



CRISIS AND EMERGENCY RISK COMMUNICATION PLAN

Arizona Department of Health Services

August 2022

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Record of Changes

Date	Change	Page(s)
04/2016	<ul style="list-style-type: none"> ● Concept remained the same. ● Changed format to align CPG (Comprehensive Preparedness Guide) 101. ● Updated contacts and resources. ● Alignment with Public Health Accreditation (PHAB) Standards, Pandemic Influenza Readiness Assessment (PIRA) planning elements, and Information Sharing planning capabilities. 	Entire Document
10/2018	<ul style="list-style-type: none"> ● Added information on how PIO interfaces with Technical Operations Center and the Palo Verde JIC ● Removed Job Action Sheets to reduce redundancies ● Removed mention of Health Services Portal (HSP) and changed to reflect shared drives used by ADHS 	Entire Document
08/2019	<ul style="list-style-type: none"> ● Updated Appendix E 	Appendix E
08/2022	<ul style="list-style-type: none"> ● Updated formatting to match ADHS brand standards (fonts, colors, tables etc.) ● Added At-Risk Individual section ● Removed Call Center Appendix ● Updated Plan Maintenance Section ● Updated Acronym List 	Entire Document Page 8 Appendix F Page 25 Appendix A

Introduction

The Arizona Department of Health Services (ADHS) Crisis and Emergency Risk Communication (CERC) Plan is an annex to the ADHS All-Hazards Emergency Response Plan (referred to as “ERP”). This plan identifies communication protocols and procedures to be followed in the event of a crisis or emergency with public health consequences.

Purpose

This plan outlines processes for disseminating information to the public, government agencies, the media, and other stakeholders during a disaster or internal crisis. As an annex to the ERP, this plan is linked to the State of Arizona Emergency Response and Recovery Plan (SERRP). This connection allows ADHS to participate in risk communication activities with other response partners including county, state, federal, and private sector partners.

This document is consistent with standards established in the National Incident Management System (NIMS), and is designed to operate under the Incident Command System (ICS). As such, this document is flexible and scalable, and will support CERC functions for a variety of responses.

A Joint Information System (JIS) is activated anytime two or more public information officers (PIOs) get together to coordinate messaging. The JIS refers to the ICS structure, systems, and equipment used to facilitate communication between PIOs. A Joint Information Center (JIC) is a physical location activated to manage the public information component of a major response. Minor responses may only call for the activation of a Virtual Joint Information Center (VJIC). For the purposes of this plan, the term “JIC” will be used to describe both a virtual workplace and a physical location. See Appendix B – Decision Support Matrix for more information regarding the activation of a JIS, JIC, and VJIC.

Scope

This plan is intended to help public information staff and departmental leadership make informed and timely decisions regarding risk communication and public information. This plan applies to all public health issues impacting Arizona and all internal crises affecting ADHS.

Policy

In accordance with the SERRP and established jurisdictional request processes, the Arizona Department of Emergency Military Affairs (DEMA) may activate a JIC to support general (non-public health specific) emergency response activities in the state. In this case, ADHS will support the DEMA JIC by providing public information staff to assist with the development, coordination, and dissemination of public health messaging.

In the event of a public health emergency, the ADHS Director may elect to activate the Health Emergency Operation Center (HEOC) and appoint a staff member to serve as the HEOC Manager. The ADHS Director or HEOC Manager may also instruct the Communications Director or designee to assume the role of ADHS Lead PIO and activate the ADHS CERC Plan. The Director will also decide whether to activate an internal JIC or request the activation of the DEMA JIC according to the SERRP. See Appendix B - Decision Support Matrix for JIC Activation for instructions on activating a VJIC or JIC.

Prior to dissemination, messages must be approved through the ICS structure. This approval process is detailed in the HEOC Message Development Flow diagram in Appendix C. Message development, approval, and dissemination are also described below.

Other policy decisions involve the coordination of public inquiry efforts for the statewide public health response. This may include the establishment of a call center and/or website (i.e., landing page) for health-related public inquiry. Options for call center activation include the use of private sector, local, state, and/or federal resources.

In addition to the Lead PIO, other staff may be required to address the increased demand for public information. Training requirements for PIO staff are listed in Appendix D. Responsibilities, activation steps, and ongoing responsibilities for each position are available in Job Action Sheets available through the HEOC Planning Section.

