

A Communications Toolkit for Public Health Emergencies that Impact Children:

Resources for Pediatric Practices, Schools, and Childcare Programs

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COMMUNICATION CHECKLISTS

PA AAP COMMUNICATION CHECKLIST

Example scenario: Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) receives a phone call from the Pennsylvania Department of Health (PA DOH) that a contamination (or other event) has occurred in Delaware County and impacts Delaware County families/practices as well as any child that might have been exposed because they happened to be in Delaware County (for example on a field trip or a sporting event that day). What are the actions of the PA AAP?

- ☐ Vet the information: Ensure the information is from a credible source within PA DOH, there is no other conflicting information, assess what the media is saying in case rumors need to be corrected, determine who the credible pediatric source is for what pediatricians need to know.
 - ☐ Ensure that expert pediatric guidance is sought from the beginning in order to help vet the information and decide on a strategy moving forward.
- ☐ Format the information into a template that is useful for clinicians/practices (e.g. categorized by situational awareness facts, symptoms to watch for, treatment, what to tell families, when more information will be forthcoming, etc).
 - ☐ Provide supporting documents and resources such as websites, where pediatricians could call or email with questions.
- ☐ Format the information into a parent handout. Provide supporting documents as needed (e.g. how to talk to children of different ages about what is occurring, what parents might expect to see in children of different ages, web and social media resources).
- ☐ Determine who should get the information (individual pediatricians, practices, childcare programs, schools in the area, hospital pediatric chairs, health system networks, after hours triage teams, etc).
- ☐ Identify pediatric expert(s) to review the information for pediatricians and parents for accuracy and completeness.
 - ☐ Secure PA AAP approvals to distribute message to members/practices/health systems.
- ☐ Identify pediatric expert(s) and/or appropriate other authorities to review and approve the information before it is sent to childcare, schools, or other agencies/institutions.
- ☐ Make sure current pediatrician/practice/childcare lists are uploaded.
- ☐ Distribute documents. Note anything in the process such as just-in-time education plans and when to expect more information from PA AAP.
- ☐ Determine if just-in-time training is needed.
 - ☐ If so, set up day/time/speaker/mode, and distribute this information to membership.
- ☐ Place all information on Chapter website. Determine next communication timeline.

- ❑ Obtain feedback re: effective patient information materials and protocols from community practices. Make those materials available to practices. (PA AAP should serve as bi-directional information clearinghouse or intermediary for information between public health agencies and pediatric practices.)
- ❑ Ensure that all information provided is in plain language (See www.plainlanguage.gov).

PEDIATRIC PRACTICE COMMUNICATION CHECKLIST

- ☐ Sign up for PA DOH Health Alert Network (HAN)/Clinician Outreach and Communication Activity (COCA). If not already signed up, register here: <https://han.pa.gov/>.
- ☐ Consider sources of information likely to be most useful. Include social media, websites (e.g. Centers for Disease Control and Prevention (CDC), PA DOH, AAP), Health Alerts.
- ☐ Consolidate information updates.
- ☐ Discuss updates and changes with staff.
- ☐ Develop strategy for implementation; consider if current procedures need to be changed (phone triage, walk-in policy, infection control, adding appointments or hours, changes in staffing, deferral of routine well childcare or non-urgent appointments and, if so, for how long.
- ☐ Resolve any discrepancies in information or confusing/impractical recommendations. Identify whom to contact for clarification: local DOH, pediatric colleagues, local pediatrician ID experts, PA AAP, etc. Include name and contact information on all public information sheets. If information still seems impractical or incorrect, communicate feedback to originator.
- ☐ Participate in conference calls/webinars for updates. Archive calls/webinars to enable later access and review.
- ☐ Strategize communication formats for patients/families.
- ☐ Post relevant updates regarding practice status/operations, as well as clinical information, practice website, voicemail/phone hold message, etc. as relevant.
- ☐ Post relevant updates on social media.
- ☐ Create a list of higher-risk patients and develop targeted email and/or text messages for this group.
- ☐ Check with CDC, PA DOH, AAP, or PA AAP for possible office materials (posters, patient handouts, pamphlets) to use in the office.
- ☐ Provide feedback to PA AAP office on the effectiveness of materials, best communication practices. (PA AAP should serve as bi-directional information clearinghouse or intermediary for information between public health agencies and pediatric practices).
- ☐ Ensure that all information provided is in plain language (See www.plainlanguage.gov).

