

**Communicating with Patients**

**During Public Health Emergencies**

**Toolkit for Primary Care Medical Practices**

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##

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# Introduction

Primary care medical practices play important roles during emergencies that impact the health of the public. Their ability to provide medical care during and after disasters is a significant component of a community’s preparedness. Primary care clinicians take care of patients before, during and after disasters. They manage the physical and psychological impacts of infectious disease, environmental, accidental and intentional hazards, assist patients with special health care needs and provide “medical countermeasures” to individuals who require medications for the prevention or treatment of disaster-related illness. Perhaps most important is their ability to communicate health-related information, explain risk, and provide clear, credible and science-based recommendations to an anxious public. Primary care practices are uniquely prepared to deliver health-related messages to the community: they know their patients; are trusted and respected health authorities; and have immediate access to the concerns and health issues of individuals who are affected by disasters and emergencies.

Medical practices have many different options for maintaining communications with patients during disasters and convey accurate, relevant and potentially life-saving information. This toolkit provides health care professionals, and the organizations that represent them, with communication checklists and templates and examples of messaging using telephone voice messaging, websites and social media. It is intended to assist practices with expanding their capacity to communicate with their patients during disasters and continue the important work of providing medical care and advice when it is most needed.

## Communication Flowchart

#### Sharing Information with Medical Practices during a Public Health Emergency

**Flowchart Key**

Communication Hub

Bi-directional communication channels essential for community-based information exchange

Other communication channels during a disaster

**CDC**

**Local/State Public Health Agencies**

**Media**

**2**

**1**

**2**

**Hospitals**

**Medical Practices**

**Patients / the Public**

|  |
| --- |
| Communication often occurs directly between public health agencies and medical practices. However, it can be facilitated by strategic communication hubs that serve as effective intermediaries: Professional Medical Societies (i.e. Pennsylvania Academy of Family Physicians) Health care Systems Medical practices are an important source of reliable information during emergencies that have human health impacts. Practices should prepare to provide information to patients using multiple channels including the practice website, fact sheets in waiting areas, voicemail messages, text messaging and social media. |

# Disaster Communication Checklists for practices and professional organizations

## Primary Care Practice

## Disaster Communication Checklist

### Communication with Emergency Management, Public Health and Clinical Partners

* Access sources of information likely to be most useful for situational awareness during emergencies, including notifications/alerts from state and local emergency management agencies, websites and social media (e.g., Twitter and Facebook) messages from the Centers for Disease Control and Prevention (CDC), Pennsylvania Department of Health (PADOH) and/or your local public health department. Consider monitoring news feeds and social media messages from reputable news media outlets and utility companies, in addition to public safety agencies.
* Sign up for the PADOH Health Alert Network (HAN) (If not already signed up, register here: <https://han.pa.gov/>) and/or your local public health department HAN, alerts and notifications from local emergency management agencies.
* Sign up for the CDC HAN and Clinician Outreach and Communication Activity (COCA).
* Ensure that your practice receives communications from relevant professional societies, health care systems and hospitals.
* Resolve any discrepancies in information or confusing/impractical recommendations. Identify who to contact for clarification, such as: local public health department, colleagues and local infectious disease or environmental health experts. 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. Consolidate information updates.
* Maintain contact list of key clinical partners, including other practices and health care centers in health care system network or same geographic region.

### Communication with Staff

* Maintain emergency plan for staff communication, including up-to-date contact lists with redundant mechanisms (e.g., text messaging, telephone, email) for communication during emergencies.
* Identify key staff responsible for developing and disseminating information to practice personnel, as well as core or critical staff that will play important role in implementation of practice emergency plan and/or maintenance of clinical operations.
* Discuss updates and impact on practice operations with staff. Convey any changes to current procedures (e.g., phone triage, walk-in policy, infection control, adding appointments or hours, changes in staffing, deferral of routine well or non-urgent appointments) and, if so, for how long.

