Strategic Communications

Pandemic Influenza sub plan

2015
AUTHORITY
This plan has been prepared pursuant to the provisions of the South Australian
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<td>Mark Cannadine</td>
<td>Director, Emergency Management Unit</td>
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Background

During times of State or national crisis, SA Health has a crucial role to play in communicating clear and consistent health messages to health staff, interested parties and the community. The scope of this role is defined by the type of crisis being experienced.

The South Australian State Emergency Management Committee has identified ten key hazards which face South Australia and allocated a number of Government agencies as ‘Hazard Leaders’ based on legislative responsibility, specialised knowledge, expertise and resources. The identified hazards and associated hazard leaders are:

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Hazard leader</th>
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<tr>
<td>Animal and plant disease</td>
<td>Dept of Primary Industries and Regions SA</td>
</tr>
<tr>
<td>Earthquake</td>
<td>Dept of Planning, Transport and Infrastructure</td>
</tr>
<tr>
<td>Escape of hazardous materials</td>
<td>Safe Work SA</td>
</tr>
<tr>
<td>Extreme weather</td>
<td>SA State Emergency Service</td>
</tr>
<tr>
<td>Flood</td>
<td>Dept of Environment, Water and Natural Resources</td>
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<tr>
<td><strong>Human Disease</strong></td>
<td><strong>Dept for Health and Ageing (SA Health)</strong></td>
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<tr>
<td>Riverbank collapse</td>
<td>Dept of Environment, Water and Natural Resources</td>
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<tr>
<td>Rural fire</td>
<td>SA Country Fire Service</td>
</tr>
<tr>
<td>Terrorism</td>
<td>SA Police</td>
</tr>
<tr>
<td>Urban fire</td>
<td>SA Metropolitan Fire Service</td>
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</table>

Human Disease includes events such as pandemic influenza or food/water contamination. SA Health has been assigned the leadership role for planning emergency management activities relating to the prevention of, preparedness for, response to and recovery from this specific hazard.

This means SA Health will be the lead agency for communication, as well as leading a sustained health response, during a human disease hazard situation in South Australia.

SA Health must also be prepared to assume a role in a government-wide communications response to any of the other identified hazards.
This Emergency Management Communications Plan has been developed to provide strategic direction and clear process to health related (and other government agency) media and communications personnel during preparation for, response to and recovery from a human disease event, in particular a pandemic influenza disease event.

It is anticipated that the processes outlined in this plan will be used to develop Local Health Network plans as appropriate.

SA Health’s Incident Management Team will assume primary responsibility for delivering the communications outlined in this plan.

Given the national nature of some health emergencies, SA Health is fundamentally guided by any actions of the Australian Government. With this in mind, this plan has been written in line with state, federal and international plans and is intended to be adaptable to suit communication requirements for any human disease hazard situation requiring state-wide crisis management.

Objectives of the Communication Plan

The objective of the plan is to reduce the potential social and economic impact of a pandemic influenza event within the community by:

- positioning SA Health as a knowledgeable and capable agency which is effectively managing the current hazard
- ensuring clinicians have accurate information and good communication.
- reducing fear, panic and miscommunication through clear, consistent media and communications information
- providing South Australians with fast and accurate information during every stage of the event
- promoting containment of the spread of any illness through continued personal infection control practices (for example the Wash Wipe Cover campaign)
- directing the public where to go for medical help and advice
- reducing pressure on health services by empowering the public to make better decisions about whether and when they need treatment
- coordinating risk communication activities across South Australia
- restoring the community’s confidence after the event

In a state or national crisis, this plan will help SA Health respond and communicate quickly with its employees, interested parties, other government staff, partner organisations and the media. It also sets out clear roles and responsibilities for staff in the Media and Communications Branch at the Department and also in the Local Health Networks.
Target audience

Primary
- Media
- South Australian public including those with limited or no knowledge of English
- Health workforce (breakdown included in Appendix 1) in particular clinicians and those with responsibility for emergency planning

Secondary
- Other government departments and staff
- Key health care interested parties – see list in Appendix 1

Tertiary
Other organisations based around human services including non-government organisations, businesses, community groups, universities, schools, further education providers and childcare providers, churches/religious groups, sporting organisations etc that can help to disseminate messages as well as actively participate in control activities. An example list based on the 2009 H1N1 influenza pandemic is included in Appendix 1

Risks and control measures

<table>
<thead>
<tr>
<th>Risk</th>
<th>Control measure</th>
</tr>
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<tbody>
<tr>
<td>The unknown timing, severity and rapidity of spread of influenza placing unexpected and potentially large strains on SA Health’s resources (including staff, treatment stock-piles and treatment facilities)</td>
<td>Ensure the public have enough information to make informed decisions over whether they need treatment. This will help reduce unnecessary presentations and help direct resources to those in need</td>
</tr>
<tr>
<td>The need to adjust this communications plan in response to directives from the Australian Government, South Australian Government and/or WHO</td>
<td>The recommendations and actions contained within this plan include the flexibility to adapt to external directives</td>
</tr>
<tr>
<td>Local Health Network communication staff are not adequately trained in emergency communication management</td>
<td>Provide staff with a copy of this plan at face-to-face meetings with suitable explanation and background</td>
</tr>
<tr>
<td>Messages not reaching key audience in a timely manner</td>
<td>The tactics included in this plan will ensure the messages reach the broadest audience possible in the shortest timeframe possible</td>
</tr>
<tr>
<td>Audience not understanding the message or what we are recommending they do</td>
<td>Information will be provided in clear, concise plain English and written to adhere to a Flesch Reading Ease score of 60 or greater</td>
</tr>
<tr>
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</tr>
<tr>
<td>The public being unwilling to take recommended preventative measures</td>
<td>Information must explain clearly the risks associated with not taking recommended preventative measures. It will also focus on the social responsibility aspect of doing so</td>
</tr>
<tr>
<td>The difficulty of communicating with remote areas of South Australia or with people who do not understand English well or at all</td>
<td>Channels for disseminating information to remote areas will be identified. Suitable information will also be translated to ensure the messages reach people who do not speak English well</td>
</tr>
<tr>
<td>Negative media coverage influencing the acceptance of key communication messages by target audiences</td>
<td>The media plan will include strategies to mitigate this risk</td>
</tr>
<tr>
<td>Inconsistent messages from other health experts which impact on the credibility of our messages</td>
<td>The Media Unit will use a spokesperson who has an established credibility with the South Australian public. Clear, consistent messages from SA Health will help to reassure the public that we know what we are talking about</td>
</tr>
<tr>
<td>Technical constraints causing the SA Health website to become available if traffic exceeds system capacity</td>
<td>System is being upgraded to allow for events like this but if this is not complete by the time a pandemic occurs social media could also be used to provide resources and information</td>
</tr>
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Key messages

