

NORTHERN IRELAND CONTINGENCY PLAN FOR SARS

INTERIM COMMUNICATIONS ACTION PLAN

May 2005

1 Introduction

1. SARS, a new type of viral infection that can cause significant morbidity and mortality, was first reported in China in November 2002. China subsequently experienced a large outbreak of SARS which lasted several months. Key features included extensive community and nosocomial transmission and transmission of infection to other countries in Asia and beyond. Outbreaks of SARS occurred in Singapore, Vietnam, Taiwan and in Toronto, Canada. Sporadic cases also occurred in a number of countries world wide, including the UK.
2. Although there is currently no evidence of transmission of SARS anywhere in the world, WHO have advised that all countries must prepare for the re-emergence of SARS. For this reason DHSSPS, inline with the other UK Health Departments and international agencies, has prepared contingency plans in preparation for seeing SARS cases in the UK, including Northern Ireland. A key element of these contingency plans is a predetermined **Communication Action Plan**.
3. While no SARS cases have yet occurred in Northern Ireland, the number of people travelling overseas means that we cannot afford to be complacent.
4. The symptoms of SARS are not unlike those of influenza (flu). Influenza virus is already circulating in Northern Ireland. This may make the identification of the first SARS cases difficult.
5. In the event of the re-emergence of SARS cases occurring in the UK, fast and up to date communication with the public, health professionals and other groups will be essential. The type and frequency of communication will depend on what level of alert is operating.
6. Good and effective communication can reduce public and professional anxiety and enhance the role of emergency responders and other health and social services workers. One of the principal aims will be to instil and maintain public confidence by providing the public and health workers with information that addresses their fears, questions and concerns.
7. Public communication lessons have been learned from the previous global outbreaks of SARS and these may be summarised as follows:
 - A clear communication strategy is essential in effectively managing the crisis surrounding a SARS outbreak.
 - A limited number of spokespersons should be identified to (a) ensure consistency of messages and (b) allow busy professionals to otherwise get on with managing the outbreak.

- Downplaying the risk of SARS can be damaging and over reassurance should be avoided.
 - Goals of communication should be to
 - Instil confidence in the ability of the public health service to respond to the SARS threat
 - Teach the public what they can do to help fight the outbreak.
 - Provide updated, accurate and consistent information about SARS
 - Address rumours, inaccuracies and misperceptions as quickly as possible.
8. A serious SARS outbreak will require extensive communications activity which will be co-ordinated by the DHSSPS. To be successful, all agencies involved must be aware of the role they have to play and ensure they stick to the communications plan.
9. The communications actions presented in this plan are aligned with the national threat and response levels. However it is recognised that these levels are not sequential and actions from higher levels may have to be initiated first.

2 *Communication Action Plan Principles*

1. Communication actions must be undertaken in the context of the delivery of the contingency plan for SARS in Northern Ireland.
2. The responsibility for leading on and co-ordinating communications will be a key responsibility of the SARS **Regional Outbreak Control Team** (ROCT) and communications will be led by DHSSPS.
3. Key messages will need to be developed for specific target groups, namely the public and health professionals.
4. Communications must be:
 - **Proactive** – we must take the lead in providing information to reduce media speculation and reduce worry and fears among the general public.
 - **Accessible** – information should be provided in simple language in a range of ways and targeted at the different publics including vulnerable, ethnic, disabled groups etc.
 - **Timely** – information must be up to date and time sensitive.
 - **Accurate – inaccurate reporting should be speedily rebutted**
 - **Coordinated** – the provision of information must be co coordinated between the Department, Trusts and the emergency services to reduce confusion and ensure that everyone is “on message”. DHSSPS will be the lead agency for co-ordination and control of communications.
 - **Frequent** – to ensure that messages are getting through particularly to vulnerable groups, advice and guidance will need to be repeated a number of times
 - **Transparent**

The DHSSPS will establish arrangements for monitoring the implementation and progress of the communications action plan.