### Communication with Patients

* Develop plan for providing health information to patients during disasters that proactively addresses likely concerns and questions. Strategize communication formats for patients/families (see examples in following sections of toolkit).
* Identify key staff responsible for disseminating information to patients in the event of an emergency. Designate at least two people who have the authority to share messages and act as a spokesperson for your practice. Strongly consider having the spokesperson(s) complete a crisis communication course.
* Communicate with patients in advance about emergency procedures. Use various channels to tell patients about alternate care sites and procedures in the event of an emergency. Ensure your patients know which channels will provide updates during an emergency.
* Post relevant updates on practice website regarding practice status/operations, as well as clinical information.
* Adapt practice voicemail or phone hold message to provide information related to disaster (to convey information and to offset call burden on office staff).
* Post relevant updates on social media (e.g., Facebook, Twitter).
* Create a list or registry of higher-risk patients and develop targeted email and/or text messages for this group.
* Develop phone scripts and triage algorithms for clinical and non-clinical staff who answer phones to assist with dealing with surge in information requests and questions from patients.
* Check with CDC, PADOH, hospital/health care system or professional medical societies for possible office materials (posters, patient handouts, pamphlets).
* When developing messages for use during an emergency, provide updates on the status of your practice including: when you anticipate reopening, locations where patients can receive assistance and a method by which they can reach a provider for your practice.
* Provide feedback to professional societies, health care systems and health departments regarding the effectiveness of materials and to offer best communication practices. (Note: professional societies may serve as bi-directional information clearinghouse or intermediary for information between public health agencies and primary care practices).
* Ensure that all information provided is in plain language (see [www.plainlanguage.gov](http://www.plainlanguage.gov)).

## Disaster Communication Checklist For Medical Professional Organizations

Health care professional organizations can be an important source of information and guidance for medical practices that must manage the health consequences of disasters. This checklist enumerates some of the key actions that professional societies can take to assist their members during emergencies that require practices to expand patient communications and integrate new information regarding the management of the health consequences of disasters.

Example scenario: Pennsylvania Academy of Family Physicians (PAFP) receives a phone call from a practitioner that a contamination (or other event) has occurred in Delaware County and impacts Delaware County patients/practices. What are the actions of the PAFP?

* Vet the information:  ensure the information is from a credible source, verify the report with a public safety agency (e.g., PADOH, PEMA, PA Department of Environmental Protection, or local public health, emergency management or law enforcement agency), establish that there is no other conflicting information, assess what the media is saying in case rumors need to be corrected, and determine who the credible source is for what primary care practitioners need to know.
* 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 patients, when more information will be forthcoming, etc).
	+ Provide supporting documents and resources such as websites, where practitioners could call or email with questions.
* Format the information into a patient handout. Provide supporting documents as needed (e.g. symptoms to watch for, actions to take to keep patients and their families safe, mental health resources, web and social media resources).
* Determine who should get the information (individual practitioners, practices, hospitals, health system networks, after hours triage teams).
* Identify expert(s) to review the information for practitioners and patients for accuracy and completeness.
	+ Secure PAFP approvals to distribute message to members/practices/health systems.
* Make sure current practitioner/practice/hospital contact lists are uploaded.
* Forward any health alerts from the PADOH or local public health agencies. Distribute documents. Note anything in the process such as just-in-time education plans and when to expect more information from PAFP.
* Determine if just-in-time training is needed.
	+ If so, set up day/time/speaker/mode and distribute this information to membership.
	+ Coordinate with other peer professional organizations.
* Place all information on chapter website. Determine next communication timeline.
* Obtain feedback regarding effective patient information materials and protocols from community practices. Make those materials available to practices. (PAFP should serve as bi-directional information clearinghouse or intermediary for information between public health agencies and practices.
* Ensure that all information provided is in plain language (see [www.plainlanguage.gov](http://www.plainlanguage.gov)).

# Disaster Communication and Patient education: practice guidance and Templates

## Infectious Disease Fact Sheet Template Patient Information

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 <pathogenesis>. It is spread by <person-to-person from coughing, sneezing/from bowel movements or stool – so wash your hands thoroughly after blowing your nose, handling used tissues/or touching sores or blisters>.