During a pandemic influenza event, SA Health needs to provide clear information to health care professionals, members of the public and the media about:

- the status of an event
- what we (SA Health) are doing
- what we want them to do
- where to go for further information and assistance
- what to expect during the course of the hazard

Key messages will depend on the nature of the influenza strain and will evolve as the situation evolves. An example of an evolving message during an influenza pandemic is shown in Appendix 2.

Messages will be developed to be uniform across the state and reflect national priorities where appropriate.

Messages will be tailored to various target audiences dependent on their needs and concerns and will be designed to provide information and guidance as well as to motivate and reassure.

The messages will be simple and written in plain English to ensure they are easy for anyone to read and understand. They will also be practical and focused on the actions people can take to avoid becoming affected by the hazard or what to do if they have already been affected.

Media communications will be kept short, simple and focused on two to three distinct messages to ensure audiences understand the key messages being conveyed and are not overloaded with too much information.

It is also important to acknowledge that target audiences may not be entirely happy with the measures advised. For example to prevent the spread of pandemic influenza we would recommend home isolation, social distancing and cancellation of events.

Continual use of positive language and reinforcing that it is necessary for the greater good will be needed.

To support the general good hygiene messages during any hazard event but in particular a human disease event, promotion of campaigns such as Wash Wipe Cover should be continued at regular intervals during the year.
**Communication strategies**

A pandemic influenza incident is likely to evolve quickly, so communication strategies need to be dynamic in order to reach key audiences effectively. A range of strategies will be used during the pandemic stages as follows:

**STAGE 1 - Preparedness**

**Branding**
All materials developed will also have a consistent look and feel so they are easily identifiable. A branding style will need to be created which engages the audience and conveys the seriousness of the messages.

**Staff training/internal communications**
It is recommended that awareness of pandemic planning is integrated into a number of activities during the preparedness stage. A series of information sessions should be conducted by the Chief Public Health Officer and Chief Medical Officer, possibly as part of the existing Grand Rounds schedule. These sessions would inform staff of the importance of pandemic planning and also discuss current potential pandemic threats and other relevant issues.

Awareness of this framework and the processes and staff responsibilities contained within should also be included in staff induction. Key staff involved in emergency management should be clearly identified and trained so they are aware of the required processes. It is also recommended that adherence to the principles outlined in this framework is provided as a Directive and endorsed by Portfolio Executive.

**STAGES 2 AND 3 - Standby and Response**

**Incident Management Team**
In order to ensure any communications are accurate and in line with national and (if appropriate) international messages, an Incident Management Team (IMT) will be identified at the beginning of any pandemic influenza hazard.

The IMT will establish clear lines of communication with relevant parties and a clear command and control framework. Linkages between SA Health and National communication strategies, particularly as they impact on local bodies with national linkages must be clearly understood and operationalised

This team will (at minimum) include the Chief Medical Officer, Chief Public Health Officer, Director of Emergency Management and Director of Media and Communications. In the event of a pandemic the Director of Communicable Disease Control Branch (CDCB) will also be on the IMT.
All communications must be approved by all members of the IMT at all stages of the event, prior to distribution.

**Hazard communications group**
In the early stages of the hazard, a core group of people will be identified by the Media and Communications Branch to assist with distribution of messages to key audiences. Proposed members of this group are outlined under ‘Communications tactics’.

**Interested parties management**
Staff and interested parties communication channels will be established to ensure everyone is kept informed and the messages are consistent. This will also help streamline the information flow getting evolving messages to the relevant people quickly.

**Public Health Alerts**
Clinicians in relevant hospital and community settings will be informed of relevant updated information via public health alerts through CDCB.

**Media and Communications Branch**
Proactive and reactive media responses will be developed by the Media team and regular lines of communication established with various state media channels to build trust and encourage the media to come to us for comment first in all instances.

Advertising may also be used to support the media responses and to help avoid negative media coverage.

The Marketing Communications team will provide a high level of support to the Media team so it is advisable that the Communications Adviser/s allocated to this project is moved to sit with Media. This includes the Adviser responsible for social media.

See Appendix 3 and 4 for examples of the various responsibilities and actions required within Media and Communications Branch during a hazard event.

**Appendix 5** details a typical daily work sheet for the Media and Communications Branch during the 2009 H1N1 influenza pandemic.

**Distribution to disadvantaged audience**
Evidence shows that a contributing factor to adverse health events is social disadvantage. In addition to creating a message which includes information and actions suitable for those without disposable income or with limited or no knowledge
of English, we need to include distribution methods which will get the information to
them. Information should also be adapted for the visually impaired.

**Free helplines**
The provision of helplines which are free to the public such as *healthdirect Australia*
and the Department of Health and Ageing public information hotline will support the
key messages but will also provide free access to information, supporting the
distribution to a disadvantaged audience strategy above.

**Online**
We will take steps to ensure the widest circulation possible for the information. One
method for ensuring this is to make the information available as downloads from the
SA Health website. An easily recognised link from the homepage to where relevant
information sits within the site will be created to maximise awareness and make it
easy for people to find quickly. This will stay on the homepage for the lifespan of the
pandemic event and until the IMT agrees it is prudent to remove.