Target groups

a. General population, and specifically:

- vulnerable groups such as elderly and those with sensory impairments.
- ethnic groups, in particular the Chinese community
- those planning to travel outside Northern Ireland
- those caring for SARS cases at home
- contacts of SARS cases

b. Health professionals

- Secondary Care
- Primary Care

c. Officials – DHSSPS and other Government Departments

3. Objectives

The communications action plan should have the following objectives:

- a. Raise general awareness about SARS, including routes of transmission and symptoms and signs – particularly in the first phase
- b. To provide the public with information relating to the care, treatment and isolation of SARS cases.
- c. To communicate up to date advice and guidance on travel to and from SARS affected areas.
- d. To ensure health professionals (i) are regularly updated on the evolving situation in relation to SARS and (ii) receive regular, up to date guidance on key aspects of the management of SARS and the implementation of infection control arrangements.
- e. To ensure that all information is updated regularly and disseminated quickly by a range of methods
- f. To determine effective arrangements for briefing and updating DHSSPS and other government department officials on SARS.
- g. To ensure the logistics of information development and dissemination have been clearly thought out and agreed.

3. Communication Approaches

1. Range of Approaches to be used for Communicating with the Public

The approach to communications will depend on what the prevailing situation in relation to SARS is at that time.

Range of Methods to be used when communicating with the General Public

- SARS information leaflet, including translated versions
- Use of the media - including press conferences, press articles/advertising, radio and TV interviews and advertisements, Adshells.
- SARS posters at key vantage points including community pharmacies, GP surgeries, A&E Departments, libraries, hospitals, airports and ferry ports, bus and train stations.
- Websites - DHSSPS/Online NI and HPSS sites. Dedicated SARS website – www.sarsni.gov.uk
- Sensorily impaired – alternative formats of publicity material.
- Communication by Community Pharmacists
- Communication by travel agents.
- Dedicated SARS helpline

2. Range of Methods to be used when communicating with Health Professionals

Regular communication with those working in the HPSS will be required. The majority of communications will be developed by DHSSPS, in conjunction with national experts, and communicated to Boards and Trusts. **However the responsibility for ensuring that all health professionals have timely access to this information clearly lies with the Chief Executives of Boards and Trusts.** Information provided will include:

- Up to date bulletins on the evolving situation in relation to SARS internationally, nationally and regionally.
- Professional guidance on issues such as management of SARS patients, implementation of infection control measures.
- Training materials developed by the SARS training group.

Depending on the situation DHSSPS will use a number of ways to communicate with staff:

- Written information sent by post.
- Urgent communications disseminated by email for onward distribution by Boards, Trusts and GP Co-ops.
- Dedicated SARS website with up to date professional guidance

- Information placed on HPSS Extranet

4. Communication arrangements at each level of the SARS Contingency Plan

DHSSPS is the lead agency for co-ordinating communication arrangements at each level of the action plan.

Level 0 – No known cases internationally

This is a time for preparation for SARS appearing anywhere in the world.

Communications Actions/considerations–

- Communications action plan agreed
- Discuss and agree communication arrangements with HPSS SARS leads and press officers
- Prepare brief on SARS for all press officers
- Prepare draft public communications materials – leaflet/posters
- Set up distribution channels for leaflets/posters
- Establish arrangements for establishment of a telephone helpline
- Ensure websites available and can be readily updated – activate www.sarsni.gov.uk
- Early meeting with Board and Trust Public Relations Officers – channel opened for news monitoring, determine information flow arrangements, consider possibility of interchange of PRO staff between appropriate hospitals
- General information re SARS planning to HPSS staff
- Contact with travel agents organisation (ABTA)
- Contact with Translink to determine arrangements for displaying information materials at bus and train stations
- Consider liaison arrangements within DHSSPS
- Agree arrangements for out of hours working
- Agree list of DHSSPS/HPSS spokespersons
- DHSSPS maintain communication channels with UK and ROI Health departments

Level 1 – No cases in the UK but SARS cases reported elsewhere in the world

As soon as cases begin to occur anywhere in the world, media attention will begin to focus on the issue once again. In the earlier outbreaks, there was considerable local media coverage, even though no cases were reported here. The demand for public information will be high at this stage, in particular for general information about SARS and for advice and guidance on travel.

DHSSPS need to issue basic information and advice to the general public about SARS and more detailed information to health professionals. Ideally, communications and information will help to increase knowledge and understanding of the measures being taken to control and isolate SARS patients but the public must also be prepared for further measures that may have to be taken if the SARS continues to spread. The sarsni website will be key in this regard.

This phase can be used to build up relationships with key media which could come in useful when information has to be issued quickly.

Experience shows that media attention will begin to “pick up” once the first suspected cases are reported or are admitted to hospital.