Situation Overview

The most recent hazard analysis for Arizona includes the following scenarios: pandemic, wildland/urban interface fire, flood, radiological release (Palo Verde Nuclear Generating Station), winter storm, utility failure, terrorism/civil disturbance, enemy attack, drought/water shortage, hazardous materials release, dam failure, and transportation accident. The steps and procedures outlined in this plan shall be used to direct public

health risk communication activities associated with any of these events, unforeseen public health emergency, or internal crisis.

At-Risk Individuals

Planning for at-risk individuals occurs on several levels within Arizona. The U.S. Department of Health and Human Services (HHS) and the Arizona Department of Health Services (ADHS) use the Communication, Maintaining Health, Independence, Support and Safety, and Transportation (CMIST) framework to identify and understand at-risk individuals with access and functional needs (AFN) when planning for, responding to, and recovering from a disaster. The CMIST Framework provides a useful and flexible framework for emergency planning and response that emphasizes a person's needs without having to define a specific diagnosis, status, or label.

During a disaster, it has been observed that certain at-risk individuals, specifically those with AFN, have required additional response assistance before, during and after an incident. These additional considerations for at-risk individuals with AFN are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act. In addition, the Arizona Healthcare Coalition for Emergency Response may be called upon during an emergency event to share information throughout their members to ensure that the needs of at-risk individuals are addressed.

Planning Assumptions

The following assumptions describe a typical environment in which the ADHS CERC Plan would be activated in whole or in part:

- A crisis, emergency, or disaster is a dynamic situation in which time frames to receive and communicate information are compressed, and misinformation must be addressed.
- The ADHS HEOC will be activated, at the discretion of the ADHS Director, to support Emergency Support Function (ESF) 8 operations.
- The Arizona Department of Emergency and Military Affairs (DEMA) will open the State Emergency Operation Center (SEOC) to support major emergency responses within the state.
- ADHS PIO staff will support local risk communication operations as requested by local health departments.
- If dictated by the scope or scale of the public health emergency, ADHS will request DEMA to activate a JIC to coordinate risk communication activities across the state.

- ADHS will designate a PIO to support DEMA JIC operations.
- ADHS may operate a VJIC or JIC for an internal crisis, disaster, or public health event in which neither the SEOC nor the DEMA JIC are activated.
- Social media outlets play an important role in the dissemination of information to the public.
- Risk communication messages and strategies must consider at-risk, isolated, and AFN populations.
- Electronic messaging and materials will be developed in accordance with Section 508 of the Rehabilitation Act 1973– Standards for Electronic and Information Technology.
- During a significant public health response requiring 24/7 operations, ADHS public information staff will be available (on-call, virtually, or in-person) 24-hours a day as determined by the HEOC Manager.
- The primary location for the DEMA JIC is a portable building located at 5636 E McDowell Road, Phoenix 85255.
- The location for a public health specific JIC is 150 N. 18th Ave. Phoenix, 85007.
- The location for the Palo Verde Generating Station (PVGS) JIC is the Palo Verde Energy Education Center at 600 N. Verrado Way, Buckeye, AZ 85326.

Concept of Operations

This concept of operations addresses the overall communications approach for the Department during a crisis, public health emergency, or disaster response. This section identifies standards for preparedness, response, continuity of operations, and staffing.

Preparedness

This CERC Plan should be reviewed and integrated into preparedness exercises during non-emergency operations. Training and exercises should test the following Public Health Preparedness Capabilities and Healthcare System Preparedness Capabilities: Emergency Public Information and Warning, Information Sharing, and Emergency Operations Coordination.

Message maps and boilerplate messages should be reviewed regularly by PIOs, preparedness staff, and clinical staff to ensure accuracy and adherence to best practices set forth by the Centers for Disease Control and Prevention (CDC) and other public health preparedness subject matter experts.

Email, fax, and phone distribution lists should be reviewed to ensure that key response partners and stakeholders can be contacted easily during emergent situations. Media contact lists should be updated as a part of routine PIO duties.

Response

During HEOC activation and routine operations, PIO personnel are available 24/7 to direct risk communication activities. On-call phones and alerting systems with primary and secondary telephone numbers are in place to reach staff around the clock.