Media releases will be made easily available on the website and via social media and
details of the various helplines will also be promoted there.

**Social media**
Many people turn to social media nowadays to get information on any event and a
human disease hazard or other emergency is no different. To reduce the public’s
reliance on less reputable sources, it is important that SA Health has a robust social
media strategy for disseminating key messages throughout the event.

Social media also allows the flexibility to get important messages to a large group of
people very quickly which may be vital depending on the nature of the emergency.
For example if a particular hospital is experiencing high volumes of walk-ins and can
not accept new patients, this message can be distributed immediately via social
media. Traditional media outlets monitor our Twitter feeds so they are highly likely to
also see the messages and spread them further.

As the pandemic evolves, social media allows immediate updates to people who
have subscribed to our information and also allows for feedback from people inside
and outside the health system on issues we may not normally become aware of.

A report by Christchurch City Council into the earthquake there in 2011 concluded
that community resilience is generated by involvement and social media facilitates
that process.
Printed material
As well as being provided as a download from the website and via social media, information will also be printed as hard copy where possible. This will ensure that people who do not regularly use the internet or social media (for example the elderly) or those with limited access (for example the financially disadvantaged) will still be able to access this information.

These hard copies can be distributed using existing channels for health messages such as:-
- GP surgeries, clinics, private and public hospitals and Medicare centres (where people are already thinking about their health)
- Council offices and public libraries (where people are open to educational messages)
- Airports, travel centres and tourist information offices
- Services SA and Centrelink offices
- Organisations and peak bodies which support people in vulnerable groups such as the Red Cross, RDNS, Meals on Wheels, St John’s Ambulance, Aged Care and Community Services etc.

It is also important to raise awareness of the availability of this information with the general public using the media, social media etc. The messages should include a direction to consider people who might not have access to information and how they can help by printing out the sheets or picking them up from one of the outlets listed above and passing them out.

Internal communications
A number of these strategies will ensure health staff are kept fully briefed as the pandemic evolves. Regularly updated information will also be provided to health staff through CE Checks and by use of the front page of the intranet and they will have access to all current media releases through the intranet.

These messages will also be included in local publications produced by the Local Health Networks and held on their intranet pages.

Continuous evaluation
Materials will be monitored to ensure currency and will be recalled when no longer applicable.

Achievement of communication goals (eg effectiveness of message delivery and reach, adequacy and accuracy of media coverage and public response received) will be closely monitored during the event. Where necessary, messaging and communication channels used will be adjusted to maximise public comprehension and the modelling of desired behaviours.
STAGE 4 - Stand down
Please note – this stage is not currently included in the Australian Health Management Plan for Pandemic Influenza (AHMPPI) but as it requires different messaging and tactics from the previous stages it has been included in this plan

A comprehensive evaluation will be undertaken post the event to reflect on activities and responses and identify lessons learned to inform future emergency event communications planning.

Communications tactics

With these strategies in mind, the following tactics should be implemented during the relevant stages:-

STAGE 1 - Preparedness

Branding
It is recommended that a generic ‘health emergency’ brand style is created which is immediately recognisable and reinforces the serious nature of the messages. It is also recommended this style conveys that all information is being provided by the Health Department but avoids appearing too government-like as this may alienate part of the audience.

Staff training/internal communications
It is recommended that a general awareness of the principles of managing a human disease event is included in staff induction. More detailed information on a clinician’s role during such an event should be included in the clinical training provided through the Safety & Quality team. It is important that staff are aware that it is their responsibility to keep informed of the processes and requirements of them during these events.

Frontline health communication staff will be provided with training on risk communication management before and during an emergency.

A Directive should be drafted which informs staff of departmental responsibilities during a human disease event and also of the responsibilities of individual staff members. This should be endorsed through the Portfolio Executive and communicated to all staff through a CE Check.
STAGES 2 AND 3 - Standby and Response

Media
The media will be the key disseminators of information to the public about any crisis. Department for Health and Ageing (DHA)'s Media team will be responsible for:-

- Participating in daily National Health Emergency Media Response Network teleconferences to discuss current issues and share information on media coverage
- Media liaison and media monitoring
- Arranging and facilitating media briefing sessions
- Preparation of messages and material for the Minister(s), Chief Executive, Chief Medical Officer, Chief Public Health Officer, Pandemic IMT, Gold Commander/State Controller (Health) and other senior staff
- Identifying key SA Health spokespersons and media training as required
- Proactive development and distribution of media messages, organisation of media conferences, informal media briefings, media interviews, appropriate media briefings to Chief Executive/Chief Medical Officer/Gold Commander/State Controller (Health)
- Handling all enquiries from the media, ensuring quick exchange of information with the IMT
- Liaison with hospitals, SA Ambulance Service, emergency services, SAPOL, other government departments
- Participation in emergency management and IMT meetings to provide strategic media advice
- Distribution of media releases and relevant communications material to key SA Health staff, Minister’s office, regional media staff, media staff across other government departments
- Liaison with Coroner’s office regarding any mention of the Coroner or a coronial enquiry (see media releases on H1N1 deaths which mentioned investigations by the Coroner into cause of death)

See Appendix 3 for details of the various responsibilities and actions required within the Media team during a pandemic influenza event.

Identification of a Hazard Communications Group
In the early stages of the hazard, a core group of people will be identified by the Media and Communications Branch to assist with distribution of messages to key audiences. Local Health Networks and government agencies will be encouraged to provide a main point of contact at the onset of the event along with other key interested parties such as Medicare Locals, the Australian Nursing and Midwifery Federation (ANMF SA Branch), Australian Medical Association (AMA SA), Pharmacy Guild, and the Pharmaceutical Society.
This group will receive approved information related to the hazard from the Senior Communications Adviser and be responsible for disseminating this to their staff and clients.

