virus or otherwise taken off duty, who will take his/her place?
 - The importance of succession planning and preparing others to speak on-topic
 - It is important to stagger spokespeople whenever possible; “fatigue creates mistakes.”⁸⁵
 - Agencies should consider using lower-level law enforcement officials (e.g., PIOs) for more routine media requests, and reserve executives for “the greatest possible reach and for pivotal moments.”⁸⁶
- Who will update the agency’s communications staff on current medical situations and local public health orders?

Law enforcement agencies should consider choosing one person to serve as a liaison to public health agencies. This person will be responsible for retrieving the most up-to-date information from public health agencies helping to coordinate messages, and delivering law enforcement agency status updates to the public health agencies.

In Montgomery County (MD), prior to the sniper case, then-Chief Charles Moose told the department’s PIO (Captain Nancy Demme) that she would be handling 90 percent of routine media briefings. “On the morning of Day 2, Captain Demme said, ‘Chief, I think your 10 percent is about to start.’”⁸⁴

“When finished interacting with the media over a several-day period, as when we responded to the attack on the Pentagon, I am emotionally spent. The continuous preparation and performance is draining.”
Former Chief Edward Flynn, Arlington County Police Department.⁸⁷

⁸⁴ Murphy et. al., 2004; p. 94.

⁸⁵ “Crisis and Emergency Risk Communication: by Leaders for Leaders,”

Centers for Disease Control and Prevention, 2006. www.bt.cdc.gov/erc/leaders.pdf

⁸⁶ Ibid; p. 47.

⁸⁷ Murphy et. al., 2004; p. 95.

Once a Public Health Emergency Has Been Declared

Once a public health emergency has been declared, it can be expected that the news media will immediately seek information from the law enforcement agency. It is vital that all who are responsible for representing the agency to the media are kept apprised of the situation and are prepared to speak at the outset of the public health emergency. During the sniper investigation, for example, PIOs read newspaper articles to assess community and media feelings about the situation and worked with the media before each news conference to identify questions and rumors so that the agency's spokesperson could address them.

As previously mentioned, while the agency's public information officers will serve an important role in issuing communications about health risks, residents will look to their chief law enforcement executive during critical incidents to give the most important briefings. The PIO should work closely with the executive to prepare him/her for press conferences and interviews. PIOs from public health, emergency management, and other agencies can support one another during these briefings. If the law enforcement executive or spokesperson does not answer a critical question, the public might create its own answers (not necessarily based on correct information).

The authors of *Managing a Multijurisdictional Case: Identifying the Lessons Learned from the Sniper Investigation* write that the media should be staged away from the emergency operations center (to prevent them from gaining inappropriate access to facilities and to minimize interference with investigators). Agencies will need to decide for themselves how to solve the challenge between having PIOs stay close to the Joint Operations Center (JOC) (and able to obtain current investigative information needed to communicate with the media) and having PIOs stay near the media (which may make things more efficient and accessible for the media), "and maintains a needed buffer between the press" and officers.⁹⁰

CDC listed two "guaranteed credibility-crushers during a press event."⁹¹ The first is having employees other than communications and command staff participating in the event in the room. While reporters will pay attention to the person behind the microphone, they also will watch the agency employees standing in the back of the room. Quizzical looks, gestures, and whispered comments could very easily be captured on videotape and broadcast, weakening the credibility of the message. The second "crusher" listed by CDC is assuming that the press conference does not start until the executive speaks into the microphone. Again, the

"The agency's chief executive and spokesperson must recognize that if they cannot promptly provide information, the media will look elsewhere."⁸⁸

"If they cannot discuss an issue (and valid reasons not to do so will occur), they should advise the media that the organization cannot release the information and then give an explanation."⁸⁹

⁸⁸ Sewell, 2007; p. 2.

⁸⁹ Sewell, 2007; p. 3.

⁹⁰ Murphy et. al., 2004; p. 97.

⁹¹ "Crisis and Emergency Risk Communication: by Leaders for Leaders," Centers for Disease Control and Prevention,

2006, p. 30. <http://www.bt.cdc.gov/erc/leaders.pdf>

Preparing for and Participating in Press Conferences

In *preparing for* press conferences, law enforcement executives should:

- Make sure notes, visuals, and other materials are in order;
- Anticipate questions and prepare responses;
- Prepare a specific message;
- Involve the agency's legal representative, if necessary; and
- Practice delivering the message.

Sewell and Demme suggest that a law enforcement executive (and any other agency personnel) *participating in* a press conference should:

- Project authenticity and reliability;
- Be responsive, yet cautious when answering questions;
- Be ready to think on the spur of the moment, and make sure you understand the question before answering;
- Keep responses and statements simple and to the point;
- Be aware of appearance and body language;
- Avoid law enforcement jargon and speak clearly;
- Avoid using the word "I" when discussing acts performed by other personnel;
- Leave the media with a quote that will summarize the agency's position and serve as a "sound bite;"
- Tell press contacts where to find additional information (e.g., the agency's web page, e-mailed or faxed press releases);
- Date- and time-stamp messages so there is a "trail" of what was said and what the spokesperson promised to follow up on;
- Provide information in print as often as possible;
- Keep copies of all notes used, statements made, and questions answered to ensure consistent messages are delivered;
- Give copies to other local agency media representatives, allowing them to answer residents' questions exactly as answered by the law enforcement executives during the press conference;
- Send copies of all notes to the PIOs at JICs in other jurisdictions; and
- Provide copies to patrol officers, who will be asked the same questions by community members. If officers say "I don't know" or give an answer different from that given at the press conference, the result will be doubt and fear.

media will be watching every move and will gauge the situation by every action the chief executive and others take.