SCHOOLS COMMUNICATION CHECKLIST

PLAN

- ☐ Have Central Office, school nurse, school physician, superintendent, and designated other locations in schools receive PA DOH Health Alert Network (HAN) communications. If not already signed up, register here: <https://han.pa.gov/>. Sign up for county and township alerts, which will include weather and other local emergencies.
- ☐ Have school phone book or other list of school students and staff in each classroom. Have “go-kit” in each classroom, supplemented as needed, such as with plans for children with special needs.

http://www.portal.state.pa.us/portal/server.pt/document/432884/05550_sample_go_kit_list_pdf

http://www.portal.state.pa.us/portal/server.pt/document/432886/05650_sample_all_hazards_planning_for_students-staff_with_special_needs_questions_pdf

- ☐ Set up and train staff in Incident Command System framework (ICS) (training resources available at <http://training.fema.gov/IS/NIMS.aspx> and in the Pennsylvania “All Hazards” School Safety Planning Toolkit.)
- ☐ Complete the following documents annually. Maintain copies in central administrative office as well as with designated positions of the Incident Command System throughout the school:

[05400 Sample School District-School Incident Command Team Assignment List.pdf](#)

[05150 Sample Community Resource List.pdf](#)

[05200 Sample School District-School Resource List.pdf](#)

[05250 Sample School District-School Personnel List.pdf¹](#)

- ☐ Develop and test ability to contact parents/guardians/emergency contacts of students including mass telephone/text/twitter. Maintain up-to-date list of local network and cable television contacts for potential listing on scroll across screen.
- ☐ Evaluate how quickly and what is the required approval process for updating school website in an emergency to ensure redundancy of technical personnel along with procedures to vet information before it is posted.
- ☐ Have both fire and lock-down drills. Consider other drills such as an athletic event (gym, auditorium, cafeteria, stadium) to evaluate exit procedures.

¹ PA All-Hazards School Planning Safety Toolkit.

[http://www.portal.state.pa.us/portal/server.pt/community/plans_guides_and_presentations/4625/all-hazards_school_safety_planning_toolkit_\(pdf\)/541340](http://www.portal.state.pa.us/portal/server.pt/community/plans_guides_and_presentations/4625/all-hazards_school_safety_planning_toolkit_(pdf)/541340)

- ❑ Orient staff annually to security and emergency procedures.
 - ❑ After fire, lock-down, and other drills, invite feedback. Provide after-action summary to all faculty and staff. Summarize drill and after-action reports for parents in whatever usual communications go to them – newsletter, website, etc. These actions will support a culture of awareness and constant improvement of processes given new threats, technologies, diseases, etc. They may also assist in identifying useful community resources, e.g. a business may have a large enough location to serve as an off-site meeting point in the event of a problem preventing access to the school building and campus.
- ❑ Establish chain of command.
 - ❑ identify the Public Information Officer (PIO) for communications with media.
- ❑ Maintain an up-to-date list of students and family contact information off-site in the event that the school building itself is damaged or otherwise not able to be accessed. Ensure that several staff know where these off-site records are located and how to access them, including having required security clearance.

RESPOND

- ❑ Provide immediate direction to students (age-appropriate), faculty, and staff. This is what has happened. This is what we know. This is what you need to do RIGHT NOW. We have notified 911. We will update you within X minutes. Given that students have cell phones and will text their parents, also provide an update to parents via mass telephone/text/twitter, and post on school website.
 - ❑ In order to manage the situation as safely and quickly as possible, request that parents not come to the school until notified that it is safe to do so.
- ❑ Activate plans, ICS, use of “go-kits,” etc. For information on ICS, see: http://www.portal.state.pa.us/portal/server.pt/document/432942/06000_chapter_vi_-_response_pdf
- ❑ Maintain frequent communication with students (age-appropriate), faculty, and staff.
 - ❑ Ask that faculty and staff report rumors and respond to them. This will help maintain calm and avoid secondary injury or other problems. This will also provide mental health reassurance to all that although something bad is happening/has happened, the other adults in their life are protecting them, responding appropriately, and providing a safe environment.
- ❑ Follow chain of command and utilize PIO for communications with media.
- ❑ Provide basic training for school administrators, teachers, and health professionals in psychological first-aid to deal with acute or immediate mental health issues following an incident. PA AAP can provide resources in this area. (Reference: Psychological First Aid Field Manual from the National Child Traumatic Stress Network, at <http://www.nctsn.org/content/psychological-first-aid>)

RECOVER

- ❑ Validate the children’s feelings. Do not minimize a child’s concerns.
- ❑ Empower children to take actions such as helping those directly affected.

