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Sample Focus Area Worksheet: Completed by Public Health Seattle-King County

Focus Area 3: Communications

To help you understand what is included in this Focus Area, review the following goals and keys to success.

GOALS FOR COMMUNICATIONS:

Agency/jurisdiction lays groundwork for good communication with key persons both internal and external to the agency before an outbreak occurs.

KEYS TO SUCCESS FOR COMMUNICATIONS:

"Keys to success" are activities, relationships, and resources that are believed to be critical to achieving success in a Focus Area. Determining whether an agency/jurisdiction has a particular key to success in place is somewhat subjective. Metrics, such as measures of time (e.g., rapidly, timely, and quickly), have not been defined. Your Workgroup should provide its own definitions for these terms, as is appropriate for your agency/jurisdiction, and use its best judgment in deciding whether a particular key to success is fully or partially in place.

Contact lists

- Agency/jurisdiction identifies key persons and organizations related to outbreak response before an outbreak occurs including members of the outbreak response team, officials inside the agency, contacts at external agencies (i.e., other local, state, and federal agencies), and the media.
- Agency/jurisdiction establishes and frequently updates contact lists for key persons and organizations.

Communication practices

- Agency/jurisdiction has procedures for communicating with key persons and organizations. Procedures are written and easily accessible by staff.
- Agency/jurisdiction has staff trained in communicating with the media and risk communications.
- Agency/jurisdiction identifies a person(s) responsible for external communications on behalf of the agency/jurisdiction during each outbreak response.

Making changes

- Agency/jurisdiction conducts a debriefing among investigators following each outbreak response and refines outbreak response planning based on lessons learned.
- Agency/jurisdiction has performance indicators related to communications and routinely evaluates its performance in this Focus Area.

List the persons participating in the discussion of this Focus Areaand list their affiliations.

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SAMPLE

1. DESCRIBE YOUR CURRENT ACTIVITIES AND PROCEDURES IN THIS FOCUS AREA.

Considering the keys to success on the previous page, describe your agency's/jurisdiction's current activities and procedures in this Focus Area. Refer to written protocols, if available, and materials related to ongoing efforts in capacity development or quality improvement (e.g., FDA Retail and Manufactured Food Regulatory Program Standards). As you list current activities and procedures related to this Focus Area, indicate those that might need work to improve your agency's/jurisdiction's response to foodborne disease outbreaks.

Activity/Procedure	Needs Improvement? ✓
Primary partners in foodborne outbreak response include PHSKC epidemiology investigation team, PHSKC Environmental Health Division, WA DOH Public Health Laboratory and Communicable Disease Epidemiology Section, PHSKC Communications Team, PHSKC Preparedness Section, FDA, Washington Department of Agriculture, Washington Shellfish Program. Secondary partners: local health-care system, other Washington regulatory agencies and CDC.	
CD section staff have good relationships/communications with primary partners; section staff cross-trained in foodborne illness investigations and outbreak investigation so all have a good understanding of the response.	
Recent transfer of confirmatory laboratory testing of enteric pathogens from PHSKC to WA DOH PHL has resulted in PHSKC CD not receiving preliminary results for high-priority organisms (to allow early action by CD team if necessary); communication/collaboration with WA DOH laboratory might benefit from more frequent meetings.	✓
Staff less familiar with WA Department of Agriculture and FDA	
Section maintains contact list for key persons /organizations but list is not updated at specified intervals.	✓
Criteria for engagement/notification of partners outside CD Section determined by Section staff based on "non-written protocol" as indicated on a case-by-case basis.	✓? (Not sure written protocols are necessary except for training)
No formal communication protocols exist. Section has many disease investigation protocols/procedures, some of which include communications considerations.	
CD section has access to communications experts at PHSKC. PHSKC Communication experts have good relationships with WA DOH communications staff. PHSKC Communications Team not as familiar as they would like regarding respective roles and responsibilities of various players in outbreak response.	✓
Some CD staff have had training in communications. Significant experience among staff in communication procedures based on frequency of outbreaks and longevity of senior staff	
Section routinely designates one person for external communications during an outbreak response.	
Coordination and information-sharing among various external initiatives and special projects (e.g., FERN, FDA's RRT, LRN, CIFOR) not clear.	✓

2. PRIORITIZE CIFOR RECOMMENDATIONS TO ADDRESS NEEDED IMPROVEMENTS.

Having identified activities and procedures in need of improvement, review the CIFOR recommendations related to this Focus Area (listed below). Rate the priority for implementing each recommendation based on its likely impact on foodborne outbreak response at your agency/jurisdiction and available resources. Use a scale of 1to 5 to rate each recommendation (1 = Low priority for implementation and 5 = High priority for implementation). If a recommendation is already in place in your agency/jurisdiction, check the appropriate box. If a recommendation is not relevant to your agency/jurisdiction, select N/A. **Refer to the hyperlinked section number following each recommendation to view the recommendation as it appears in the CIFOR *Guidelines*.**