The First Message

What the law enforcement executive says in the first message to the community during a public health emergency is critical to how the audience will feel about the agency's handling of the situation as a whole. CDC lists six essential components of the first official message in a crisis:

1. An empathetic expression (e.g., "I know this situation is alarming and you are looking for answers.");
2. The facts and action steps that have been confirmed;
3. What the agency representative does *not* know about the situation;
4. The process the police executive is using to address unanswered questions (e.g., working closely with public health officials to get answers);
5. A "statement of commitment" that indicates the agency is going to be working with the community for the duration of the event; and
6. How to get more information, and when the executive will be delivering the next message.⁹³

It is important to remember that regardless of the type of emergency, residents will look to law enforcement executives for reassurance and guidance. Keeping all of these suggestions in mind can help law enforcement executives work with other local leaders to present a united front to a community during a public health emergency, which can in turn help to ensure a resilient community.

"In a catastrophic event, your every word, every eye twitch and every passing emotion resonates with heightened importance to a public desperate for information to help them be safe and recover from the crisis."⁹²

92 Ibid, p. 4.

93 Ibid.

Section VI: Recovery and Incorporating Lessons Learned

Law enforcement agencies have more experience with “ramping up” operations in response to a threat to public safety than perhaps any other local agency. Reassigning staff, increasing patrols, and providing guidance to the public during a critical incident or a local increase in violent crime is almost second nature to most law enforcement executives. What is not often practiced or written about is the recovery period after such an incident. Returning to pre-incident operations takes time and energy. And after a pandemic influenza, things may never return to “normal.”

Post-Emergency Recovery

The community —let alone the entire world—will look very different in the aftermath of a pandemic. One need only recall the changes in society after the Columbine school massacre, the 9/11 terrorist attacks, Hurricane Katrina, and other recent critical incidents to understand this. While there will be brief “recovery periods” between waves of the pandemic (referred to by CDC as “deceleration intervals”), once the virus has finished circling the globe, law enforcement might not look anything like it did before. While there may not be much physical damage to an agency’s headquarters building, there will not be as many officers available to staff it. In addition, law enforcement employees may have lost family members or may have witnessed a large number of casualties in their communities, possibly necessitating mental health assistance. There may be a delay in obtaining essential and non-essential supplies, and personnel might have to “make do” or improvise.

The composition of a law enforcement agency may be altered, but law enforcement communication after an emergency should not change. Messages should still be disseminated frequently and honestly to personnel, other agencies, and the community. Rumors must be quelled, and

70 www.people-press.org/reports/display.php3?PageID=567.

71 www.naa.org/docs/Research/Daily_National_Top50_1998-2007.pdf

72 www.people-press.org/report/444/news-media

73 www.washpost.com/circulation/index.shtml

74 Ricardo Wray and Keri Jupka, “What Does the Public Want to Know in the Event of a Terrorist Attack Using Plague?” *Biosecurity and Bioterrorism*

(2):3, July 2004. www.liebertonline.com/doi/abs/10.1089/bsp.2004.2.208

messages should be adjusted as necessary. Lessons learned during the emergency should be incorporated into news messages as well as communication strategies.

Incorporating Lessons Learned

Law enforcement executives and communications staff should try to identify challenges and successes between waves of a pandemic (if applicable) and at the conclusion of the emergency. These “lessons learned” can be documented in the agency’s after-action report and incorporated into the next draft of the communication plan. Examining how communication took place internally, among agencies, with the community, and with the media can help ensure a more prepared agency. Following are some questions staff members can consider when documenting lessons learned:

Internal Communication

- Was the plan activated at the right time?
- Were officers prepared to deliver messages to the community?
- Was the communication process documented during the event?
- Were there any challenges associated with collecting and disseminating information from medical and public health sources?
- Did all employees receive messages throughout the event?
 - If not, why? How else should messages have been disseminated? Where were the gaps?
- Did the agency choose to provide information to employees’ family members?
 - How was it received? Were there any suggestions for improvement?
- Were staff absentee numbers adequately communicated?
- Was the process of emergency messaging evaluated during the response and were needed changes instituted?
- Were off-duty and officers ill at home included in the messaging?

Interagency Communication

- Were messages coordinated well with those from public health and other local agencies?
- Did other agencies understand and support the role of the agency?
- Did law enforcement understand and support the role of public health?
- If a JIC was activated, were there any challenges associated with communicating between staff detailed to the JIC and others?
- What other local institutions (e.g., schools, places of worship) helped with communications?
 - What were their impressions of the effectiveness of the law enforcement response?

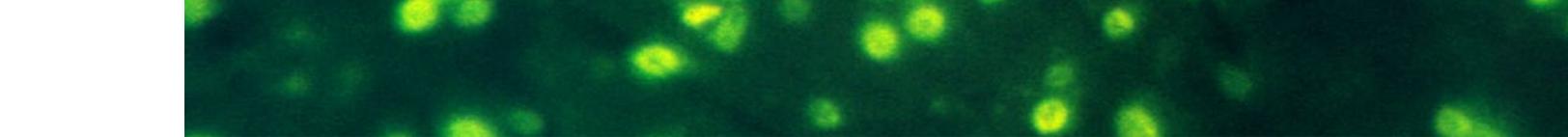
Community Communication

- Did messages reach intended audiences? Were messages understood?
 - If not, what can be done to address this challenge?
 - Were there particular populations that were harder to reach than others? Why?
 - Did the public comply with public health orders?
 - Did they use the tools the community provided (e.g., a hotline)?
- Was the agency well represented at community meetings?
- Were the messages disseminated using the best venues possible (e.g., text messaging, television, posters)?
- Did residents feel they were kept up-to-date by the agency?