- ❑ Encourage older children to develop and actively participate in student-run programs.
- ❑ Help children understand that precautions are in place to ensure their safety and stress the importance of adhering to school rules and policies.
- ❑ Create safety plans with students. Help identify which adults (a friendly secretary, trusted teacher or approachable administrator) children can talk to if they are concerned or feel threatened at school.
- ❑ Ensure that children know how to reach a family member or friend in case of crisis during the school day. Remind children of the people at school with whom they can talk any time they feel threatened.
- ❑ Encourage parents to recognize behavior that may indicate their child is concerned about returning to school. Younger children may react to a problem at school by not wanting to attend school or participate in school-based activities. Teens and adolescents may minimize their concerns outwardly, but may become argumentative, withdrawn, or allow their school performance to decline.
- ❑ Teachers should actively observe children, looking for signs of difficulty coping or adjusting.
- ❑ Encourage parents to seek help when necessary. If they are worried about their child's reaction or have ongoing concerns about his/her behavior or emotions, they should contact a mental health professional at school or at their community mental health center.
- ❑ Resume regular routines. It is fine to take school time to address the event and how people are feeling/doing but not to dwell excessively on it. Do give children the opportunity to talk and express themselves.
- ❑ Make sure that teachers and others who work with the school, including bus drivers, have a safe place to process their feelings and reactions.
- ❑ Children will continue to experience trauma from the emergency for varying amounts of time following the acute disaster. Continue to communicate information, tips, and resources to students, parents/families/guardians, and staff. See "Helping Children Cope with Tragedy:" <http://www.nmha.org/go/information/get-info/coping-with-disaster/helping-children-handle-disaster-related-anxiety> .
- ❑ Provide trainings for staff, teachers, and school health professionals in identifying long-term mental health issues and providing "skills for psychological recovery" for affected students.
- ❑ Schedule conference calls or webinars as needed using the PA AAP and PAFP networks with local pediatricians and family medicine physicians with the school superintendent, school principal(s), school nurse, school psychologist or counselor, and school physician as possible presenters, with time for live Q and A. This will help the community respond in a united way, address rumors, illuminate areas that still need to be addressed, and locate resources that can assist.

CHILD DAY CARE COMMUNICATION CHECKLIST

During a disaster, families may expect the day childcare to function as a central point of contact with other family members and as a multiservice agency. For example, in New Orleans after Hurricane Katrina, “Head Start” programs took in families wherever they were. Programs:

- Opened their doors to offer basic necessities;
- Connected families; and
- Provided families with resources either to return home or to build a life in a new place.”

“Head Start Emergency Preparedness Manual”:

(<http://headstartresourcecenter.org/assets/files/EPrep%20Manual%20v22.pdf>)

PLAN

- ☐ Make sure the childcare center/group/Head Start receives Health Alert Network (HAN) communications. If not already signed up, register here: <https://han.pa.gov/>.
- ☐ Register with state and local health departments, emergency services, and township government to receive county and township alerts including weather and other local emergencies.
- ☐ Have phone book or other list of children who attend the childcare and staff in each room. Include contact information for families.
 - ☐ Have plans for a variety of ways to communicate with client families during an emergency or disaster including email list-serve, telephone, text, social media, website, and scroll on local network or cable television.
 - ☐ Maintain an up-to-date list of contacts and “how to” instructions for each of these methods.
 - ☐ Ensure that multiple staff members know where the instructions are kept.
- ☐ Maintain an up-to-date list of clients and family contact information off-site in the event that the childcare building itself is damaged or otherwise not able to be accessed.
 - ☐ Ensure that several staff know where these off-site records are located and how to access them, including having required security clearance.
- ☐ Have “go-kit” in each room, supplemented as needed, such as with plans for children with special needs.

“Sample Go-Kit List:”

http://www.portal.state.pa.us/portal/server.pt/document/432884/05550_sample_go_kit_list_pdf

“Sample All Hazards Planning for Students/Staff with Special Needs Questions:”

http://www.portal.state.pa.us/portal/server.pt/document/432886/05650_sample_all_hazards_planning_for_students-staff_with_special_needs_questions_pdf

- ☐ Ensure that children with special healthcare needs have a current Emergency Information Form (EIF) (<http://www2.aap.org/advocacy/epquesansw.htm>), a copy of which is in a central paper or online file so that the EIFs for the entire childcare are available from another site.
- ☐ Establish an off-site evacuation meeting place. Make sure that parents/guardians/families are aware of its location.

- ☐ Evaluate how quickly and what is the required approval process for updating the childcare's website in an emergency. Ensure redundancy of technical personnel along with procedures to vet information before posting.
- ☐ Establish chain of command, including who will have back-up authority for decisions. Establish procedures for communications with media.

RESPOND

- ☐ Implement plans for on-site or off-site response as needed.
- ☐ Communicate to parents/guardians/families as soon as possible regarding where their children are located and their condition, the condition of the childcare center and staff, and if it is necessary for them to pick up their children immediately.
- ☐ Communicate with PA Office of Child Development and Early Learning (OCDEL), the Southeast Regional Key (SERK), and PA AAP Early Childhood Education Linkage System (ECELS) to obtain resources and assist with communications.
- ☐ Follow chain of command and utilize PIO for communications with media.

RECOVER

- ☐ Invite comments, feedback, and suggestions from children and families/guardians regarding the childcare's response and communications. Implement helpful suggestions as feasible.
- ☐ Children may experience trauma symptoms for varying periods of time following the acute disaster. Continue to communicate information, helpful tips, and resources for psychological aid via handouts available on-site, information on website, email, and social media.

PRACTICE TEMPLATES AND GUIDELINES

SAMPLE INFECTIOUS DISEASE FACT SHEET TEMPLATE FOR PATIENTS

There is an increase of cases of [disease or symptoms] in our area.

Here is what you need to know and do right now. This information is also on our website so please check that as our telephone lines may be busy or have long waiting times. Our practice website is: [give practice website]

[Disease or condition] is caused by []. It is spread by [person-to-person from coughing, sneezing/from bowel movements or stool – so wash your hands thoroughly after diapering or helping with toileting/blowing your nose, handling used tissues/or touching sores or blisters].