All government departments will be instructed by the Chief Executive of the Department of the Premier and Cabinet to only send out hazard-related communications which have been approved or prepared by DHA’s Media and Communications Branch. Appendix 8 shows an example of interdepartmental protocols distributed during the 2009 H1N1 influenza pandemic.

**Interested parties management/communication schedule**
The Senior Communications Adviser will create and manage an interested parties communication schedule so there is a clear record of which messages have been approved and sent out, who exactly they were sent to and when.

**Messages to health and other government agency staff**
In addition to the information provided through the Hazard Communications Group, the Senior Communications Adviser will prepare health messages and event updates for staff across government (for distribution through SAGEMS), and within Health (through CE Checks). These messages will also be included in local publications produced by the Local Health Networks and we will request that the interested parties involved in the Hazard Communications Group include them in their own publications.

The SA Health intranet will also be used to provide updates on the situation and relevant health messages and Local Health Networks will either mirror or link to this information from their local sites.

**Advertising – paid**
Dependent on the nature of the pandemic and subsequent provision/scope of Australian Government advertising campaigns, television, radio and press advertising can be used to communicate key messages about the status and severity of the pandemic, basic hygiene measures, when and where people should go if they are ill and where to get further information.

**Advertising – free (public service messages)**
ABC radio (and possibly ABC television - TBC) will run 30 second spots promoting the availability of information and they will provide a link to our website from theirs to increase access. The radio spots will be produced by ABC based on information provided by SA Health and will be produced and broadcast free of charge under the ABC’s responsibilities as an emergency broadcaster. It is intended that the Chief
Medical Officer will voice these adverts as he is a recognised and respected figure in South Australia so this will reinforce the seriousness of the message.

**Distribution to disadvantaged audiences**
Fact sheets and posters for the general public will be provided in English and in sixteen other languages as follows: Chinese (traditional and simplified), Arabic, Spanish, Swahili, Persian, Japanese, Korean, Indonesian, Greek, Italian, Russian, French, Serbian, Vietnamese and Croatian. Please note that it is recommended that the Interpreting and Translating Centre is contacted at the outset of an event to ensure these are still the most appropriate languages to use.

They should also be made available in large print and as audio files for the visually impaired. It is also advisable to consider imaged based versions for people who have poor language skills.

These tailored fact sheets and posters will be made available on the website but can also be distributed through Multicultural SA, the Aboriginal Health Council, Country Health SA, Aged Care, Disability SA, schools for children with special needs and other such organisations.

**National hotline**
The Department of Health and Ageing public information hotline 1800 004 599 can be called in the event of a human disease event. The Australian Government may also establish a hotline specific to the hazard at hand.

**healthdirect Australia**
The healthdirect Australia line 1800 022 222 is likely to receive a large volume of calls during a pandemic event. It is therefore important to provide them with sufficient information to answer basic enquiries and know who to pass the call on to for more detailed information. This information will take the form of a question and answer style script for operators to follow.

If appropriate, the Communicable Disease Control Branch telephone number (08 8226 7177) may also be utilised for health professionals and Local Health Network queries.

**Online**
The SA Health website will be a vital tool in providing South Australians with clear and current information. Dedicated pages will act as a one-stop-shop, providing the public, media and health professionals with information about the current situation. A virtual URL such as www.health.sa.gov.au/pandemicflu could also be created to assist with ease of finding the pages.
Pages will be split into general information suitable for the public and more detailed information created for health professionals.

These pages will be branded in a style designed to draw attention and convey the importance of the subject matter. A campaign image will also be created for the home page of the website which will allow visitors quick and easy access to the information.

Resources such as fact sheets and posters will also be made available as downloadable PDFs on the website. This allows easy access and near immediate provision of these resources to key areas such as hospitals and GP surgeries as there are no lead times for printing.

It also means that when information needs to be updated, the most current versions of available material will be easily accessible. SA Health will maintain a ‘version control’ document, which will reflect the latest version of each fact sheet and poster and assist in ensuring that correct versions are used across SA Health and broader government.

It is important that key interested parties are informed each time a new piece of information or resource is added to the website. Communications will engage the Hazard Communications Group to assist with this.

The website address will also be promoted on every resource produced and in all media releases. Interested parties will also be asked to provide links to our website from their own.

Other useful links will also be added to these web pages as appropriate. These may include:-
- SA Health Infection Control
- Department of Health and Ageing Pandemic Influenza website
- SA Health - public health alerts
- WHO website

To ensure the website is kept up to date at all times, appropriate Online Services staff will need to be available at all times and will require remote access to the website in case accessing the office is not possible.

Social media sites will also be used to disseminate information.
Social media
Social media sites are being increasingly used during times of emergency to broadcast messages to multiple audiences.

SA Health has had a presence on Facebook since September 2011 and Twitter since November 2011.

Since their launch, both accounts have been used to promote SA Health messages and support communications campaigns, and have steadily attracted and retained followers. As of 14 June 2013, the SA Health Facebook account had amassed in excess of 8,850 ‘likes’ and the Twitter account had more than 2,180 followers.

It is recommended that SA Health uses Twitter during a human health hazard to:
- ensure Twitter users view @SAHealth as their ‘first port of call’ for information about the hazard in South Australia
- present SA Health as an informative and credible authority
- raise public awareness about all aspects of the hazard
- engage other Twitter users, be responsive to them and encourage them to view @SAHealth as a personable and knowledgeable presence on Twitter, not merely an unmanned account churning out information
- foster partnerships with other government departments and agencies that have a Twitter account to maximise the likelihood of retweets
- Retweet messages from the Department of Health and Ageing’s Twitter account @HealthAgeingAU
- address any rumours or misinformation by using a simple hashtag such as #pandemicSA

As followers will see tweets as part of their overall information feed, it is recommended that a regular flow of relevant tweets is established to maximise the chances of these tweets being seen.

Facebook ‘likers’ have been recruited through a mix of organic growth, promotion via the SA Health website and competitions related to ‘Your Guide to a Healthier Today’. Important public health information can be shared by this channel and interaction as a result of posts is recommended to gain the most benefit from using it.