At this early stage, it is vital that information about these cases is released in a controlled and sensitive way. The Department should therefore take the lead in confirming possible SARS cases. Subsequent condition reports (where appropriate) would be the responsibility of the Trust, as normal.

DHSSPS/Regional OCT Communications actions

It is envisaged that the Regional SARS outbreak control team will determine the strategic communication needs and arrangements in line with the communications action plan. DHSSPS members of the OCT will have lead responsibility for communications. The implementation of communication arrangements will require collaborative working between DHSSPS and Board/Trust SARS leads.

Communication with the Public

- Arrangements initiated by Health Promotion Agency to distribute the **SARS general information leaflet** developed by the Communication Subgroup. Leaflets to be distributed to GP surgeries, Community Pharmacies, Libraries, Hospital Trusts.
- **SARS poster** with general information to be distributed to GP surgeries, community pharmacies, libraries, hospital A&E departments, airports, sea/ferry ports and bus and train stations which provide travel services between Northern Ireland and the Republic of Ireland
- Updated general information and relevant travel advice posted on SARS website
- Travel advice sheets developed by DHSSPS disseminated to ports by HSS Boards
- Travel advisory posters to be disseminated to ports and bus/train stations
- Radio scripts prepared and radio time secured
- Consider appropriate mechanisms to measure response to communication approaches, e.g. use of market research company at later level of alert

- Brief editors of weekly newspapers and news editors of main media on background of SARS
- Spokespersons in Department to provide media interviews on request and feature articles for press

Communication with Health Professionals

- DHSSPS to lead the development of guidance for health professionals and disseminate this guidance. Boards and Trust Chief executives to have lead responsibility for ensuring the timely dissemination of information to all staff.
- Professional guidance to be posted on the SARS website. As guidance may be changed and updated on an almost daily basis **Trusts and Boards should ensure that arrangements are in place for checking the website daily and communicating new or changed guidance to staff.**
- Professional guidance to cover (i) identification and investigation possible SARS cases, (ii) reinforcement of infection control and PPE arrangements as outlined on SARS training video and CD-ROM (iii) clinical management (iv) notification arrangements to local HSSBs, (iv) identification and followup of contacts, (v) arrangements for voluntary home isolation
- DHSSPS to facilitate telephone conference between SARS core group and Trust SARS leads.

Communication with Departmental Officials and Other Government Departments

- DHSSPS SARS team, in conjunction with PMO and SMO, to prepare briefings for Minister, CMO, Permanent Secretary, Departmental Directors.
- DHSSPS SARS team to prepare lines to take for Minister and media.
- Information to be shared with other Government Departments.
- Strategic Communications Group to ensure information is shared and disseminated properly and that agreed lines to take are developed. This group comprising all departmental, Trust and Board public relations officers (PROs) and is a forum for exchanging information, developing a HPSS media forward planner, etc.

Level 2 – Sporadic imported cases from affected areas outside the UK

At this level we may be seeing imported cases on mainland GB, Northern Ireland or the Republic of Ireland.

At this stage there will be a heightened level of anxiety among the public and health professionals and a demand for regular up to date information. Media activity is likely to intensify as the first cases begin to be reported in GB or ROI.

Communications actions

General

- DHSSPS to have regular communication with UK Taskforce, UK Health departments and ROI.
- DHSSPS to lead on regional update on situation in UK and NI.
- Boards/Trusts to provide information to the media only on the situation in their own Trust/Board in line with communications plan and agreed protocols. All approaches from the media and responses to be copied (by email) to the DHSSPS as soon as possible.

Public

- DHSSPS to produce daily updates for the press and website in relation to sporadic cases and the implications for control measures here.
- Up to date travel advice available on DHSSPS website. Boards to make printed versions available at ports.
- Information posters to be available at NI ports.
- DHSSPS spokespersons to be available for interviews
- Briefings with appropriate HPSS press officers
- Information for (i) SARS patients being cared for at home, (ii) carers of SARS patients, (iii) contacts of SARS patients to be available at www.sarsni.gov.uk and also distributed to primary care.

Professional

- Updated professional guidance to be disseminated to the service posted on the SARS website

Level 3 – One or more outbreaks of SARS in the UK/NI within hospital(s) and/or limited community transmission within definable groups

During this stage the first confirmed cases in NI will begin to emerge. Clear communication approaches are critical at this stage.