Most infants and children [usual symptoms and course of disease including time when you might see these – incubation period]. We would be most concerned if your baby [does X, maintains a fever of X for [time period].

The best way to take care of infants and children with [disease] is to [care advice].

[Practice: add or modify symptoms below depending on the specific disease or condition of current interest.]

Call 911 or go to an emergency room right away if your baby or child has any of the following symptoms:

- It is hard for your child to breath and breathing seems to be painful or getting worse
- Your child's lips are blue
- Your child is having difficulty moving
- Your child's neck is very stiff
- Your child is confused, is having trouble staying awake, or it is harder for them to wake up than usual
- Your child is having convulsions or seizures
- Your child has not urinated for 12 hours
- Your child is younger than 1 month old with a fever
- Your child has severe sudden pain in chest or abdomen (belly)

Contact the practice if your baby or child has:

- Mild trouble breathing or catching his/her breath
- Is too quiet and less active than normally, refuses to play
- Fever over 101 degrees Fahrenheit
- Develops an unusual rash

To contact us: [instructions].

If you are breastfeeding, you [should/should not] continue to breastfeed because [brief explanation – you [can/can not] spread this disease by breastfeeding].

There [is/is not] a vaccine to prevent this disease. The vaccine is recommended for [recommendations]. Our practice [does/does not] have this vaccine. The [Pennsylvania/County] Health Department [does/does not] have this vaccine.

To schedule an appointment for your baby or child to receive vaccine, [instructions – go to our website, call this number and follow the prompts, etc.]

There [is/is not] medicine that your baby or child should take if you already have [disease or symptoms].

[If medicine is over-the-counter.] This medicine is sold over-the-counter at area pharmacies. We have heard that there [are/are not] enough supplies at area pharmacies so you [should/should not] be able to get this medicine at your usual or closest pharmacy. [If medicine is in short supply - This medicine [name of medicine] is apparently in short supply at some pharmacies. We do not stock it at our office.]

[If medicine requires a prescription] [Name of medicine] requires a prescription. We do not have this medicine at our office and would need to telephone/email/fax a prescription to your child's pharmacy. If you think that your child needs this medicine, [instruct what to do – leave a message/email us at XXX stating your child's name, age, date of birth, symptoms, temperature, other medications he/she is on, and your phone number. We will call you back within [time period] to talk with you/other instructions].

Do not give your child aspirin. If your child is younger than 6 years of age, do not give your child any cold medicines without speaking to a [doctor/ nurse/nurse practitioner/physician's assistant] from our practice.

In the meantime, let your child rest and see if you can get her/him to drink small amounts of liquids every hour while awake. Have as few people as possible taking care of your child to avoid exposing others in your household and the community to [disease].

Dispose of [tissues/diapers] [any special instructions].

Your child can return to childcare or school when []. [The Pennsylvania Department of Health has said that Absence Notes will not be required for [time period].]

We will give you an update [date and time].

For more information, see our practice website at [www.\[practice website\]](#), the CDC website [give specific website NOT general [www.cdc.gov](#)], Pennsylvania Department of Health [], and our county health department website []. You may also call the practice [#], the local health department [#], or the (local) hospital [#].

*It is important to use plain language when completing this template (See [www.plainlanguage.gov](#)).

SAMPLE ENVIRONMENTAL HAZARD FACT SHEET TEMPLATE FOR PATIENTS

MESSAGE

What happened: There was a release of [chemical name] or [an unknown chemical] due to [a railroad accident/a truck crash/leak/spill/cause not yet confirmed] that occurred at [time -hour] [today/yesterday], [date- month and day] at [location].

Experts from the [Centers for Disease Control and Prevention/Pennsylvania Department of Health/Pennsylvania Emergency Management Agency, etc.] are on site assessing the situation and will be providing updates.

Here is what you and your family can do right now.

- Remain calm. Focus on taking care of yourself and your family. Help your child remain calm.
- If you were exposed to [chemical], you may have these symptoms: [list symptoms and timeframe to occur].
- If you think you may have been exposed to [chemical with delayed effects], the effects may be delayed. Because [chemical] can cause [effects], we recommend that you [actions to take at home, i.e. change clothes and throw away exposed clothing, shower and shampoo, etc.].
- You should bring your child to the office if he/she has the following symptoms: [list symptoms].
- You should take your child to the emergency room if he/she has the following symptoms: [list symptoms].
- If you come to office or go to the emergency room, staff will [actions to be taken such as masking, disinfection, etc.].
- Other advice depending on circumstances – may include: leave your home, stay indoors, shower, don't drink tap water.
- If you are breastfeeding, the [source of advice] recommends that you continue/do not continue breastfeeding as usual.
- [Source of advice] recommends that adults and children exposed to this chemical take [medication] [duration][dose]. You can obtain this medicine at [locations] OR this medication is not yet available. The most recent estimate of when it will be available is [date/time] at [locations]. Until the medicine is available, [source of advice] recommends that you [for example - drink one cup of water per hour/see if you can get your child to drink frequently/other advice].