Interaction with ‘likers’ will also be shown on their timeline thereby increasing the reach of messages.

It may also be useful to post video clips on YouTube. These could be clips of the Chief Medical Officer speaking to the media or dedicated films of key spokespeople giving updates on the hazard. The IMT will decide if these are needed as the situation evolves.
As with the website, Communications staff will need to be available 24 hours a day during the emergency to update information and monitor social media channels for comments and emerging information.


Fact sheets
A series of fact sheets will be produced for each key audience as detailed below. The fact sheets will be made available on the SA Health website but may also need to be provided as hard copies in certain instances, for example for remote health services which may not have good internet access. This may be done using the Hazard Communications Group or by being printed centrally and provided to the appropriate service provider.

Fact sheets for the public
These will provide more detailed information on key facts, prevention, protection and treatment. They will include, as appropriate:
- Cough etiquette
- Good hygiene tips
- Frequently asked questions
- Interstate travel frequently asked questions
- Home isolation
- Pregnancy and illness
- Respiratory protection (use of surgical masks)
- Advice for patients affected by the hazard
- Advice relating to vulnerable groups (eg children or the elderly) affected by the hazard
- Advice on appropriate use of treatments.

Fact sheets for health professionals
To recognise the important role played by health professionals during a human health hazard incident, information will be provided to support them in responding to patient concerns and assist them in diagnosing, treating and managing patients. Information sheets will include:
- Guidance for recognition, investigation and infection control
- Fact sheet for hospital staff on the specific hazard
- Patient management guidelines for Emergency Departments
- Advice on the use of face masks if required (including donning and fit checking specialised masks)
- Advice on appropriate use of treatments if needed
- Details of where to refer patients for any specialist treatment.

It is important to engage health professionals in this to ensure we are providing them with the information they need and not just what we think they need. This can be done via the Clinical Senate, professional groups, the Hazard Communications Group or simply by regular contact with Local Health Network communications representatives.

Fact sheets for other key interested parties groups
Fact sheets will be produced for other groups based around human services on relevant topics, including but not limited to:

Schools/further education
- School closures and the importance of social distancing (refraining from participation in sporting and social events) in the event of a contagious health hazard
- What to do in the event of a student/students falling ill or being exposed to the hazard
- Approved information to provide to parents to take home.

Sporting/religious organisations
- The need to cancel scheduled games, sports or religious ceremonies
- What to do in the event of players/congregation falling ill or being exposed to the hazard
- The importance of social distancing in the event of a contagious health hazard
- Approved information to provide to parents/players/congregation to take home.

Businesses
- What to do in the event of a staff member falling ill or being exposed to the hazard
- How to reduce the chances of staff being exposed to the hazard
- When to implement Business Continuity Management Plans and how to manage any disruption to their business. This will mainly be through links to:
  - Department of Health and Ageing - preparing your business
  - Southaustralia.biz - issues for businesses
  - Department of the Premier and Cabinet - Pandemic Planning in the Workplace (pdf 115kb)

Residential care
What to do in the event of a staff member or resident falling ill or being exposed to the hazard
How to reduce the chances of staff and residents being exposed to the hazard
What treatment is suitable for residents including advice on isolation if required
What advice should be given to family members and other visitors.

See Appendix 6 for an example of a fact sheet produced for the 2009 H1N1 influenza pandemic.

Posters
Posters will be made available on the SA Health website (see ‘Online’ above) but may also need to be provided as hard copies in certain instances, for example for remote health services which may not have good internet access. This may be done using the Hazard Communications Group or by being printed centrally and provided to the appropriate recipient.

They will be developed for use in hospitals, at other healthcare locations and at businesses to build awareness of possible symptoms and when people need to seek medical advice. They should include, as appropriate:
- What to do if you have symptoms and are presently in a hospital Emergency Department
- What to do if you have symptoms and are presently in a hospital but NOT in an Emergency Department (including information for visitors)
- Which hospitals/health services are offering services for those with symptoms
- Who people should contact if they are concerned about symptoms
- General hygiene/infection control.

‘Quick glance’ style posters may also be required to assist staff in dealing with patients on topics like treatment or diagnosis. Examples are included in Appendix 7.

These posters should also be provided in a format which allows health services to adapt for their specific location if necessary. Any alterations need to be approved by the Media and Communications Branch to ensure the core message is not being altered.

These can be distributed to the various health services as needed and also uploaded to the website for ease of access. See Appendix 7 for two examples of posters produced for the 2009 H1N1 influenza pandemic.

STAGE 4 - Stand down
**Media/social media/online**
Messages will be disseminated through the media, social media and the SA Health website letting the public know that the pandemic threat has been contained and that the community can return to 'business as usual'. Additional ‘stand down’ messages are included in Appendix 2.

**Hazard Communications Group**
The Hazard Communications Group will continue to be consulted to ensure that key interested parties understand and are engaged in the state’s recovery efforts. Messages will also include appropriate medical learnings and where to get further information.

**Evaluation**

Evaluation will occur as follows:
- Website hits and feedback
- Proactive media coverage
- Reduction in potentially avoidable presentations at Emergency Departments and GP surgeries
- Feedback from key interested parties on our management of the hazard
- Feedback received from target audiences via email and letters sent to all South Australian Government Departments
- Levels of engagement through social media
- Post event focus groups, surveys and questionnaires to evaluate the effectiveness of communication to the general public during the event.