Hospitals may come under increased pressure as staff begin to be affected. The media, including the weekly press in areas where the main hospitals are located, will press for information about number of cases, condition etc. Other difficulties may begin to emerge as elective work comes under pressure, waiting lists increase, hospitals begin to fill up with cases. We can expect media enquiries on all these areas.

The Department should remain in the lead in co-ordinating and releasing regional information to the media. At this stage DHSSPS should establish a **dedicated SARS information team** within the information office. However Boards and Trusts will be responsible for providing local updates and information on the situation in their own hospital or Board area. At level three Boards will be expected to provide the ROCT/DHSSPS with a daily update regarding SARS in their area, including a 'nil return'.

Any information released by Boards and Trusts regarding their local situation should be copied to the DHSSPS information office.

Other Government Departments will require regular updates on the evolving situation in order to assess the potential impact on other aspects of civilian life.

Communications actions Public

- Daily situation reports to media. Up to date information will be required from CDSC(NI), Boards and Trusts to enable DHSSPS to make an informed appraisal of the regional situation.
- Daily press conferences/briefings by Minister/ CMO/appropriate medical personnel as necessary. This will ensure that those involved in managing the outbreak are not constantly tied down by media interviews.
- Interview bids for Minister/CMO (to supplement regular press briefings)
- Travel advisories regularly updated
- Information update for ports.
- Information office to review communications arrangements with HPSS press officers
- Review research data from advertising campaigns/helplines and make appropriate adjustments
- Regional helpline to be activated. Detailed Q&A prepared for helpline staff. Information should be regularly reviewed and updated.
- Regional OCT to consider whether public advice and professional guidance messages need to be adjusted.
- Radio ads begin - script to be reviewed and updated if necessary. Urgently consider the use of TV advertising to provide information for the public on prevention of and protection from SARS.

Professional

- DHSSPS continue to produce guidance and disseminate within HPSS.
- DHSSPS facilitate meeting/telephone conference with health professionals involved with the clinical management of SARS patients.
- Up to date information and guidance to be posted on DHSSPS SARS website.
- Boards to work to ensure primary care practices are kept regularly informed re SARS situations.
- DHSSPS together with clinical colleagues and the regional OCT to develop information and advice for health care workers with a documented SARS exposure

Government

- Regional SARS Health Command to liaise with other Government departments regarding civil contingencies arrangements.
- Co operation with other NICS and other agency press officers
- DHSSPS to issue advice distributed to employers including NICS

- Daily briefings with communication partners (HPSS/others)

Level 4 – Outbreaks of SARS in the UK/NI with extensive community transmission (cases occurring with no known link to known SARS cases)

Communications actions

- Daily contact with other UK Health Departments.
- Dedicated team in information office working on SARS fulltime (with support from EIS) and in daily contact with press officers in other Government Departments
- Available HPSS press officers to assist Board/acute trust communications teams
- Intensive monitoring of news media – issue rebuttals/ further information as necessary
- Continue daily press conferences/briefings
- Proactive interview situations with CMO/other DHSSPS/HPSS spokespersons as appropriate
- Try to control rumour by regular updates/situation reports – speed and responsiveness is essential in this situation
- Maintain daily contact with HPSS. Review/update arrangements as appropriate.

Public

- Unified, consistent public health messages will need to be given in the event of a SARS outbreak. There will be considerable public anxiety at this stage. The public will need constant reassurance that the DHSSPS, Boards and Trusts are in control of the situation.
- DHSSPS should continue and increase levels of input to media coverage including regular interviews, press conferences, radio and TV advertising.
- Up to date information posted on website.
- DHSSPS and Boards to ensure up to date public information available re travel, including what arrangements (if any) are in place for exit screening.

Professional

Regional outbreak control team to advise DHSSPS on the need for further professional guidance.

Government

Regular briefing of Minister/Secretary of State
Information provided to local political representatives.

Level 5 Post outbreak and de-escalation of SARS response

- DHSSPS to communicate change of status to public, health professionals, media, other government departments.
- Press conference chaired by Minister/CMO
- Consider whether paid advertising (radio and television) should continue to be used to reassure public that the “worst” is over
- Promote “return to normality” stories
- DHSSPS to continue to issue regular up dates and guidance for the public and professionals.
- Continue to issue appropriate travel advice
- Maintain SARS website.
- Maintain posters and travel advisory leaflets at ports until WHO declare SARS contained.

Evaluation

A formal evaluation of the communications actions should be undertaken by DHSSPS.