Our practice is open/closed. We are keeping/not keeping regular appointments so if you have a scheduled appointment, come in/do not come in at your scheduled time.

We expect to provide an update [when – be realistic].

COMMUNICATION CONSIDERATIONS

Do not try to be the scientific expert on a specific chemical unless you truly are a scientific expert on the specific chemical. Focus on your expertise concerning patient assessment and care.

If the information is not known or not available, or you do not know the information, state this directly. You do not have to know everything. It enhances your credibility if you are frank about your limits.

If you report an increase in number of exposures, frame it as to whether it is due to increased recognition or testing, or whether it represents a true increase of the hazard/continuing release/drift due to wind, etc. Use consistent names for the hazard and for terms such as parts per million, parts per billion, etc. Avoid acronyms.

HELPFUL RESOURCES

Identify chemicals and see acute patient care guidelines: <http://chemm.nlm.nih.gov/> (Health and Human Services, Chemical Hazards Emergency Medical Management (CHEMM))

Identification of chemical, treatment guidelines, staff and environmental protection guidelines based on a patient symptom decision tree: <http://chemm.nlm.nih.gov/chemmist.htm>

Poison Control Center website: <http://www.aapcc.org/> and in Pennsylvania:

<http://www.chop.edu/service/poison-control-center/> (Philadelphia) or

http://www.chp.edu/cs/Satellite?pagename=CHP/Central_Template&vanity=poisoncenter&ehapubname=CHP (Pittsburgh)

“Key Principles of Toxicology and Exposure

- [Principle 1: Using Toxic Syndrome Recognition for Rapid Diagnosis and Empiric Therapy](#)
- [Principle 2: Route of Exposure is a Determinant of Toxicity](#)
- [Principle 3: the Dose Makes the Poison](#)

Source: <http://chemm.nlm.nih.gov/toxprinciples.htm>

*It is important to use plain language when completing this template (See www.plainlanguage.gov).

PHONE SCRIPT (INFECTIOUS DISEASE SCENARIO)

Hello,

You have reached [INSERT PRACTICE NAME]. If this is a true medical emergency, please hang up and dial 9-1-1 or go to your nearest emergency room. For information regarding the recent [INSERT INCIDENT/OUTBREAK], please press [INSERT TELEPHONE MENU OPTION].

The following message has information on the recent [INSERT INCIDENT/OUTBREAK] of [INSERT PATHOGEN]. This information is also available on our website, [INSERT WEB ADDRESS].

[INSERT PATHOGEN NAME] is caused by a [INSERT BACTERIUM/VIRUS/etc.] and can make your child sick. [INSERT PATHOGEN NAME] is spread by [INSERT INFECTION ROUTE] and is most likely to affect [INSERT HIGH-RISK POPULATION]. Children who are infected with [INSERT PATHOGEN NAME] might have the following symptoms: [INSERT SYMPTOM LIST].

If you are concerned that your child might be infected with [INSERT PATHOGEN NAME], here are some things you should do to care for your child [INSERT CARE RECOMMENDATION LIST].

If your child has any of the following symptoms, he/she needs to be seen by one of the office pediatricians: [INSERT SERIOUS SYMPTOM LIST]. If your child is having any of these symptoms, please press [INSERT TELEPHONE MENU OPTION] to speak with the nurse.

To help prevent the spread of [INSERT PATHOGEN NAME], you can do the following: [INSERT PREVENTION ACTIONS]. To schedule an appointment for your child to receive the [INSERT PATHOGEN NAME] vaccine, please return to the main menu by pressing [INSERT TELEPHONE MENU OPTION].

If your child's symptoms do not improve after [INSERT NUMBER OF HOURS/DAYS], please call the office.

To repeat this message, please press [INSERT TELEPHONE MENU OPTION]. To return to the main menu, please press [INSERT TELEPHONE MENU OPTION]. If you have further questions not answered by this script, please press [INSERT TELEPHONE MENU OPTION] to speak directly with a nurse.

EXAMPLE

Hello,

You have reached **Dr. Seuss Pediatrics**. If this is a true medical emergency, please hang up and dial 9-1-1 or go to your nearest emergency room. For information regarding the recent **influenza (flu) outbreak**, please press **1**.

The following message has information on the recent **outbreak of influenza**. This information is also available on our website, www.drseusspediatrics.com.

Influenza is caused by a **virus** and can make your child sick. **Influenza** is spread by **breathing in the virus** through tiny droplets in the air and is most likely to affect **children under 5, the elderly, and pregnant women**. Children who are infected with **influenza** might have the following symptoms:

- **Fever**
- **Cough**
- **Sore throat**
- **Runny or stuffy nose**
- **Headaches or body aches**
- **Fatigue**
- **Chills**
- **Vomiting and diarrhea**

If you are concerned that your child might be infected with **influenza**, here are some recommendations on how to care for your child:

- **Make sure he/she drinks plenty of clear liquids (juices, water, broth, popsicles)**
- **Use children's acetaminophen (commonly called Tylenol) or ibuprofen (commonly called Motrin) for fever and aches**
- **Make sure your child gets plenty of rest**

If your child has any of the following symptoms, he/she should be seen by one of the office pediatricians:

- **Fever of 101 degrees or more, AND**
- **Dehydration from vomiting or diarrhea or**
- **Extreme weakness or loss of energy**

If your child is having any of these symptoms, please press **3** to speak with the nurse.