A list of PIO staff is stored electronically in the Arizona Health Alert Network (AzHAN) system and continuously maintained by the ADHS Communications Director. AzHAN alerts will notify PIO staff of JIC and/or HEOC operations, giving ADHS the capability to reach staff during and after work hours as well as weekends and holidays. This notification message will give JIC staff directions on assembly (virtually or in-person) dependent on the scope of the response. Notifications should be sent out within 30 minutes of a sudden onset disaster (e.g., explosion or other mass casualty event). Once notified, JIC staff are expected to report, virtually or in person, within 30 minutes. *See the HEOC Standard Operating Procedure (SOP) for more information on the ADHS notification system.*

To better define and address the surge in public information operations, this CERC Plan divides information into the following categories: public information, clinical/public health guidance, departmental communications, and inter-agency communications.

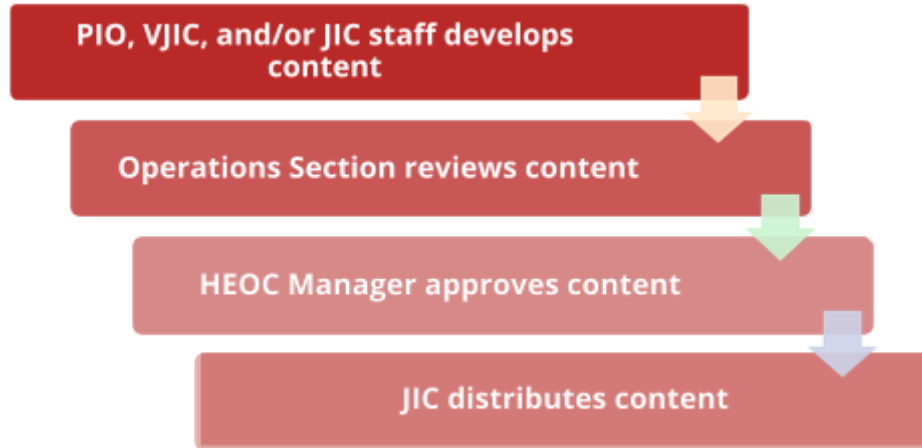
Public Information

During a crisis or emergency, communication to the public may include media releases, website content, talking points for spokespersons, interviews, social media, public service announcements, and advertising. It is important to determine which populations are at greater risk and to use the most appropriate methods to reach these target populations, as well as the general public.

In most cases, messaging should be developed at a sixth-grade reading level. The Lead PIO and/or JIC staff will take the lead on developing this type of messaging with input from subject matter experts (SMEs) from the Operations Section. See Appendix C for information on HEOC message development.

In addition to providing accurate and timely information, public information staff must also address misconceptions, misinformation, and rumors. Misinformation in the media should be corrected and addressed during the following news cycle. ADHS uses subscription services to monitor social media. The current services include “Custom Scoop” and “TVEyes.”