The best way to take care of someone 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** **you or a loved one has any of the following symptoms:**

* <Difficulty breathing or breathing is painful>
* <Convulsions or seizures>
* <Severe sudden pain in chest or abdomen (belly)>

**Contact the practice if you or a loved one has any of the following symptoms:**

* <Mild trouble breathing or catching his/her breath>
* <Fever over 102 degrees Fahrenheit>
* <Develops an unusual rash>

To contact us: <instructions>.

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 to receive vaccine, <instructions – go to our website, call this number and follow the prompts, etc.>

There <is/is not> medicine that you 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 pharmacy. If you think that you need this medicine, <instruct what to do – leave a message/email us at XXX stating your name, age, date of birth, symptoms, temperature, other medications you are on, and your phone number. We will call you back within [time period] to talk with you/other instructions>.

In the meantime, stay at home and rest, drink plenty of water and other clear liquids to prevent fluid loss (dehydration), and avoid close contact with others in your household and community so they are not exposed to <disease>.

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

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](http://www.cdc.gov)>, Pennsylvania Department of Health <specific website>, and our county health department website < specific website>. You may also call the practice <number>, the local health department <number>, or the (local) hospital <number>.

\*It is important to use plain language when completing this template (see [www.plainlanguage.gov](http://www.plainlanguage.gov)).

## Template Environmental Hazard Fact Sheet Patient information

### 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/Department of Environmental Protection, 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. If you have children, help them 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 come to our office if you or a loved one has the following symptoms: <list symptoms – include child-specific symptoms if necessary>.
* You should go to the emergency room if you or a loved one has the following symptoms: <list symptoms – include child-specific symptoms if necessary>.
* If you come to our 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>.
* <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>.
* If you are breastfeeding, the <source of advice> recommends that you continue/do not continue breastfeeding as usual.

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 For Practices

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 (or encounters for a specific medical problem), 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. Cite source of data if included (e.g., reports from state or local health department, CDC)

### 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](http://chemm.nlm.nih.gov/toxprinciples.htm#principle1)
* [Principle 2: Route of Exposure is a Determinant of Toxicity](http://chemm.nlm.nih.gov/toxprinciples.htm#principle2)
* [Principle 3: the Dose Makes the Poison](http://chemm.nlm.nih.gov/toxprinciples.htm#principle3)

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

\*It is important to use plain language when completing this template (see [www.plainlanguage.gov](http://www.plainlanguage.gov)).

## Phone Script – Voice Message Template (Infectious Disease Scenario)

Hello,

You have reached <practice name>. If this is a true medical emergency, please hang up and dial 911 or go to your nearest emergency room. For information regarding the recent <incident/outbreak>, please press <telephone menu option when integrated into menu options>.

The following message has information on the recent <incident/outbreak> of <disease>. This information is also available on our website, <web address>.

<Disease> is caused by a <pathogen: bacterium, virus, etc.> and can make you and your family sick. <Disease> is spread by <infection route> and is most likely to affect <high-risk populations>. Those who are infected with <disease> are likely to have the following symptoms: <list symptoms>.

If you are concerned that you or a loved one might be infected with <disease>, here are some recommendations <list recommendations>.

If you or a loved one has any of the following symptoms, you/he/she needs to be seen by one of the office pediatricians: <list serious symptoms>. If you have any of these symptoms, please press <telephone menu option> to speak with the nurse.

To help prevent the spread of <disease>, you can do the following: <prevention actions>. To schedule an appointment to receive the <disease> vaccine, please return to the main menu by pressing <telephone menu option>.

If your symptoms do not improve after <number of hours/days>, please call the office.

To repeat this message, please press <telephone menu option>. To return to the main menu, please press <telephone menu option>. If you have further questions not answered by this script, please press <telephone menu option> to speak directly with a nurse.

### Example

Hello,

You have reached **Dr. Sample’s Office**. If this is a true medical emergency, please hang up and dial 911 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.drsoffice.com](http://www.drsoffice.com).