To help prevent the spread of **influenza**, you can do the following:

- **Have your child get the influenza vaccine**
- **Keep a sick child away from other family members in the home**
- **Keep your child home from childcare or school**
- **Have your child cover coughs and sneezes with a tissue or their sleeve**
- **Have all family members wash hands often using soap and warm water**

To schedule an appointment for your child to receive the **influenza** vaccine, please return to the main menu by pressing **9**. Other members of your household or people who care for your child who have not yet received this year's influenza vaccine should try to get vaccinated as soon as possible.

If your child's symptoms do not improve after **5 days**, please call the office.

To repeat this message, please press **1**. To return to the main menu, please press **9**.

*It is important to use plain language when completing this template (See www.plainlanguage.gov).

TEXT MESSAGING

Text messaging, formally known as Short Message Service (SMS), consists of 160-character messages delivered to a cell phone. Due to the ubiquity of cell phones, and the fact that texts can reach virtually all cell phones – both "smartphones" and older phones with more limited capabilities--text messaging can be an effective and targeted communication technique. Text messages may be similar in content to social media communications, such as Twitter; however, unlike social media, texting can be directed to a select subset of patients. This specificity allows for more relevant messages.

Individual messages – such as reminders of a patient's upcoming appointment – can be sent easily and quickly. As an example, some pharmacies have started sending texts to customers to inform them when their prescriptions are ready. Larger batches of messages sent to many people at once often require utilizing a specialized communications company so as to lessen the burden on office staff.

The practice should ask patients if they would like to be contacted by text, as some cell phone service providers and plans charge for texts received. Therefore texts should be used prudently and for higher-urgency messages. Keep in mind that texts may only show the phone number of the sender, and you may need to include your practice name in the content so patients know who is communicating with them.

Text messages can be bi-directional, allowing patients to quickly communicate with the practice. Care must be taken in this sort of communication to direct messages to the appropriate office personnel and to set realistic expectations of timeliness in reply.

PRE-EVENT – BEGIN INCORPORATING INTO ROUTINE OPERATIONS

- ☐ Consider ways in which text messaging might help in regular day-to-day practice operations. Some possibilities include:
 - ☐ Appointment reminders
 - ☐ Letting patients know that lab results are available
 - ☐ Letting patients know that forms have been completed
 - ☐ Letting patients know that a prescription refill has been completed
 - ☐ Availability of flu vaccine (can be sent to all patients, or specifically to high-risk patients)
 - ☐ General practice-related or health-related news.
- ☐ Train staff in using text messaging (how to send out messages; protocols for, and forwarding of, received messages).
- ☐ Investigate mass communication services. If using an EMR, ask your vendor if they have text messaging incorporated into the system, or if they have an interface or other arrangement with a recommended mass communication service.
- ☐ Ask patients their preferences regarding receiving text messages; note this information in their chart.
- ☐ Encourage patients to sign up for text message alerts.

- ❑ Be familiar with how to use your selected mass communication service. Also test your ability to create a list of patients meeting certain criteria: for instance, by age, diagnosis, or time since most recent checkup.

DURING AN EVENT (EXAMPLE: INFECTIOUS DISEASE OUTBREAK)

- ❑ Communicate updates on practice status (hours, locations, how busy).
- ❑ If vaccine is available, communicate availability and how to obtain (schedule appointments? walk-in? vaccine clinic?).
- ❑ Consult most current guidelines to identify high-risk patients. Craft messages specific to these patients regarding when to seek care or how to obtain vaccine.
- ❑ Give outbreak-related information to help patients act (i.e., anticipate common questions):
 - ❑ concerning signs/symptoms
 - ❑ when to go to ED
 - ❑ simple supportive measures to take at home
 - ❑ how to reduce spread
 - ❑ link to community triage telephone number or website, if available (e.g.: Vanderbilt University Medical Center's Flu Tool, at www.vanderbilthealth.com/flutool/index.php)
 - ❑ activities that will NOT put patients at risk for disease, or how to recognize if they are LOW risk
- ❑ Texts can direct patients to sources of further information, such as your practice website, the state Department of Health site, or the CDC.

SOCIAL MEDIA

USING SOCIAL MEDIA FOR COMMUNICATION WITH FAMILIES DURING A CRISIS

While there are many social media platforms, two of the most popular – and useful for medical practices – are Facebook and Twitter. Facebook allows posting of brief free-form messages and status updates under its News Feed; it also allows photos, brief videos, and internet links. People can "like" others to receive updates, and post comments on other's updates. Twitter, a "micro-blogging" site, is more like a news feed; messages are limited to 140 characters, though may also contain (shortened) links to photos, videos, or other internet pages. Users can retweet others' posts, and can label key words with a "hashtag" (the "#" symbol) to enable finding in a search.