Where appropriate, evaluation information will be used to revise and improve this communications plan.
Appendix 1

Target audience information - example lists – based on 2009 H1N1 influenza pandemic

Primary audience

- South Australian media
- General public including those with limited or no knowledge of English
- SA Health’s Portfolio Executive and CEOs of LHNs (including SAAS)
- Unit heads of public hospitals
- Business Continuity Managers
- Emergency Department hospital staff
- Subsidiary hospital staff (those who may be required for assistance in areas beyond their usual role during a human disease hazard event)
- Other primary health care providers, including General Practitioners
- Emergency services workers

Secondary audience

- Government departments and their staff (including Tourism)
- Health unions
- Other key health care interested parties including:-
  - Pharmacy staff/Pharmacy Guild/Pharmaceutical Society
  - Residential facilities/aged care
  - Local councils
  - AMA
  - GPSA, Royal College of GPs, Medicare Locals
  - RDNS
  - Home Support Services
  - Aged Care and Community Services
  - DoHA
  - Aboriginal Health Council

Tertiary audience - other organisations providing human services

- Businesses/NGOs
- Schools/further education and childcare providers
- Transport organisations and shopping centres
- Ethnic organisations, churches and religious groups
- Community-based and sporting organisations
- Homeless shelters
- Correctional facilities
- Funeral homes/mortuaries
- Anti-viral/vaccine manufacturers and distributors
- Health insurance providers
Example of evolving message during a human health hazard event - based on H1N1 influenza pandemic 2009

Key messages are dependent on the unique circumstances of each pandemic, and can be added to on an as needs basis during a pandemic.

STAGE 1 – Preparedness

Primary audience - public
- The nature of the influenza strain at hand
- What constitutes an influenza pandemic
- The current ‘potential pandemic’ situation
- What SA Health is doing to prepare for an influenza pandemic, should it eventuate in South Australia
- Basic hygiene measures that help restrict the spread of any influenza virus
- The importance of continuing to have seasonal influenza vaccinations
- When people should go to the doctor if they have flu-like symptoms
- What anti-viral medications are and how they would be used during an influenza pandemic
- Any development and production of new vaccines taking place to combat an influenza pandemic
- Where to get further information, including travel advice.

Secondary audience – health care providers
The above messages for the general public will also be conveyed to primary health care providers, along with:
- Their role in influenza pandemic preparations and response
- How to implement infectious disease control measures
- The need for GPs to prepare their practices for a pandemic
- Facts about the influenza strain at hand, symptoms and diagnosis, modes of infection and treatment
- Specific information regarding what is expected of health professionals under the current situation
- What to do if you suspect someone has the strain of influenza.

Tertiary audience – other human services organisations
The above messages for the general public will also be conveyed to tertiary target audiences, including schools, local councils, sporting organisations, etc. Businesses will be encouraged to create and review business continuity plans.
STAGE 2 – Standby

Primary audience - public
- Facts about the virus presenting the pandemic threat, including symptoms and modes of infection
- Who is at risk of contracting the pandemic influenza strain
- What they need to do if they think they have the new strain of influenza
- Basic hygiene measures that help restrict the spread of any influenza virus
- The importance of continuing to have seasonal influenza vaccinations
- The importance of practicing prevention and containment strategies to slow the spread of the disease to allow time for a vaccine to be made and distributed
- The importance of any isolation measures, including home quarantine of household members with confirmed or probable influenza cases
- Any requirement to temporarily close schools, school-based activities and childcare
- What SA Health and the Australian Government are doing to prepare for an influenza pandemic, including disease containment measures
- The role of anti-viral medication and how it would be used during a pandemic.
- Where to get further information, including border measures in place and travel advice
- Heightened awareness among incoming international passengers through measures such as signage in arrival halls, completion of passenger declaration cards and scanning.

Secondary - health care professionals
The above messages for the general public will also be conveyed to primary health care providers, along with:
- Use of personal protective equipment
- The procedures for managing patients with pandemic influenza
- Deployment of anti-virals
- Points of local information, including where to access information about designated influenza hospitals/flu clinics
- The need for GPs to continue to prepare their practices for a pandemic.

Tertiary audiences
The above messages for the general public will also be conveyed to tertiary target audiences, including schools, local councils, sporting organisations, etc. Businesses will be encouraged to review business continuity plans.
STAGE 3 – Response (includes initial response and targeted response)

Primary audience - public
- Facts about the pandemic virus, symptoms and modes of infection
- Basic hygiene measures that help restrict the spread of any influenza virus
- The importance of practicing prevention and containment strategies to slow the spread of the disease to allow time for a vaccine to be made and distributed
- What they need to do if they think they have, or a member of their family has, the pandemic influenza strain
- Availability and access to anti-viral medication
- Availability and access to any available vaccine (if a vaccine is not available provide updates on its development)
- What SA Health and the Australian Government are doing to control the virus and protect the public

Secondary audience - health care professionals
The above messages for the general public will also be conveyed to primary health care providers, along with:
- Use of personal protective equipment
- The procedures for managing patients with pandemic influenza
- Deployment of anti-virals
- Points of local information, including where to access information about designated influenza hospitals/flu clinics
- What SA Health is doing to contain infection.

Tertiary audiences
The above messages for the general public will also be conveyed to tertiary target audiences along with messages about business continuity.
STAGE 4 - Stand down

Primary audience - public
- That the pandemic has been contained
- The state government’s recovery efforts
- What services are available to assist the psychosocial needs of people affected by the pandemic
- The community can return to ‘business as usual’
- What SA Health and the Australian Government is doing to minimise any future disease outbreaks
- Where to get further information.

Secondary audience - health care professionals
The above messages for the general public will also be conveyed to primary health care providers, along with:
- A return to ‘Preparedness’ stage
- Future strategies for their health care practice
- Details on how the pandemic was contained and the medical learnings.