Media Communication

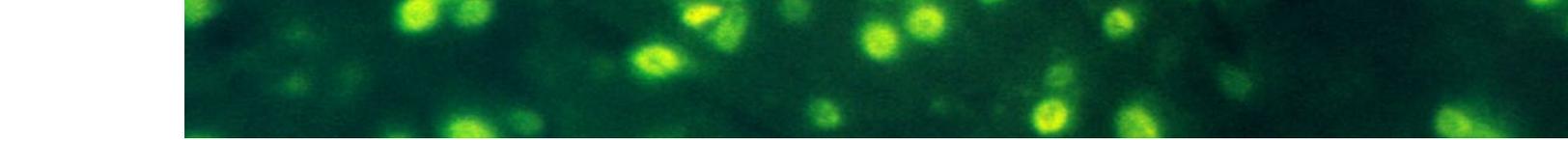
- Was media coverage of the agency's activities accurate? Fair?
- Did agency spokespersons feel well prepared for press conferences and interviews?
- Was the JIC (or other location chosen for press conferences) convenient for personnel?
- Did personnel have any trouble going from the JIC to the emergency operations center?

Once these questions are addressed, someone from the agency should be in charge of internal briefings and disseminating results to the community. It is important to incorporate all feedback, provide updates to residents, and share updated plans with all agency personnel and other relevant jurisdictional agencies.



Conclusion

During any type of emergency, community members look to local law enforcement executives for guidance and reassurance; a public health emergency is no exception. The importance of understanding the principles of risk communications and helpful steps for developing a law enforcement-specific communication plan are provided in this guide. Having a plan in place *before an incident occurs* can ensure a coordinated response (i.e., one that is developed and carried out in conjunction with other local agencies) as well as an effective recovery period.



About the Police Executive Research Forum

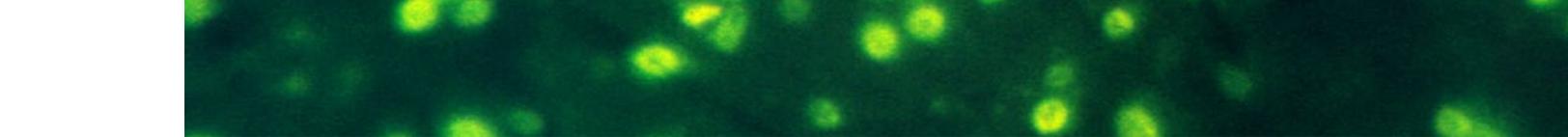
The Police Executive Research Forum (PERF) is a professional organization of progressive chief executives of city, county and state law enforcement agencies who collectively serve more than 50 percent of the U.S. population. In addition, PERF has established formal relationships with international police executives and law enforcement organizations from around the globe. Membership includes police chiefs, superintendents, sheriffs, state police directors, university police chiefs, public safety directors, and other law enforcement professionals. Established in 1976 as a nonprofit organization, PERF is unique in its commitment to the application of research in policing and the importance of higher education for police executives. Besides a commitment to police innovation and professionalism, PERF members must hold a four-year college degree.

PERF continues to conduct some of the most innovative police and criminal justice research and provides a wide variety of management and technical assistance programs to police agencies throughout the world. PERF's groundbreaking work on community and problem-oriented policing, racial profiling, use of force, less-lethal weapons, and crime reduction strategies has earned it a prominent position in the police community. PERF continues to work toward increased professionalism and excellence in the field through its publications and training programs. PERF sponsors and conducts the Senior Management Institute for Police (SMIP). This program provides comprehensive professional management and executive development training to police chiefs and law enforcement executives. Convened annually in Boston, SMIP instructors include professors from leading universities, with the core faculty from Harvard University's Kennedy School of Government.

PERF's success is built on the active involvement of its members. The organization also has types of membership that allow it to benefit from the diverse views of criminal justice researchers, law enforcement professionals of all ranks, and others committed to advancing policing services to all communities. PERF is committed to the application of research in policing and to promoting innovation that will enhance the quality of life in our communities. PERF's objective is to improve the delivery of police services and the effectiveness of crime control through the exercise of strong national leadership, the public debate of criminal justice issues, the development of a body of research about policing, and the provision of vital management services to all police agencies.

PERF has developed and published some of the leading literature in the law enforcement field. Recently, PERF's work on the increase in violent crime during the past two years has received national attention. A series of reports in the "Critical Issues in Policing" series—*A Gathering Storm—Violent Crime in America*; *24 Months of Alarming Trends*; and *Violent Crime in America: A Tale of Two Cities*—provides in-depth analysis of the extent and nature of violent crime and countermeasures that have been undertaken by police. PERF also explored police management issues in "Good to Great" Policing: *Application of Business Management Principles in the Public Sector*. And PERF produced a landmark study of the controversial immigration issue in *Police Chiefs and Sheriffs Speak Out on Local Immigration Enforcement*. PERF also released two books—entitled *Exploring the Challenges of Police Use of Force* and *Police Management of Mass Demonstrations: Identifying Issues and Successful Approaches*—that serve as practical guides to help police leaders make more informed decisions. In addition, PERF has released a series of white papers on terrorism in the local law enforcement context, *Protecting Your Community from Terrorism: Strategies for Local Law Enforcement*, which examined such issues as local-federal partnerships, working with diverse communities, bioterrorism, and intelligence sharing. Other recent publications include *Managing a Multi-jurisdictional Case: Identifying Lessons Learned from the Sniper Investigation* (2004) and *Community Policing: The Past, Present and Future* (2004). Other PERF titles include the only authoritative work on racial profiling, *Racial Profiling: A Principled Response* (2001); *Recognizing Value in Policing* (2002); *The Police Response to Mental Illness* (2002); *Citizen Review Resource Manual* (1995); *Managing Innovation in Policing* (1995); *Crime Analysis Through Computer Mapping* (1995); *And Justice For All: Understanding and Controlling Police Use of Deadly Force* (1995); *Why Police Organizations Change: A Study of Community-Oriented Policing* (1996); and *Police Antidrug Tactics: New Approaches and Applications* (1996). PERF publications are used for training and promotion exams and to inform police professionals about innovative approaches to community problems. The hallmark of the program is translating the latest research and thinking about a topic into police practices that can be tailored to the unique needs of a jurisdiction.

To learn more about PERF, visit www.policeforum.org.