Approval and Distribution Process

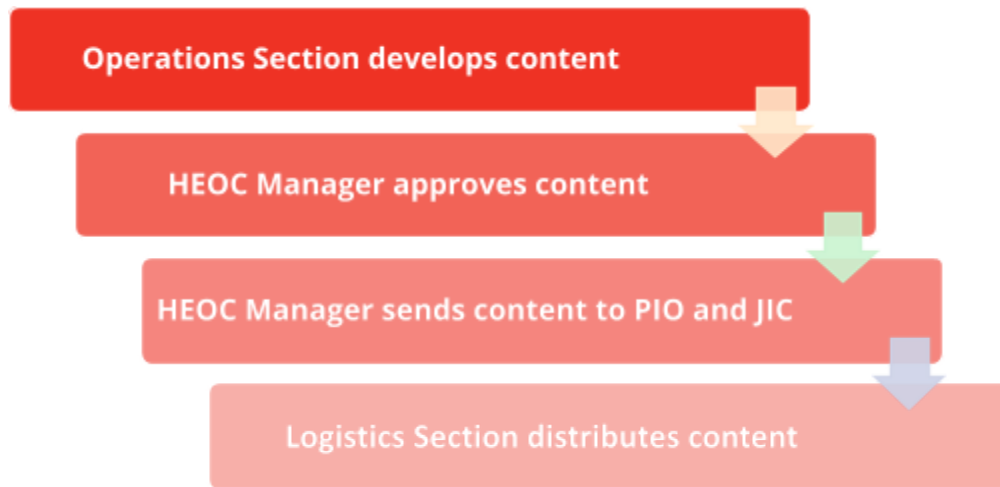


Clinical /Public Health Guidance

The Arizona Health Alert Network (AzHAN) is used to distribute clinical and public health information across the state during both routine operations and public health emergencies. During a response, clinical and public health guidance will be developed by SMEs within the Operations Section. Consultation with the Department’s Medical Director or other persons designated by the HEOC Manager may be required. Clinical and public health guidance may include health advisories, updates, or alerts; recommendations for government buildings, schools, or other public buildings; or recommendations for quarantine, isolation, social distancing, and other non-pharmaceutical interventions (NPIs).

When possible, clinical/public health guidance will be made available to JIC staff before it is distributed. In many cases, media releases, website updates, or social media content should be created for the public to explain the clinical and public health guidance in simple, common language.

Approval and Distribution Process:

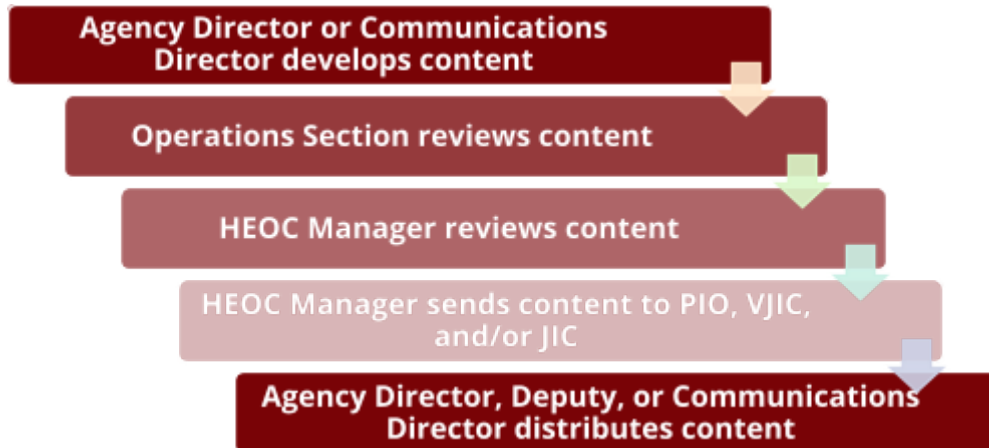


Departmental Communications (Internal ADHS staff)

During a response, it is important to establish clear lines of communication with all staff, contractors, and vendors. In addition to email distribution lists, calling lists (phone trees) will be used as a backup communication method. See the *ADHS Continuity of Operations Plan (COOP)* for more information on communicating with staff during an emergency or business disruption.

Internal communication processes are integral to both emergency operations and continuity of operations. When uninformed, employees can become unofficial spokespersons and can spread misinformation. Therefore, it is important to provide accurate and timely information to all employees throughout the duration of the response. This should include easy access to media releases, public health and safety resources, and other information as necessary. During emergency responses, employees should be reminded to direct all media inquiries to the Lead PIO or JIC if it is activated.

Approval and Distribution Process:



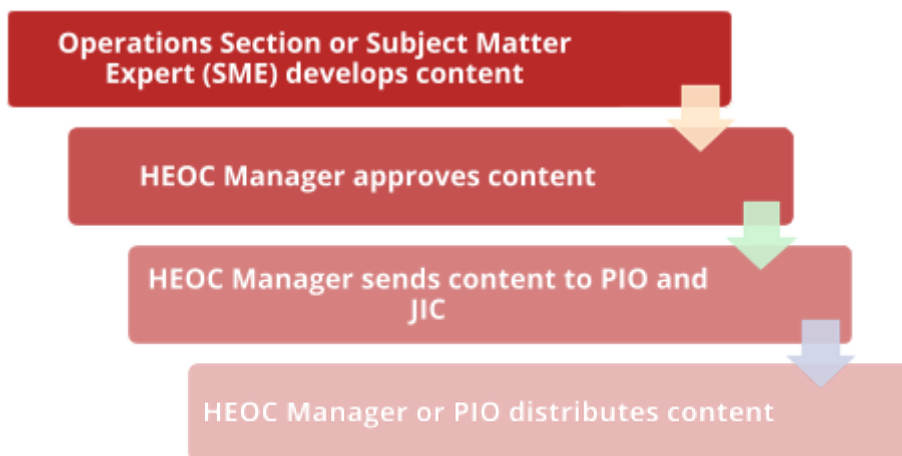
**If regular communication is compromised, Logistics Section distributes content via email or initiates calling lists (phone trees)*