Facebook has 1 billion monthly active users as of October 2012, and Twitter has approximately 170 million monthly active users as of June 2012. Many people use the services to communicate with friends and learn personally relevant news. In addition, Facebook and Twitter are readily available on smartphones, enabling people to access the services wherever they are, and throughout the day. Therefore these services are another way for practices to quickly and effectively reach patients to relay important practice-related and health-related information.

Both services are free to use. Practices can also use a social network "dashboard" to monitor relevant posts across both services simultaneously, as well as to post across both, including scheduling posting in advance. Two of the most popular "dashboard" programs are TweetDeck and HootSuite. Both are also free, though HootSuite also offers an enhanced "Pro" package for a monthly fee. HootSuite also offers tracking statistics on social media usage.

PRE-EVENT: ESTABLISHING PRESENCE AND STRATEGY

- ☐ If employed by or owned by a healthcare system or hospital system, check with supervisor or health system administrator as to their social media policies and their role in response to an emergency.
 - ☐ Does the employer or health system have an existing social media strategy? Are there restrictions on individual offices or practitioners posting information? Will they have their own information that can be added to your local office system? Will the system's information be added to your website/phone tree for you?
- ☐ Develop a conceptual strategy regarding how media will be used; what kind of information is to be posted, how frequently, and if Facebook comments will be subject to monitoring, editing, or response.
- ☐ Start following relevant information sources, by "liking" in Facebook, or "following" in Twitter. Some examples, with associated Twitter accounts:
 - o American Academy of Pediatrics (@AmerAcadPeds, @AAPNews)
 - o CDC (@CDCgov, @CDCEmergency, @CDCflu, @CDC_eHealth, @CDC_DrKhan, @DrPeacockCDC) (more accounts are available at: www.cdc.gov/socialmedia/tools/twitter.html)
 - o HHS (@HHS_DrKoh)
 - o FEMA (@Readydotgov)
 - o Local government (@PhilaOEM, @chescohealth)

- Local news (@PhillyInquirer, @WHYY_HealthSci)
 - Local medical institutions (@ChildrensPhila, @mainlinehealth)
 - Philadelphia Department of Public Health (on Facebook, but not Twitter)
 - Pennsylvania Department of Health (@GovernorCorbett)
- ❑ Also search if other local area practices, hospitals/health systems, news organizations, or government agencies have Facebook or Twitter accounts.
 - ❑ Observe how others use their accounts and what kind of information they post.
 - ❑ Start posting relevant health information, news, and updates; Twitter retweets in particular require very little effort.
 - ❑ Promote your social media to patients and colleagues.

DURING AN EVENT (E.G., INFECTIOUS DISEASE OUTBREAK)

- ❑ Frequently and regularly communicate updates on practice status (hours, locations, how busy) (practitioners in Joplin, MO reported that this proved very important and useful after the tornadoes).
- ❑ If vaccine is available, communicate availability and how to obtain (schedule appointments? walk-in? vaccine clinic?).
- ❑ Retweet/repost/link to useful patient information from other sites; news, status updates, statistics and case numbers.
- ❑ Let patients know how your practice is responding: actions being taken, changes in routine operations, additional or reduced services.
- ❑ Let patients know when they can expect new information or, at the very least, remind them that updates will be provided when new information is available.
- ❑ Give outbreak-related information to help patients act (i.e., anticipate common questions, respond to rumors):
 - ❑ concerning signs/symptoms
 - ❑ when to go to ED
 - ❑ simple supportive measures to take at home
 - ❑ how to reduce spread
 - ❑ link to community triage telephone number or website, if available (e.g.: Vanderbilt University Medical Center's Flu Tool, at <http://www.vanderbilthealth.com/flutool/index.php>)
 - ❑ activities that will NOT put patients at risk for disease, or how to recognize if they are LOW risk
- ❑ Cross-link among Facebook, Twitter, practice webpage, blog, etc.
- ❑ Continue to promote your social media as a source of information for patients.

TEMPLATE EXAMPLES, PANDEMIC INFLUNZA OUTBREAK

INITIAL REPORTS:

Twitter post:

"Possible #pandemicflu in US. Follow @CDCflu for info. No cases here yet."

Facebook post:

"CDC reports possible pandemic flu cases. Health department says none in our community, but we will continue to monitor the situation and keep you updated."

LOCAL OUTBREAK:

Twitter post:

"Maybe #flu? Call our office before going to ED. Special nurse line to answer your questions."

Facebook post:

"We've expanded our telephone capacity to answer your questions about pandemic flu. Call us before heading to the Emergency Department."

Twitter/Facebook post:

"Fever, body aches and runny nose are typical symptoms of the flu, but not vomiting and diarrhea."

Twitter/Facebook post:

"Aspirin is bad for kids with flu! Use acetaminophen or ibuprofen instead."

Twitter/Facebook post:

"If your kid is sent home from school, stay home; don't go to visit friends or the mall."