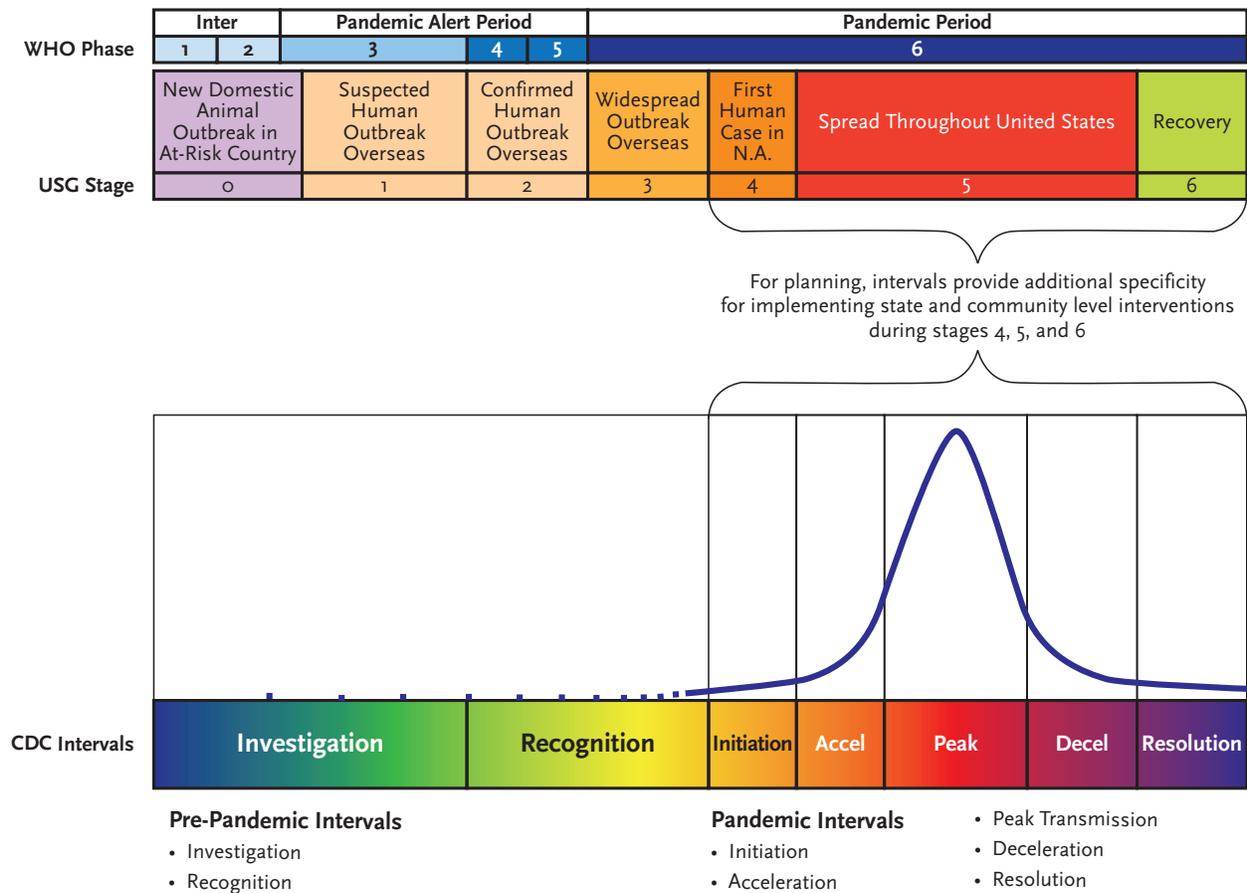
About the Bureau of Justice Assistance

The Bureau of Justice Assistance (BJA) supports law enforcement, courts, corrections, treatment, victim services, technology, and prevention initiatives that strengthen the nation’s criminal justice system. BJA provides leadership, services, and funding to America’s communities by emphasizing local control; building relationships in the field; providing training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels; developing collaborations and partnerships; promoting capacity building through planning; streamlining the administration of grants; increasing training and technical assistance; creating accountability of projects; encouraging innovation; and ultimately communicating the value of justice efforts to decision makers at every level.

To learn more about BJA, visit www.ojp.usdoj.gov/BJA.

Appendix A: WHO Phases, U.S. Government Stages, and CDC Intervals

Figure 2: Periods, Phases, Stages, and Intervals



Source: *Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans*. Presented to the American States, Territories and District of Columbia by the U.S. Government, including: Department of Agriculture; Department of Commerce; Department of Defense; Department of Education; Department of Health and Human Services; Department of Homeland Security; Department of Interior; Department of Justice; Department of Labor; Department of State; Department of Transportation; Department of Treasury; Department of Veterans Affairs; Homeland Security Council; Office of Personnel Management. On March 11, 2008, available at www.pandemicflu.gov/news/guidance031108.pdf.

Appendix B. Summary of the Community Mitigation Strategy by Pandemic Severity⁹⁴

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated.	Recommend ^{†§}	Recommend ^{†§}	Recommend ^{†§}
Voluntary quarantine of household members in homes with ill persons [¶] (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not Recommended	Consider ^{**}	Recommend ^{**}
School			
Child social distancing			
• dismissal of students from schools and school based activities, and closure of child care programs	Generally not Recommended	Consider: ≤4 weeks ^{††}	Recommend: ≤12 weeks ^{§§}
• reduce out-of-school social contacts and community mixing	Generally not Recommended	Consider: ≤4 weeks ^{††}	Recommend: ≤12 weeks ^{§§}
Workplace/Community			
Adult social distancing			
• decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not Recommended	Consider	Recommend
• increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not Recommended	Consider	Recommend
• modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not Recommended	Consider	Recommend
• modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not Recommended	Consider	Recommend

⁹⁴ www.pandemicflu.gov/plan/community/commitigation.html#XV.