Tertiary audiences
The above messages for the general public will also be conveyed to tertiary target audiences including schools, local councils, sporting organisations, government organisations and other key interested parties.
## Appendix 3

### Media roles & responsibilities - based on 2009 H1N1 influenza pandemic

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Response Lead – Director, Media and Communications** | - Oversee communications response  
- IMT representative  
- Strategic media input/advice  
- National Emergency media teleconference participation (shared with Media Manager)  
- First sign off on internal communiqués for regions and other departments  
- Australian Government and jurisdiction liaison re communications activities  
- Ministerial/DPC/whole of govt communications activities liaison  
- Liaise with staff to ensure 24/7 coverage of all required functions (including out of hours web uploads and monitoring of social media activity) |
| **Media Lead – Media Manager** | - Strategic media liaison and management  
- Message consistency  
- Advice to IMT re: media responses  
- National Emergency media teleconference attendance (shared with Director, Media and Communications)  
- C/W and jurisdiction liaison re: media coverage  
- 2pm hospital leaders group teleconference attendance and strategic advice  
- Third sign off for internal communiqués from regions and other departments (Director first, Communications lead second)  
- Whole of government media liaison  
- Portfolio media liaison  
- Update media team re: current situation as appropriate |
| **Media Response 1 – Senior Media Adviser** | - Media response  
- Daily media release (from National Incident Room Situation Report)  
- Consistency of key messages (liaising with Communications lead)  
- Media and DHA spokesperson logistics and escort  
- General media as required |
<table>
<thead>
<tr>
<th>Media Response 2 – Media Adviser</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Media response</td>
</tr>
<tr>
<td>- Media and DHA spokesperson logistics and escort (shared with Media Response 2)</td>
</tr>
<tr>
<td>- CHSALHN liaison</td>
</tr>
<tr>
<td>- Proactive hooks for daily media updates</td>
</tr>
<tr>
<td>- Media spokesperson roster and arrangements</td>
</tr>
<tr>
<td>- General media as required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Media Support</th>
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</thead>
<tbody>
<tr>
<td>- Media line</td>
</tr>
<tr>
<td>- Media monitoring</td>
</tr>
<tr>
<td>- Assistance with general media queries</td>
</tr>
<tr>
<td>- Myth busting alert system (check transcripts and websites for misinformation and alert)</td>
</tr>
<tr>
<td>- Media Response 1 or 2 to address issue</td>
</tr>
<tr>
<td>- Checking Australian Government and other states websites for inaccuracies regarding SA Health, broken links to SA Health, useful information for Comms Adviser to incorporate onto our site</td>
</tr>
</tbody>
</table>
## Appendix 4

### Communications roles & responsibilities - based on 2009 H1N1 influenza pandemic

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Response Lead – Director, Media and Communications Branch** | - Oversee communications response  
- IMT representative  
- Strategic media input/advice  
- National Emergency media teleconference participation (shared with Media Manager)  
- First sign off on internal communiqués for regions and other departments  
- Australian Government and jurisdiction liaison re: communications activities  
- Ministerial/DPC/whole of govt communications activities liaison  
- Liaise with staff to ensure 24/7 coverage of all required functions (including out of hours web uploads) |
| **Senior Communications Adviser** | - Coordination of content and approvals through IMT  
- Communications liaison with CDCB/Public Health  
- Liaison with other key interested parties to identify gaps in information or resources which need to be addressed  
- Ensuring all messages are consistent and factually accurate whilst being written in plain English  
- Ensuring Hazard Communications Group is aware of newly added/changed information and managing version control of all new material  
- Communications materials for public and health professionals - content editing and graphic design liaison  
- Website updating and notifying Online Services Manager if out of hours work may be required  
- Daily sitrep website update by 1pm  
- Regional communications contact for required materials  
- Second sign off for internal communiqués for regions and other departments  
- Translations |
| **Communications Adviser (it is recommended that two advisers are involved from the beginning)** | - Radio/press ads as required  
- Monitoring and administering social media  
- General support for Senior Communications Adviser and cover |
| **Creative Services support** | - Dedicated support for fast turnaround of any materials which require Creative Services input  
- Provide advice on best methods for producing materials based on the requirement |
### Example of Pandemic Influenza daily work sheet for Media and Communications Branch – based on 2009 H1N1 influenza pandemic

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXam</td>
<td>Daily numbers updated</td>
<td></td>
</tr>
<tr>
<td>8.30am</td>
<td>Daily DHA IMT briefing level 8</td>
<td>IMT</td>
</tr>
<tr>
<td>9.30am-9.45am/10am</td>
<td>Media and Communications pandemic influenza daily planning</td>
<td>Media Lead/ Senior Media Adviser/ Media Adviser/ Senior Communications Adviser / Media and Communications Support</td>
</tr>
<tr>
<td>11am</td>
<td>Updated SA figures provided for PM media use</td>
<td></td>
</tr>
<tr>
<td>Midday</td>
<td>Sitrep received</td>
<td></td>
</tr>
<tr>
<td>12-1pm</td>
<td>Daily media release and website update prepared from sitrep</td>
<td>Senior Media Adviser/Senior Communications Adviser</td>
</tr>
<tr>
<td>1-1.30pm</td>
<td>Approved website update posted, media release sent out</td>
<td></td>
</tr>
<tr>
<td>1.30pm</td>
<td>DHA IMT briefing on level 8</td>
<td>IMT</td>
</tr>
<tr>
<td>1.30-3pm</td>
<td>Afternoon media conference if required</td>
<td></td>
</tr>
<tr>
<td>2-3pm</td>
<td>Health-wide teleconference</td>
<td>Media Lead / IMT</td>
</tr>
<tr>
<td>XXpm</td>
<td>PM/overnight numbers updated</td>
<td></td>
</tr>
<tr>
<td>5pm</td>
<td>DHA IMT briefing level 8</td>
<td></td>
</tr>
<tr>
<td>6.30pm</td>
<td>National media/communications teleconference</td>
<td>Media Lead</td>
</tr>
</tbody>
</table>
Appendix 6

Example of fact sheet produced for 2009 H1N1 influenza pandemic

Frequently asked questions

H1N1 Influenza 09

What is H1N1 Influenza 09?
H1N1 Influenza 09, commonly known as ‘swine flu’, is a new type of influenza virus which causes respiratory disease in people.

How is ‘swine flu’ spread?
The virus spreads from person to person in the same way as seasonal influenza which is via respiratory droplets from coughs and sneezes. It can also be spread when a person touches respiratory droplets on another person, object or surface and then touches their mouth or nose or food they are going to eat.