Inter-agency Communications

Stakeholders in this group include municipalities, counties, state agencies, neighboring states, tribal partners, and federal agencies. The ADHS Director and Communications Director (Lead PIO) will oversee communication with elected officials and will ensure that public health messaging is developed in tandem with the Governor's Office.

To ensure consistent public information and inquiry, information sent to partner agencies should also be shared with the JIC. This information must also be stored (electronically and/or hard copy) in the Joint Information System (JIS) and be taken into account when developing messaging for the public.

Approval and Distribution Process:



Continuity of Operations

During a response, the demand for response-related information may overwhelm the ability of staff to handle regular operations. In this case, state and/or departmental Continuity of Operations Plans (COOP) should be referenced or activated to decide which functions can be ceased and what must continue. The PIO and JIC may play an active role in developing internal (departmental) messages to ensure essential functions identified in the COOP are maintained.

Staffing

During a sustained response, ADHS may not have enough staff to support JIC operations. In this case, requests for qualified public information staff can be made to municipalities, counties, state agencies, tribal jurisdictions, and federal partners as dictated by the level of response. If an emergency declaration is in place, PIO personnel requests will adhere to Emergency Management Assistance Compact (EMAC) standards for requesting staff.

Organization and Assignment of Responsibilities

The organization and assignment of responsibilities for JIC staff is broken down into six key positions or functions listed below. The Lead PIO will oversee all public information activities for the response and serve as the main point of contact with the HEOC. For health-related incidents, the Lead PIO will coordinate the JIC. This framework ensures that JIC operations conform to ICS span of control standards. In the event a state-level VJIC or JIC becomes active, ADHS staff will fill roles and positions as requested by DEMA.

Lead Public Information Officer (PIO)

The Lead PIO is responsible for coordinating the overall public information response. This position is the link between the HEOC and the JIC. This person reports directly to the ADHS director and works closely with the HEOC Manager. They supervise the JIC Manager, and have oversight on all public information functions.

Joint Information System/Joint Information Center Manager

The JIC Manager is responsible for the overall operation of the JIC. This person must oversee public information functions such as, information gathering, analysis, planning, production, and dissemination. This person reports to the Lead PIO and will supervise all other staff working in the JIC.

Information Gathering and Analysis Team Lead

The Information Gathering and Analysis Team Lead is responsible for the collection, synthesis, and analysis of all public information during the response. This person reports to the JIC Manager. Key functions include media monitoring; identifying public concerns, misconceptions, and information; and preparing briefings throughout the response. Additional resources for monitoring media coverage, tracking media and public inquiries are available in Appendix I.

Information Planning and Production Team Lead

The Information Planning and Production Team Lead is responsible for the implementation of the communications strategy. This position reports to the JIC Manager. This person will develop news releases, talking points, public service announcements, advertisements, and other public information materials associated with public health components of the response.

Information Dissemination Team Lead

The Information Dissemination Team Lead is responsible for the distribution of information out of the JIC. This position reports to the JIC Manager. This person will work with other JIC staff to ensure appropriate target audiences are identified and that the mechanisms (distribution lists, etc.) are in place to reach these groups.

Agency Spokesperson

The Agency Spokesperson is responsible for conducting media interviews, press conferences, and interfacing with outside agency officials in accordance with approved talking points, message maps, and materials.

Direction, Control, and Coordination

The following sections outline control and coordination processes for information development, validation, dissemination, and the identification of vulnerable and at-risk populations.