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

* All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

† This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

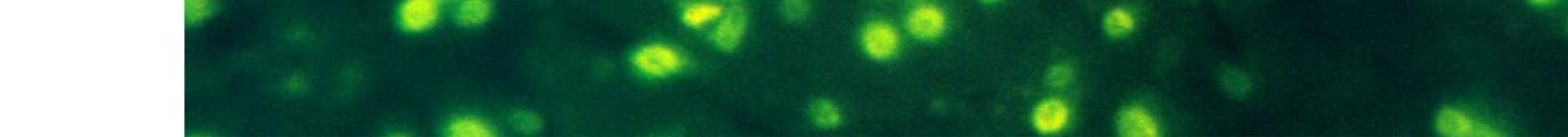
§ Many sick individuals who are not critically ill may be managed safely at home.

¶ The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed the influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

** To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

†† Consider short-term implementation of this measure—that is, less than 4 weeks.

§§ Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6–8 weeks.



Appendix C: Sample Public Health-Specific Interdepartmental Communication

Office of the Medical Director
William Hauda II, MD
Craig DeAtley, PA-C
Fairfax County Police Department

Medical Update on:

Staphylococcus Infections

Methicillin Sensitive Staphylococcus Aureus (MSSA)

Methicillin Resistant Staphylococcus Aureus (MRSA)

The Centers for Disease Control recently released information about outbreaks of MRSA infections.

Tuesday October 16, 2007, CDC Press Release: A study published in the October 17, 2007, Journal of the American Medical Association established the first national baseline for the frequency of MRSA infections in the United States. Some important details from this study include:

- Over 94,000 life threatening infections occur each year from MRSA.
- Nearly 19,000 deaths each year are due to MRSA.
- 85% of MRSA cases are associated with health care settings.

Also in the news: Ashton Bonds, a senior in Bedford County, Virginia, died from an MRSA infection.

What do police department employees and their families need to know about these infections?

What are MSSA and MRSA?

Staphylococcus aureus is a bacterium that has always been causing infections in humans.

1. Up to half of the population carries staphylococcus aureus on their body, particularly in the nose and groin.
2. Transmission occurs by direct skin-to-skin contact or from contaminated items or surfaces.

3. Staphylococcus aureus causes infections commonly referred to as a “staph” infection.
4. Staphylococcus aureus has changed its resistance to antibiotics over the years. In the 1940’s staphylococcus aureus became resistant to penicillin (MSSA). In the 1960’s staphylococcus aureus became resistant to methicillin (MRSA).

MRSA is a challenge because the usual antibiotics do not work.

1. Infections from MSSA and MRSA appear identical to the treating physician. There may be no clue that the infection is due to a resistant bacterium.
2. Most patients with skin infections can be put on beta-lactam antibiotics (such as methicillin) which are effective against MSSA and streptococcus, another common cause of skin infections. The increasing prevalence of MRSA means that an increasing proportion of those infections will not get better and may worsen despite antibiotics.
3. Cultures can be difficult to obtain and take a few days to give results, during which time the patient may get sicker before the correct antibiotics are given.

There are myths about MRSA.

1. MRSA is a serious infection. Actually, most MRSA infections are minor. In fact, most skin infections from staphylococcus aureus, whether MSSA or MRSA, are minor. The concern about MRSA is that the standard antibiotics used for skin infections do not work. Most MRSA in the community are sensitive to other common antibiotics. Infections from MRSA in the hospital, however, are more serious, because those strains are commonly resistant to multiple antibiotics and the patients acquiring MRSA in the hospital are already sick from other illnesses. An increasing number of patients are dying each year from MRSA because staphylococcal infections are more commonly MRSA rather than MSSA. When staphylococcus aureus enters the bloodstream, it can cause widespread complications such as kidney failure, coma, and death.
2. MRSA is a super bug, flesh eating bacteria. While MRSA can cause serious infections, it is not the only one, and it is not (yet) the most common. Other “flesh eating” bacteria include streptococcus and clostridium. While MRSA in the hospital setting can be resistant to most antibiotics, community acquired MRSA is generally susceptible to antibiotics, but the correct antibiotic must be used to eradicate the infection.
3. MRSA requires special precautions. Actually, only in the hospital should special precautions be taken with someone who has MRSA. Anyone in the community with a possible staphylococcal infection should be treated the same, whether known to be MRSA or not. Any staphylococcal infection can be easily spread, but certain precautions can help limit the spread of both MSSA and MRSA (as well as herpes, cold viruses, influenza, etc).

Prevention is the key.

1. Certain steps can help prevent you from getting a staphylococcal infection as well as other infections such as herpes, influenza, and the cold and gastrointestinal viruses.
 - a. Wash your hands often with soap and water or use an alcohol based sanitizer.
 - b. Clean your cuts and scrapes daily with soap and water and place an antibacterial ointment on the wound(s) before covering with a bandage if the size or location warrants covering.
 - c. Do not touch other people's cuts or bandages – if you must touch a wound, then wear gloves and wash your hands afterwards.
 - d. Do not share personal items such as towels or razors.
 - e. Use an antiseptic wipe or cleaning agent to wipe down any surfaces that you touch regularly which are shared among co-workers or the public including:
 - Desk and countertops
 - Telephones
 - Food preparation areas
 - Exercise equipment
 - Computer keyboards (use wipes designed for this purpose)
 - Door handles

If you have any concerns about a wound, contact a healthcare professional for evaluation.

Especially for:

- **Wounds that are red, weeping or draining pus, or associated with a fever**
- **Wounds not healing within your normal healing time**

The following websites can provide you with additional information about this topic.