	Already in place	Priority for Implementation or Improvement					
Contact lists		LOW				HIGH	
Prepare contact information (including after-hours telephone numbers) for persons in the agency who should be contacted in the event of an outbreak, including backups. (3.6.2.1)	☑	1	2	3	4	5	N/A
Prepare contact information (including after-hours telephone numbers) for contact persons in external agencies (e.g., other local, state, and federal agencies). (3.6.2.1)	☑	1	2	3	4	5	N/A
Prepare contact information (including after-hours telephone numbers) for important food industry contacts, including trade associations. (3.6.2.1)	☑	1	2	3	4	5	N/A
Ensure all contact lists are updated at least twice yearly and, when feasible, made available to all stakeholders in both electronic and hard copy formats. (3.6.2.1)	☐	1	2	3	4	**5**	N/A
Distribute a list of your agency's contacts to other agencies, and obtain a list of their contacts. (3.6.2.3)	☑	1	2	3	4	5	N/A

Additional ideas:
PHSKC Environmental Health Services and WA DOH have contact lists for important food industry contacts.

Communication practices – Internal (outbreak response team and their organizational units and agencies)							
Ensure members of the outbreak response team know each other before an outbreak occurs. (3.6.2.2)*	☑	1	2	3	4	5	N/A
Establish and use routine procedures for communicating among outbreak response team members and their units and agencies before an outbreak occurs. (3.6.2.2)	☑	1	2	3	4	5	N/A
Decide on the basis of roles who will be notified when an outbreak is suspected, including any changes in notification according to the nature of the outbreak (e.g., pathogen type, involvement of commercial product) and timing (weekends and holidays versus week days). (3.6.2.2.)**	☑	1	2	3	4	5	N/A

	Already in place	Priority for Implementation or Improvement					
Communication practices – Internal (cont'd)		LOW				HIGH	
Determine whether and how confidential information (e.g., from forms and questionnaires) can be shared within the outbreak response team before an outbreak occurs. (3.5.2) (3.6.2.2)	☑	1	2	3	4	5	N/A
During an outbreak response, maintain close communication and coordination among members of the outbreak response team. (5.1.2.3) (5.2.5)	☑	1	2	3	4	5	N/A
During an outbreak response, identify persons who will be responsible for external communication on behalf of their organizational unit and for the outbreak response team. (3.6.2.2)	☑	1	2	3	4	5	N/A
During an outbreak response, communicate actions taken and new outbreak information to all members in the outbreak response team. (6.4.1) (5.2.5)	☑	1	2	3	4	5	N/A
During an outbreak response, arrange for the outbreak response team to meet daily to update the entire team in a timely manner. (5.2.5)***	☑	1	2	3	4	5	N/A

Additional ideas:
*Provide Communications team information regarding roles, responsibilities, and procedures for investigations.
**Develop checklist of key agencies that can be used by staff to keep track of who has been contacted.
***Consider using web tools such as Twitter to keep outbreak response team up-to-date on new findings.

Communication practices – External agencies (other local, state, and federal agencies)							
Develop standardized processes (including notification triggers and timelines) for sharing information with other local, state, and federal agencies, including who will notify the next level of public health, environmental health, or food-regulatory agencies. (3.6.2.3)	☑	1	2	3	4	5	N/A
Establish routine communications with other agencies before an outbreak occurs. (3.6.2)	☑	1	2	3	4	5	N/A
Foster working relationships with other agencies, holding joint meetings and planning sessions before an outbreak occurs. (3.6.2.3)	☑	1	2	3	4	5	N/A
Establish processes for participating in multiagency, multijurisdictional conference calls and train staff in conference call etiquette. (3.6.2.3). *WA DOH responsibility*	☐	1	2	3	4	5	**N/A**
Determine whether and how confidential information can be shared with other local, state and federal agencies. (3.6.2.3)	☑	1	2	3	4	5	N/A
Identify and regularly communicate with agencies or organizations that receive possible foodborne illness complaints (e.g., agriculture agencies, facility licensing agencies, poison control centers) and ensure they have current contact information for your staff. (4.3.9.7) (4.3.9.12)	☐	1	2	3	4	**5**	N/A
Rapidly post subtyping results to PulseNet and note the detection of clusters to PulseNet and Foodborne Outbreak listserves. (4.2.10.5) *WA DOH responsibility*	☐	1	2	3	4	5	**N/A**

	Already in place	Priority for Implementation or Improvement					
Communication practices – External agencies (cont'd)		LOW				HIGH	
Document every outbreak investigation using a standardized form to facilitate inclusion in state and national outbreak databases. (5.2.9)	☑	1	2	3	4	5	N/A

Additional ideas:

Communication practices – Public							
Establish standard channels of communication with the public before an outbreak occurs and use those same channels each time a public health concern arises about which the public might seek information. (3.6.2.5)	☑	1	2	3	4	5	N/A
Periodically issue foodborne disease prevention messages or press releases to ensure the public knows with whom to communicate and from where information will come during an outbreak. (3.6.2.5)	☑	1	2	3	4	5	N/A
Because the public obtains news from multiple sources, use all available sources to disseminate information to the public (e.g., the Internet, television, radio, and newspapers). (6.4.3)	☑	1	2	3	4	5	N/A
Create and test Web-based tools for communication with the public (e.g., blast e-mails, survey instruments). (3.6.2.5)	☑	1	2	3	4	5	N/A
Create templates for communications with the public (e.g., fact sheets), focusing on the most common foodborne diseases before an outbreak occurs. (3.6.2.5)	☑	1	2	3	4	5	N/A
Establish relationships with consumer groups that may be helpful in disseminating information about foodborne disease outbreaks and disease prevention messages. (3.6.2.5)	☐	**1**	2	3	4	5	N/A
Adopt a standardized format for reporting risk information to the public. (6.4.3)	☑	1	2	3	4	5	N/A
Adopt standardized scripts for reporting complex procedural or technical information to the public and actions the public should take during an outbreak. (6.4.3)	☑	1	2	3	4	5	N/A
Test messages to the public with representatives of the target population before releasing them. (6.4.3)	☐	**1**	2	3	4	5	N/A
Guide staff on responding to and communicating with angry members of the public. (3.6.2.5)	☑	1	2	3	4	5	N/A
Make copies of summary reports from each outbreak response available to members of the public who request it. (5.2.10)	☑	1	2	3	4	5	N/A

Additional ideas:

	Already in place	Priority for Implementation or Improvement					
Communication practices – Media		LOW				HIGH	
Obtain media training for primary agency spokespersons. (3.6.2.7)	☑	1	2	3	4	5	N/A
Identify an agency lead on media interactions, ideally someone trained as a public information officer. (3.6.2.7)	☑	1	2	3	4	5	N/A
Establish procedures for coordinating agency communications with the media. (3.6.2.7)	☑	1	2	3	4	5	N/A
Establish standard channels of communication with the media (e.g., website, telephone number), and use those same channels each time a public health concern arises about which the public might seek information. (3.6.2.7)	☑	1	2	3	4	5	N/A
Identify primary contact persons from major local media outlets. (3.6.2.7)	☑	1	2	3	4	5	N/A
Know routine deadlines and time frames for reporting news through major local media outlets (e.g., the deadline for having news from a press release appear in the evening newspaper). (3.6.2.7)	☑	1	2	3	4	5	N/A
Periodically hold a media education event to teach new media professionals in the community's media market about public health and response to foodborne disease outbreaks. (3.6.2.7)	☑	1	2	3	4	5	N/A

Additional ideas:

Making changes							
Conduct a debriefing following each outbreak response with all members of the outbreak response team to identify lessons learned. (6.6) (3.2.3) (5.2.8)****	☐	1	2	3	**4**	5	N/A
Prepare summary reports for all outbreaks consistent with the size and complexity of the response. Use the reports as a continuous quality improvement opportunity. (3.7.2) (5.2.9) (6.7)	☑	1	2	3	4	5	N/A
Make copies of summary reports available to all members of the outbreak response team and their units and agencies and persons responsible for implementing control measures. (5.2.10) (6.7)	☑	1	2	3	4	5	N/A

Additional ideas:
****Debriefings are part of CD's Incident Command System (ICS) but need to be done more consistently.

3. MAKE PLANS TO IMPLEMENT SELECTED CIFOR RECOMMENDATIONS.

For each CIFOR recommendation selected in the previous step (or idea formulated by the Workgroup), identify who might take the lead in implementing the recommendation and the timeframe for implementation (e.g., a specific completion date or whether the change is likely to require short-, mid- or long-term efforts). If certain actions must precede others, make a note of this and adjust the timeframe. In addition, consider factors that might positively or negatively influence implementation of the recommendation and ways to incorporate the recommendation into your agency's/jurisdiction's standard operating procedures.

CIFOR recommendations or other ideas from previous step	Lead person	Timeframe for implementation	Notes (e.g., necessary antecedents, factors that might influence implementation, ways to incorporate the recommendation into standard operating procedures)
Ensure all contact lists are updated at least twice yearly and, when feasible, made available to all stakeholders in both electronic and hard copy formats.	Jenny & Laurie	September 30, 2010	
Conduct a debriefing following each outbreak response with all members of the outbreak response team to identify lessons learned.	Tao	As needed	
Identify and regularly communicate with agencies or organizations that receive illness complaints (e.g., agriculture agencies, facility licensing agencies, poison control centers) and ensure they have current contact information for your staff.	Craig	September 30, 2010	
Develop a checklist of key agencies and communication considerations during outbreaks.	Laurie	October 31, 2010	
Provide information to PHSKC communications team regarding roles, responsibilities and procedures for outbreak investigations.	Tao	October 31, 2010	

Date worksheet completed: _7/20/2010_