Information Development

Information development is the responsibility of both subject matter experts (SMEs) in the HEOC Operations Section, the Lead PIO, and the JIC Manager. These people will work with the Information Gathering and Analysis Lead to aggregate and analyze response

information. The JIC Manager will also work with the Information Planning and Production Lead to ensure materials are produced appropriately and in a timely and accurate fashion. See the HEOC Message Development Flow in Appendix C for additional details regarding information development. When developing a message look to write to a fifth grade level and consider the following:

- In the U.S., the average adult reading level is approximately 8th grade.
- Around 20% of American adults read at or below 5th grade.
- Older adults and deaf/hard-of-hearing populations face additional challenges that lower their estimated reading levels.

Readability of the message is typically determined by:

- Sentence length, as judged by the average number of words in a sentence.
- Word length as judged by the average number of syllables in a word.

Resources to assist in readability include the following common readability tests:

- Coleman Liau Index
- Flesch Kincaid Grade Level
- Automated Readability Index (ARI)
- Simple Measure of Gobbledygook (SMOG)

Information Validation

Information validation is the responsibility of subject matter experts (SMEs) in the HEOC Operations Section, the Lead PIO, and the JIC Manager. Materials must be approved by the Operations Chief and/or HEOC Manager before finalized for dissemination. The above Concept of Operations, Response Section details protocols for the approval of public information, as well as inter-agency communications, departmental communications, and clinical/public health guidance. See the HEOC Message Development Flow in Appendix C for additional details regarding information validation.

Information Dissemination

The dissemination of public information is the responsibility of the Lead PIO, while clinical/public health guidance (i.e., AzHAN) dissemination is the responsibility of the HEOC Logistics Chief. The Information Dissemination Team Lead will work with both of these individuals to ensure messaging reaches its target audience.

Vulnerable and At-Risk Populations

The identification of target audiences, including vulnerable and at-risk populations, is the responsibility of the Lead PIO, the JIC Manager, and subject matter experts in the Operations Section. These personnel will work with the Information Gathering and Analysis Lead to ensure information needs for these groups are assessed. The JIC Manager will then work with the Information Planning and Production Lead to ensure materials are produced in a manner that is appropriate for each target audience. Finally, the Information Dissemination Lead will ensure that the messages are distributed to each vulnerable population in the optimal format.

Timely and Accurate Distribution

The timely and accurate distribution of public information is paramount to any public health response. The establishment of separate duties in the CERC Job Action Sheets, along with the adherence to ICS span of control principles, will help ensure the timeliness of information distribution. The approval routing processes contained in the Concept of Operations will help ensure that information is accurate. Additional details regarding timely and accurate distribution are contained in the HEOC Message Development Flow in Appendix C.

Information Collection, Analysis, and Dissemination

Information collection and dissemination systems include the statewide bed polling system, the Arizona Health Alert Network (AzHAN), as well as epidemiology/surveillance systems utilized by ADHS. Data from these systems will be used by the Lead PIO, JIC Manager, HEOC Manager, and other HEOC staff to maintain situational awareness during the response. Where possible, these systems should be integrated into preparedness exercises and training activities to ensure that staff are well trained and able to use these systems during high-stress emergent situations.

Information dissemination is the responsibility of the JIC Manager, who oversees the Information Dissemination Lead. Where possible, the Information Dissemination Lead will maintain records of all messages distributed from the JIC. Email confirmations, fax confirmations, and follow up phone calls should be used to confirm the receipt of key public information documents such as media releases, talking points, and public service announcements. These confirmations should be recorded into the PIO Activity Log.

Communications

Communication Methods

Multiple communication systems and platforms will be used to communicate with the media, the public, and stakeholder groups. A multifaceted approach will help risk communication messages reach their intended targets. The table below lists various communication systems and platforms along with the target audience(s) reached.

Communication System/Platform	Media	Public	Stakeholder
AZ Emergency Information Network	X	X	X
Emergency notification systems		X	
Call center		X	
Conference calls	X		X
Emergency Alert System		X	
Email	X		X
Low tech (e.g., flyers, door-to-door)		X	
News conferences, briefings	X		
Social media (Twitter, Facebook, etc.)	X	X	X
State Emergency Call Center		X	
Telephone	X	X	X
Town halls & community meetings	X	X	X
WebEOC			X

In addition to pushing out risk communication messages, it will be crucial for ADHS to maintain and expand public inquiry capabilities. The primary communication systems used for public inquiry are telephone, email, and social media. The following tactics can be used to expand public inquiry:

- Call centers and public inquiry lines (i.e., hotlines) can be established to handle a surge in call volume.