1. Centers for Disease Control,
 - a. Community Acquired MRSA: www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html
 - b. Healthcare Associated MRSA: www.cdc.gov/ncidod/dhqp/ar_mrsa.html
2. Mayo Clinic: www.mayoclinic.com/health/mrsa/DS00735
3. Johns Hopkins Medicine: www.hopkinsmedicine.org/heic/patient/mrsa/index.html

Appendix D. Citizen Corps Organizations and General and Pandemic-Specific Roles

ORGANIZATION	GENERAL ROLE	PANDEMIC-SPECIFIC ROLE
<p>The Neighborhood Watch Program</p> <p><i>Created by the National Sheriffs' Association; funded in part by the U.S. Department of Justice</i></p> <p>www.usaonwatch.org</p>	<p>Charged with starting and revitalizing Neighborhood Watch programs, which bring together law enforcement, private agencies and organizations, and community members.</p>	<p>Has a resource link on its webpage for watch groups ("USAonWatch Pandemic Resource Center")</p>
<p>Medical Reserve Corps (MRC)</p> <p><i>Sponsored by the Office of the U.S. Surgeon General</i></p> <p>www.medicalreservecorps.gov/HomePage</p>	<p>Consists of currently practicing and retired volunteers trained in health care, who will help during critical incidents and will be able to help with emergency medical response.</p>	<p>Published "Pandemic Influenza Planning Guidance for MRC Units"</p>
<p>Community Emergency Response Teams (CERT)</p> <p><i>Developed by the Los Angeles City Fire Department in 1985; currently sponsored in part by FEMA</i></p> <p>www.citizencorps.gov/cert/</p>	<p>Teaches residents about disaster preparedness and trains them in basic disaster response skills such as disaster medical operations.</p>	<p>The Mid-Peninsula Citizen's Preparedness Committee, for example, published <i>Pandemic Influenza Preparation and Response: A Citizen's Guide</i> See: www.newfluwiki2.com/upload/InSTEDD%20Influenza%20Manual%20v1-5%20Master-EDR.pdf.</p>
<p>Volunteers in Police Service (VIPS)</p> <p><i>Sponsored by the International Association of Chiefs of Police; funded in part by the U.S. Department of Justice</i></p> <p>www.policevolunteers.org</p>	<p>Provides support and resources for agencies interested in developing volunteer programs for citizens who wish to volunteer their time and skills with a community law enforcement agency.</p>	<p>Presents case studies of volunteer groups that have prepared to handle public health emergencies such as pandemics</p>

Appendix E: Additional Risk Communication Resources

BARUCH FISCHHOFF, "GAPS IN THE NATIONAL FLU PREPAREDNESS PLAN: SOCIAL SCIENCE PLANNING AND RESPONSE," REMARKS ON SCIENTIFICALLY SOUND PANDEMIC RISK COMMUNICATION: BRIEFING FOR THE HOUSE COMMITTEE ON SCIENCE, 2005. AVAILABLE AT WWW.HEALTHSYSTEM.VIRGINIA.EDU/INTERNET/CIAG/CONFERENCE/ARTICLES/S2006/FISCHHOFF_PANDEMIC_RISK_COMMUNICATION.PDF.

The author discusses the results of previous behavioral research and how they provide insights on what can be expected during a pandemic and the implications for risk communication. The author also discusses the importance of involving subject matter experts, risk and decision analysts, psychologists and communication systems specialists in the process of designing and evaluating messages to ensure the research on this topic is put to effective use.

BARUCH FISCHHOFF, "THE PSYCHOLOGICAL PERCEPTION OF RISK." IN KAMIEN, D. *THE MCGRAW-HILL HOMELAND SECURITY HANDBOOK*, MCGRAW-HILL, NEW YORK, NY, 2006.

In this chapter, Fischhoff writes that effective risk communication requires that the communicator: 1) manage risk well, 2) create appropriate communication channels, and 3) deliver information consistently. He applies this model to terror-based, health, safety, and environmental risks.

C. MUNSEY, "LIFE-SAVING COMMUNICATION," *MONITOR ON PSYCHOLOGY* (37):3, 2006.

This article is a summary of a Congressional Hearing that addressed social science's role in risk communication. This summary examines key points of effective communication, and how to communicate without causing unnecessary fear.

"COMMUNICATING IN A CRISIS: RISK COMMUNICATION GUIDELINES FOR PUBLIC OFFICIALS," U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. ROCKVILLE, MD, 2002. AVAILABLE AT WWW.RISKCOMMUNICATION.SAMHSA.GOV/RISKCOMM.PDF.

This document is a general resource for public officials on the basic tenets of effective communications and how to work with the news media. It provides public officials with an understanding of the media's perspective and informational needs for communicating with the public.

Strategies and techniques for responding to media inquiries to convey information and deliver effective messages, before, during and after a public health crisis are included.

“CRISIS EMERGENCY RISK COMMUNICATION BY LEADERS FOR LEADERS.”
ATLANTA, GA, CENTER FOR DISEASE CONTROL AND PREVENTION, 2006.
AVAILABLE AT [HTTP://EMERGENCY.CDC.GOV/ERC/LEADERS.PDF](http://emergency.cdc.gov/erc/leaders.pdf).

This is a document that is based on the experiences of leaders who have dealt with various recent crises including the anthrax attacks, the Oklahoma City bombing, SARS, and forest fires. It presents the leader’s role as a spokesperson in an emergency situation and how the leader should communicate with residents, other stakeholders, and the media, while stressing that the leader should consult local experts and laws if there are questions about message content. The document provides a list of things that should be included in the first message after a crisis and a checklist and worksheets that can help leaders prepare to communicate during a crisis.

E. GURSKY, T. INGLESBY, AND T. O’TOOLE, “ANTHRAX 2001: OBSERVATIONS ON THE MEDICAL AND PUBLIC HEALTH RESPONSE,” *BIOSECURITY, AND BIOTERRORISM: BIODEFENSE STRATEGY, PRACTICE AND SCIENCE* (1):2, 2003.

This article describes the medical and public health system’s response to the 2001 anthrax attacks. The public health system’s organizational successes and failures as well as their internal (i.e., with each other) and external communicative abilities (i.e., with the media) were discussed.