FLU VACCINE:

Twitter post:

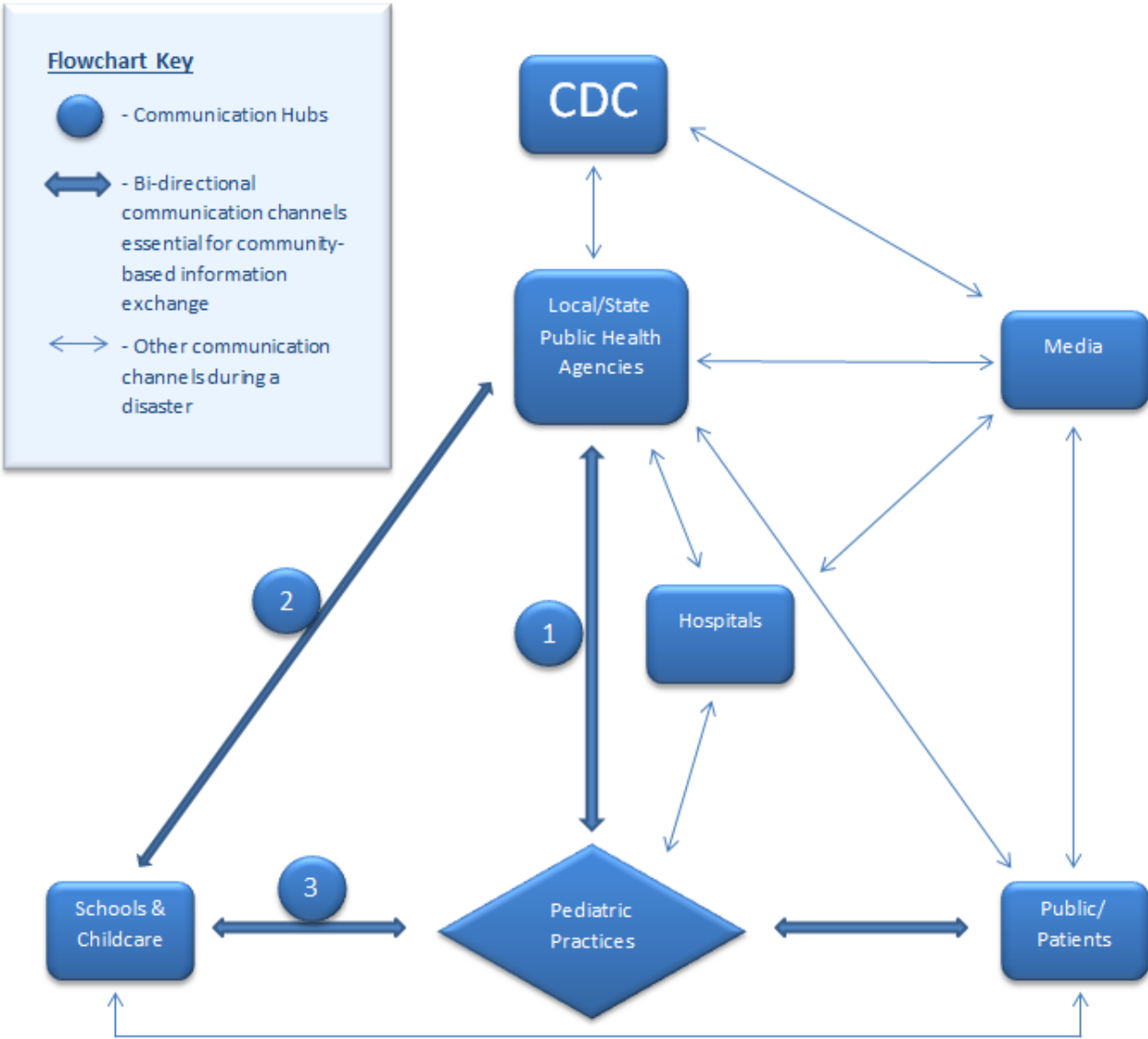
"We have #flushots! Will be giving this Saturday 11a-3p. Parent/guardian must be present."

Facebook post:

"Health department reports 3 children have died in Pennsylvania from pandemic flu. Protect yourself and your kids by getting the vaccine."

COMMUNICATION FLOWCHART

Sharing Child-Related Information During a Public Health Emergency



Communication often occurs directly between public health agencies and pediatric practices, schools, and childcare agencies. However, it can be facilitated by strategic communication hubs that serve as effective intermediaries:

1. Pennsylvania Chapter – American Academy of Pediatric; healthcare systems
2. Pennsylvania Department of Education, Department of Public Welfare, PA Office of Child Development and Early Learning, Southeast Regional Key, PA AAP Early Childhood Education Linkage System, others
3. School Physicians, School Medical Directors, Superintendents, Pennsylvania Chapter - American Academy of Pediatrics

Communication Between Pediatric Practices & Patients – Pediatricians should prepare to provide information to patients using multiple channels including: practice website, fact sheets, voice mail, text messaging and social media