- Response-specific, dedicated email addresses will be created to handle additional questions and comments from the public.
- Social media activities can also be increased during a response to allow for more public inquiry and comment.
- Messaging functions on Facebook and Twitter can be used to provide web chat style communication between PIO staff and members of the public.

Communication Pathways

During a response, the Lead PIO, JIC Manager, and the Information Dissemination Lead have the authority to release information from the VJIC or JIC. This measure is required to ensure that appropriate and up-to-date distribution lists are used. The Lead PIO, Agency Spokespersons, the HEOC Manager, and the Department Director all have authority to talk to the media and to represent the agency to outside organizations.

Media distribution lists (email, phone, fax, physical address, etc.) will be maintained by PIO staff on a quarterly basis. During a response, media contact lists will need to be updated more frequently to ensure timely dissemination of information to the news media. Additionally, Health Alert Network distribution lists will be continuously updated during regular (non-emergency) dissemination of health alerts, advisories, and updates.

Alerting PIO Staff

At the onset of the response, the Lead PIO is responsible for notifying PIO staff of the JIC activation. The Lead PIO will determine the level of activation for staff (alert, standby, report) and will work with the HEOC Logistics Section to notify staff. The Logistics Section will utilize the Arizona Health Alert Network (AzHAN) or redundant notification systems (phone tree, email, etc.) to notify PIO staff.

Communication Services for At-Risk and Hard-to-Reach Populations

Text-to-speech, text-to-digital, translation services, interpreting services, and other solutions may be used to communicate with AFN and hard-to-reach populations. Spokespersons from AFN, at-risk, and Limited English Proficiency (LEP) groups will be utilized to maximize outreach potential to these target audiences. Where possible, electronic messaging will be done in accordance with Section 508 of the Rehabilitation Act – Standards for Electronic and Information Technology.

HHS SAMHSA Helpline

During times of crisis, contact information for HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) helpline and/or other available services may need to be included in public health messaging. SAMHSA's National Helpline (also known as the Treatment Referral Routing Service) is a confidential, free, 24-hour-a-day, 365-day-a-year information service, in English and Spanish, for individuals and family members facing mental health and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information. SAMHSA Helpline: 1-800-662-HELP (4357)

The CMIST Functional Needs Framework

The CMIST Functional Needs Framework will inform the development and dissemination of public information. The framework includes five essential functions: communication, medical needs, independence, supervision, transportation.

Communication: Some people have difficulties receiving and responding to information. People with communication needs may have reduced or no ability to see, hear, or speak; or have limitations in understanding or learning. This category also includes people who cannot speak, read, or understand English.

Medical needs: This category includes people who need assistance with activities of daily living such as grooming, bathing, eating, dressing, or toileting; as well as people who are managing chronic, contagious, or terminal illnesses; and people requiring medications, IV therapy, feeding tubes, dialysis, oxygen, suction, catheters, and ostomies.

Independence: Some people use medication or assistive devices to function independently on a daily basis, such as mobility aids (wheelchairs, walkers, canes), communication aids (hearing aids, computers), medical equipment (syringes, oxygen), or service animals.

Supervision: People may require supervision when they experience Alzheimer's or other forms of dementia; psychiatric conditions such as schizophrenia, severe depression, or chronic and severe mental illness; intellectual or developmental disabilities; or brain injury. Individuals in this category sometimes require a more supervised and protected setting during an emergency.

Transportation: People who do not drive because of a disability, legal restriction, temporary injury, age, poverty, or lack of access to a vehicle are included in this category.

Additional Considerations

Internal Crisis

An internal crisis, such as a public relations issue, will not warrant the full activation of a JIC. In this situation, departmental leadership and communications staff will utilize the Job Action Sheets for the various JIC staff positions as necessary. For example, the Information Gathering and Analysis function may be needed to monitor media and assess how the crisis is being portrayed in the media. The Information Planning and Production function may be needed to plan and execute the communication strategy as defined by the PIO or Director. The Information Dissemination function may be needed to distribute information to internal and external distribution lists and to post information on the web and social media sites. Agency Spokespersons would likely be needed to ensure that media and jurisdictional partners are kept up to date.