JAMES D. SEWELL, “WORKING WITH THE MEDIA IN TIMES OF CRISIS: KEY PRINCIPLES FOR LAW ENFORCEMENT,” *FBI LAW ENFORCEMENT BULLETIN* (76):3, 2007. AVAILABLE AT [WWW.FBI.GOV/PUBLICATIONS/LEB/2007/MARCHO7LEB.PDF](http://www.fbi.gov/publications/LEB/2007/MARCHO7LEB.PDF).

Sewell highlights key principles of working with the media in times of crisis and provides tips for law enforcement executives and agency media spokespersons. He also provides helpful “Tips for Success with the Media.”

MICHAEL BAKER, FEAR MANAGEMENT, *DISASTER RECOVERY JOURNAL*, 11(4),1998.

This article provides a theoretical explanation of fear management and recommendations for managing fear in three stages: pre-event (which includes mitigation and preparedness), trans-event (includes assessment and activation), and post-event (includes response and recovery). The author also stresses the importance of assessing the psychological impacts of an emergency.

“MODEL EMERGENCY RESPONSE COMMUNICATIONS PLAN FOR INFECTIOUS DISEASE OUTBREAKS AND BIO-TERRORIST EVENTS,” ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF HEALTH PROMOTION AND PUBLIC HEALTH EDUCATION, 2000. AVAILABLE AT: WWW.ASTDHPPHE.ORG/BIOTERR/BIOTERROR.PDF.

This plan, developed by a group of state and national public health and emergency response experts, is designed to assist state and local officials in coordinating communications efforts on short notice to respond to a deliberately planned or naturally occurring infectious disease outbreak. The responsibilities of state and local officials are broken down into three categories: outbreak, consequence, and crisis management. The plan further defines the role of first responders in each category.

MONICA SCHOCH-SPANNA, “REALISTIC EXPECTATIONS ABOUT PUBLIC RESPONSES TO PANDEMIC FLU: BRIEFING FOR THE HOUSE COMMITTEE ON SCIENCE,” GAPS IN THE NATIONAL FLU PREPAREDNESS PLAN: SOCIAL SCIENCE PLANNING AND RESPONSE, 2005. AVAILABLE AT WWW.UPMC-BIOSECURITY.ORG/WEBSITE/RESOURCES/HEARINGS/CONTENT/HEARINGS_2005/20051214-REALISTICEXPECTATIONS.HTML.

In response to the release of the National Strategy and the Department of Health and Human Services’ pandemic influenza plan, Schoch-Spanna presents three issues which warrant further consideration: 1) the inaccurate anticipation of panicked behavior, 2) the importance of communication, and 3) assuming that residents will comply with all public health orders.

MONICA SCHOCH-SPANNA, “BIODEFENSE: IF RISK COMMUNICATION IS THE ANSWER, WHAT IS THE QUESTION?” *NATURAL HAZARDS OBSERVER* (29)1, 2004.

This article highlights the unique challenges and goals of communicating with residents after events such as biohazard attacks and epidemics.

NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES, “VOLUME TWO: HOMELAND SECURITY: A GOVERNORS GUIDE TO EMERGENCY MANAGEMENT,” NATIONAL GOVERNOR’S ASSOCIATION, WASHINGTON, DC, 2002. AVAILABLE AT WWW.NGA.ORG/CDA/FILES/GOVSGUIDEHS2.PDF.

This guide provides governors and their staff members with information on emergency management. It covers the major homeland security issues, including crisis communications; interoperability and disaster communications; and critical infrastructure protection. Specific threats such as bioterrorism and cyberterrorism are addressed, and federal resources are also included.

“OUTBREAK COMMUNICATION GUIDELINES,” WORLD HEALTH ORGANIZATION, GENEVA, SWITZERLAND, 2005. AVAILABLE AT WWW.WHO.INT/INFECTIOUS-DISEASE-NEWS/IDDOCS/WHOCDS200528/WHOCDS200528EN.PDF.

This World Health Organization publication is a short guidebook on the best practices in outbreak communication. It highlights eight practices

on how to communicate effectively through an outbreak. This guidebook helps public health officials promote the goal of rapid outbreak control with the least amount of disruption to society as possible.

“PANDEMIC INFLUENZA. PAST, PRESENT, FUTURE. COMMUNICATION TODAY BASED ON THE LESSONS FROM THE 1918-1919 INFLUENZA PANDEMIC. WORKSHOP PROCEEDINGS,” ATLANTA, GA, CENTERS FOR DISEASE CONTROL AND PREVENTION, 2006. AVAILABLE AT: WWW.PANDEMICFLU.GOV/GENERAL/WORKSHOPPROCEEDINGS.HTML.

These proceedings identify issues and questions that may arise in a pandemic and provide information on how to deal with those issues. Workshop participants were provided with historical background on the 1918-1919 influenza pandemic. Next, they listed contemporary issues and questions that might arise in the event of a pandemic. The article further presents guidance for the development of communication materials and messages that can be used in the event of an influenza pandemic.

PETER SANDMAN, “BEYOND PANIC PREVENTION: ADDRESSING EMOTION IN EMERGENCY COMMUNICATION,” 2003. AVAILABLE AT WWW.PSANDMAN.COM/ARTICLES/BEYOND.PDF.

This article discusses the potential emotional impacts of terrorism and other critical incidents and how to best help the public cope with those emotions. The focus of the article is on the most common emotions (e.g., apathy, concern, denial) and stresses that reactions may be mishandled if the communicators are too worried about preventing panicked behavior instead, since it is actually relatively uncommon.

PETER SANDMAN, “OBVIOUS OR SUSPECTED, HERE OR ELSEWHERE, NOW OR THEN: PARADIGMS OF EMERGENCY EVENTS,” 2003. AVAILABLE AT WWW.PSANDMAN.COM/ARTICLES/OBVIOUS.PDF.

This article, written for the Center for Disease Control’s CD-ROM on emergency risk communication, describes how leaders can communicate in the midst of a crisis. The author encourages advance communications and provides post-event communication recommendations, too.