What are the symptoms?
Symptoms of ‘swine flu’ appear to be similar to those of seasonal flu which include fever and cough or sore throat. You may also have a headache, runny or blocked nose, tiredness, body aches and in some instances diarrhoea and vomiting.

Like seasonal influenza, ‘swine flu’ may also cause a worsening of other underlying chronic medical conditions.

What is the current situation?
The situation is constantly changing. For up to date information, please visit www.flu.sa.gov.au

Who is at risk of catching ‘swine flu’?
Anyone can get ‘swine flu’ or seasonal flu. People who have had the seasonal flu vaccine for 2009 have a much lower chance of getting seasonal flu, but can still get ‘swine flu’.

How serious is it?
Although the ‘swine flu’ virus appears to be mild in most cases, it can cause severe illness in some people. Based on evidence from overseas, The Federal Government has indicated that the following vulnerable groups are at an increased risk of severe illness from the virus:-

- Pregnant women (particularly in second and third trimesters)
- People with morbid obesity
- People with chronic illnesses such as heart disease, renal disease, respiratory disease such as chronic obstructive airways disease (CCAD), asthma requiring ongoing treatment, diabetes, or who are immunosuppressed from a specific disease or treatment

If you are in one of the vulnerable groups above, you should keep a careful eye on your health and avoid contact with anyone who has flu-like symptoms.

How is it diagnosed?
The diagnosis is confirmed by laboratory examination of mucus from the back of the nose or throat, or by blood tests. In the current ‘Protect’ phase, not everyone who has symptoms will be tested for ‘swine flu’. This will be decided on a case by case basis with the focus on people in the vulnerable groups listed above.
Examples of posters produced for 2009 H1N1 influenza pandemic

Poster created for general distribution indicating what symptoms people should be concerned about and what they should do if they experience any of these symptoms

**Flu Alert**

**IF YOU HAVE**
Flu-like symptoms, for example a fever, cough and runny nose

**AND**
Are at increased risk of complications from human swine flu or seasonal flu infection, for example if you are pregnant, have diabetes or other chronic illness, are over 65 years old or of Aboriginal or Torres Strait Islander heritage

**THEN YOU SHOULD**
Go to one of the following designated ‘flu’ hospitals:
Metropolitan Royal Adelaide, Flinders Medical Centre and for children, Women’s and Children’s Hospital Country Berri, Mount Gambier, Port Lincoln, Whyalla and for children, Port Augusta.
If you are more than a one hour drive from one of these hospitals, call your local health service to discuss your travel history first

For more information
Contact the National Swine Influenza Hotline on 1800 2007
120003 Version 2
Appendix 7 cont

Poster created for Emergency Departments to help define diagnosis and treatment pathways for people presenting with suspected H1N1 influenza

Updated Influenza Management Guidelines For Emergency Departments
As of 22 June 09

Influenza Case Definition
ONSET
Fever (≥38°C or recent documented history of fever) AND at least one of the following:
• Hypemia
• Nasal congestion
• Sore throat
• Cough

Screening on arrival at Emergency Department
Apparent upper respiratory tract infection with sneezing and coughing

Infection control in ED
Preferred location: isolation unit.
Patient: to wear surgical mask.
Staff: Personal Protective Equipment (PPE) is required when within 1 metre of patient including:
• Surgical mask
• Long sleeved gown
• Goggles
• Gloves as per standard precautions

If aerosol generating procedures are being undertaken, staff in the same room as the patient should wear a P2 or N95 mask.

If isolation room cannot be used, cohort in a separate area, with patient to wear surgical mask and be 1 metre apart from other patients.

Patient: arrange hospital admission to an isolation room or ICU if condition warrants. If isolation room unavailable, consider cohorting according to hospital infection control guidelines.

Influenza A positive?

Influenza A (H1N1) positive?

*Compulsory Reporting of Notifiable Disease or Related Death* form for influenza and fax or post to Communicable Disease Control Branch, SA Health.

Urgent telephone notification to Communicable Disease Control Branch (08) 8226 7177 for cases who reside in a high risk setting (e.g. residential care).

Emma Pink
Page 34
16/06/2015
Appendix 8

Example of interdepartmental contact protocols - based on 2009 H1N1 influenza pandemic

SA Health is adopting a function based response to the current pandemic influenza situation.

Agencies are asked to ensure they have a well developed communication protocol and one identified contact with SA Health. Generally it is likely that this will be the agency’s State Pandemic Influenza Working Group member or Business Continuity representative.

Should there be an issue or a need to communicate with SA Health the initial contact by the agency’s identified contact officer should be by email to:

emergencymanagement@health.sa.gov.au for general issues and

media@health.sa.gov.au for media issues

Should the matter be urgent the agency contact officer is asked to use the Incident Management Team list below. This contact list should not be distributed beyond agency key contacts.

During office hours
Contact details for urgent matters during office hours are as follows:

Executive Director, Public Health & Clinical Systems (PH&CS)
Dr Stephen Christley
PA:
Phone: 8226 6403

Director, Emergency Management (EM)
Val Smyth
PA:
Phone: 8226 7115

Chief Medical Officer (CMO)
Dr Paddy Phillips
PA:
Phone: 8226 2578
Director, Communicable Disease Control Branch (CDCB)

Only Medical staff / Health Regions should contact CDCB and only for individual clinical matters

Dr Anne Koehler
PA:
Phone: 8226 7173

Director, Media and Communications
Carolyn Francis
PA:
Phone: 8226 6942

After hours
After hours urgent contact should be via:

For CDCB: 8226 7177
For all others via: 0401 120 295 (EM 24/7 Duty Officer)

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<thead>
<tr>
<th>Incident Management Team</th>
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<tbody>
<tr>
<td>Leader</td>
</tr>
<tr>
<td>ED PH&amp;CS</td>
</tr>
<tr>
<td>Director EM</td>
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<tr>
<td>CMO</td>
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<tr>
<td>Director CDCB</td>
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<td>Director, Media and</td>
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<td>Communications</td>
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