**Influenza** is caused by a **virus** and can make you and your family sick. **Influenza** is spread by **breathing in the virus** through tiny droplets in the air and is most likely to affect **children under five, the elderly and pregnant women**. Those who are infected with **influenza** are likely to 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 you or a loved one might be infected with **influenza**, here are some recommendations:

* **Stay at home and rest**
* **Drink plenty of water and other clear fluids to prevent dehydration**
* **Treat fever and cough with medicines you can buy at the store**

If you have any of the following symptoms, you should be seen by your doctor:

* **Fever of 102 degrees or more, AND**
* **Dehydration from vomiting or diarrhea or**
* **Extreme weakness or loss of energy**

If you have any of these symptoms, please press **3** to speak with the nurse.

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

* **Get the influenza vaccine**
* **Avoid close contact with well people in your house so you won’t make them sick**
* **Keep any sick children home from childcare or school**
* **Cover coughs and sneezes with a tissue or your sleeve**
* **Have all family members wash hands often using soap and warm water**
* **Disinfect or clean commonly used surfaces like doorknobs and tv remotes**

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

If your symptoms do not improve after **five days**, please call the office.

To repeat this message, please press **1**. To return to the main menu, please press **9**. If you have further questions not answered by this script, please press **3** to speak directly with a nurse.

\*It is important to use plain language when completing this template (see [www.plainlanguage.gov](http://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 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
	+ Vaccination reminders
	+ Letting patients know that laboratory results are available
	+ Letting patients know that forms have been completed
	+ Letting patients know that a prescription refill has been completed
	+ Availability of vaccines (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 electronic medical record (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 check-up.

### 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 (such as: schedule appointments, walk-in or vaccine clinic).
* Consult most current guidelines to identify high-risk patients who should be prioritized for vaccines or other control measures. Craft messages specific to these patients regarding when to seek care or how to obtain vaccine, medications, etc.
* Give outbreak-related information to help patients act (i.e., anticipate common questions):
	+ Concerning signs/symptoms
	+ When to go to the emergency department
	+ 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 PADOH website, 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.

As of 2014, Facebook has over one billion registered users and Twitter has over 500 million registered users. 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 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 the practice is part of a health care 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.
* Create and maintain accounts on Facebook, Twitter and other social media channels. Post or use daily (minimum) with information regarding current health topics relevant to patients in practice and community. Examples include tobacco cessation, bicycle safety during warm weather months or foodborne disease prevention during barbecue season.
* Follow relevant information sources, by "liking" in Facebook, or "following" in Twitter. Some examples, with associated Twitter accounts:
	+ PA Academy of Family Physicians (@PAFPandF, @AAFP)
	+ American College of Physicians (@ACPinternsists)
	+ PA Medical Society (@PAMEDSociety)
	+ American Osteopathic Association (@AOAforDOs)
	+ PA Association of Community Health Centers (on Facebook, not Twitter)
	+ CDC (@CDCgov, @CDCEmergency, @CDCflu, @CDC\_eHealth, @CDC\_DrKhan, @DrPeacockCDC) (more accounts are available at: www.cdc.gov/socialmedia/tools/twitter.html)
	+ HHS (@HHS\_DrKoh)
	+ FEMA (@Readydotgov)
	+ Local government (@PHLPublicHealth, @PhilaOEM, @chescohealth)
	+ Local news (@PhillyInquirer, @WHYY\_HealthSci)
	+ Local medical institutions (@ChildrensPhila, @mainlinehealth)
	+ Pennsylvania Department of Health (@GovernorCorbett)
* Follow Facebook and Twitter accounts of other local area practices, hospitals/health systems, news organizations, and government agencies.
* 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, such as: hours, locations, how busy. (Practitioners in Joplin, Missouri 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, such as: news, status updates, statistics and case numbers, disease control recommendations.
* 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 the Emergency Department
	+ 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.

### Templates and Examples – Pandemic Influenza:

#### 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 Transmission – Community Impact:

#### Twitter post:

"Maybe #flu? Call our office before going to ER. 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:

"Feeling sick? Stay home from work to prevent others from getting sick.”

#### Twitter/Facebook post:

"Are your kids sick? Aspirin is bad for kids with flu! Use acetaminophen or ibuprofen instead."

### Flu Vaccine:

#### Twitter post:

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

#### Facebook post:

"<\_\_\_> health department reports 3 people have died in Pennsylvania from pandemic flu. Protect yourself and your kids by getting the vaccine.”