PETER SANDMAN, “ANTHRAX, BIOTERRORISM, AND RISK COMMUNICATION: GUIDELINES FOR ACTION,” 2001. AVAILABLE AT: WWW.PSANDMAN.COM/COL/PART1.HTM.

The author explains general risk communication theories and how to select risk communication strategies based on the type of situation and audience. He also explains how the 2001 anthrax attacks and other bioterrorist threats challenge typical risk communication principles. Based on the unique challenges associated with these types of threats, the author offers 26 recommendations (e.g., don’t over reassure, err on the alarming side, be willing to answer what-if questions, give people a choice of actions to match their level of concern, etc.) specific to this type of event.

PETER SANDMAN, "RISK COMMUNICATIONS AND THE WAR AGAINST TERRORISM: HIGH HAZARD, HIGH OUTRAGE," 2001. AVAILABLE AT: WWW.PSANDMAN.COM/COL/9-11.HTM.

In previous work, Sandman identified two paradigms of risk communication: communication for dealing with public relations and communication for dealing with stakeholder relations. In this article, he explains how the war against terrorism blurs the distinction between the two paradigms. This article explores the key characteristics the author believes are associated with the public response to terrorism as it relates to risk communication and provides recommendations for communications.

RANDALL N HYER AND VINCENT T. COVELL, "EFFECTIVE MEDIA COMMUNICATION DURING PUBLIC HEALTH EMERGENCIES: A WHO FIELD GUIDE." WORLD HEALTH ORGANIZATION, GENEVA, SWITZERLAND, 2005. AVAILABLE AT WWW.WHO.INT/CSR/RESOURCES/PUBLICATIONS/WHO%20MEDIA%20FIELD%20GUIDE.PDF.

This guide presents a seven-step process for effectively communicating with the media in a public health emergency. The steps are presented in a "work book" format and the authors encourage the user to consider local and cultural information needs when developing a communications plan. This guide is user-friendly and can be used in drafting specific communication plans or setting up guidelines for agency communications with the media.

RICARDO WRAY AND KERI JUPKA, "WHAT DOES THE PUBLIC WANT TO KNOW IN THE EVENT OF A TERRORIST ATTACK USING PLAGUE?" *BIOSECURITY AND BIOTERRORISM: BIODEFENSE STRATEGY, PRACTICE AND SCIENCE* (2):3, JULY 2004. AVAILABLE AT WWW.LIEBERTONLINE.COM/DOI/ABS/10.1089/BSP.2004.2.208.

The authors conducted a study using focus groups to identify what the public would want to know if there was a terrorist attack that involved the purposeful use of the plague. The focus groups revealed that they would want to know information about the nature of the threat, how to protect themselves, how to detect symptoms, how to treat it and the progress in apprehending the terrorists. The findings also showed that the public would likely look to the news and local authorities for guidance.

"RISK COMMUNICATION: WORKING WITH INDIVIDUALS AND COMMUNITIES TO WEIGH THE ODDS," *PREVENTION REPORT*. U.S. PUBLIC HEALTH SERVICE, 1995. AVAILABLE AT [HTTP://ODPHP.OSOPHS.DHHS.GOV/PUBS/PREVRPT/ARCHIVES/95FM1.HTM](http://ODPHP.OSOPHS.DHHS.GOV/PUBS/PREVRPT/ARCHIVES/95FM1.HTM).

This document presents an overview of the principles and history of risk communication. The factors influencing risk perception are also listed.

ROBYN PANGI, "AFTER THE ATTACK: THE PSYCHOLOGICAL CONSEQUENCES OF TERRORISM." *PERSPECTIVES ON PREPAREDNESS*, 7, (2002).

The author analyzes the psychological effects of the sarin nerve gas attack on the Tokyo subway in 1995. This article discusses the psychological impact of terrorism and gives recommendations for establishing a mental health plan for Weapons of Mass Destruction (WMD) terrorism. It describes how to manage fear and addresses consequence management which describes all of the operations that occur after a disaster to mitigate the disaster's effects and facilitate community recovery. It also makes recommendations on communication before, during, and after the disaster and on different training exercises to prepare for such a disaster.

RUXANDRA FLOROIU AND RICHARD T. SYLVES, "ALERTING AMERICA: EFFECTIVE RISK COMMUNICATION—SUMMARY OF A FORUM, OCTOBER 31, 2002," NATIONAL ACADEMIES PRESS, WASHINGTON, DC, 2003. AVAILABLE AT WWW.NAP.EDU/CATALOG.PHP?RECORD_ID=10652.

This document provides a summary of the sixth Natural Disasters Roundtable Forum. Speakers from the scientific community, media organizations, and local and federal agencies discussed the role of technology, social norms, and risk perception in the dissemination and receipt of messages.

This report is one in a series of three documents created by the Police Executive Research Forum (PERF), with support from the U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (BJA), on the law enforcement response to public health emergencies.

Communication and Public Health Emergencies: A Guide for Law Enforcement identifies the considerations that law enforcement executives should address in their public health communications plans, regarding internal communications (those that remain within the law enforcement agency) as well as external communications (those that go to other agencies or the public).

Benchmarks for Developing a Law Enforcement Pandemic Flu Plan is an interactive guide that leads the reader through a planning process to help ensure continuity of law enforcement operations during a flu pandemic. An influenza pandemic is considered one of the most severe types of public health emergencies that a law enforcement agency could be called upon to handle. The guide provides links to sample plans and templates for the reader to download and customize to his/her agency.

A Guide to Occupational Health and Safety for Law Enforcement Executives focuses on steps a law enforcement agency can take to ensure the best possible health of the agency's workforce, including educating agency staff members before a public health emergency occurs, so that they are better able to protect their health and the health of their loved ones.

The documents in this series are intended to apply to agencies of all sizes and types. How the suggested strategies are implemented will no doubt vary according to the jurisdiction's size and other characteristics.

While these documents can be used as stand-alone resources, readers undertaking the pandemic flu planning process will find it useful to refer to the communications and occupational health and safety guides as they work through the *Benchmarks* document.