Mass Patient Care

During a response involving mass patient care, the JIC must coordinate with healthcare and emergency management partners to ensure public information adheres to privacy rules contained in the Health Insurance Portability and Accountability Act (HIPAA). In a situation serious enough to involve mass patient care, ADHS will likely not be the lead agency operating the JIC. Nevertheless, ADHS staff will be involved with the planning, production, and distribution of public information to response partners, and as such, the protection of patient information will be a key concern during the development and dissemination of information.

Isolation and Quarantine

JIC staff must work with HEOC staff and local health departments to develop messaging for the general public explaining isolation and/or quarantine orders in common terms. The public may be more familiar with isolation concepts (stay home when sick), but the term quarantine may cause concern. The JIC will coordinate the development of these messages in consultation with SMEs at the state and local level.

Medical Countermeasure Distribution – Point of Dispensing (POD) Operations

In the event of a bioterrorism attack, disease outbreak, or other situation requiring the activation of POD sites, public information will play a major role in the overall response.

ADHS public information staff will coordinate with local health departments and emergency management partners to develop and disseminate up-to-date information on POD locations and protective actions. See Appendix E – Medical Countermeasures and Public Information for additional information.

Radiological – Palo Verde Generating Station (PVGS) Operations

In the event of a radiological incident at the Palo Verde Generating Station (PVGS) near Buckeye, AZ, public information will play a major role in the overall response. ADHS public information staff will coordinate with local health departments and emergency management partners to develop and disseminate up-to-date information on protective actions for healthcare providers and the public in general. These operations will occur through coordination of the HEOC and the PVGS JIC located at the PVGS Emergency Operations Facility (EOF), based upon pre-vetted protocols and boilerplates created in conjunction of all primary response agencies as listed in the *State of Arizona – Maricopa County PVGS Offsite Response Plan*.

Call Center Activation and Management

During a public health emergency, emails, telephone calls, and other inquiries from the general public may overwhelm state and local public health departments. To meet this increased demand for information, a call center may be activated at the private sector, local, or state level. ADHS staff will work with local health departments, emergency management, and healthcare system partners to develop the following materials to manage and coordinate the information disseminated from call centers:

- General script for call center operators
- Resource list (contact information, addresses, etc.) for additional information
- List of community resources including treatment sites, vaccination sites, etc.
- Ongoing list of frequently asked questions (FAQ), talking points, and message maps as appropriate
- Messaging that helps divert non-critical calls away from community 911 systems
- Messaging that diverts non-critically ill patients away from the healthcare system
- Updated public information regarding state and local health department response activities and protective actions for the public

In addition to state and local resources, federal resources are available to support public inquiry. CDC-INFO is the Centers for Disease Control and Prevention (CDC) National Contact Center. During a public health emergency, ADHS leadership can request assistance from CDC-INFO to address a surge in public inquiry.

Additional call center resources include:

- 211 Arizona
- Arizona Poison and Drug Information Center
- Arizona Emergency Information Network (AZEIN)

Internet and Social Media Outlets

The ADHS website and social media outlets will play a key role in the dissemination of public information. Effective Internet and social media campaigns will reduce the volume of telephone calls and inquiries from the public. The Lead PIO and Information Planning and Production Team Lead will consult with the HEOC Manager and Operations Section Chief regarding the development materials for the ADHS website, blogs, and other social media. It is important that all content is coordinated between these various electronic media and other types of information disseminated during the response.

Messaging for each response should be produced according to a specific communications strategy and plan. The specific mix of traditional messaging (media releases, talking points, public service announcements) and online messages will depend on the demand for information as well as key target audiences.

The following steps can be used to assist the Lead PIO and Information Planning and Production Team Lead with the integration of traditional messaging with Internet and social media-based messaging. Although the situation will dictate the priority of social vs. traditional media, this example begins with the creation of a traditional media release, which is then distributed across a wide range of Internet and social media outlets:

- Develop media release and obtain approval for distribution.
- Distribute media release to media contact lists.
- Post media release on ADHS public website.
- Distribute Tweets regarding new media releases (via Twitter).
- Post link to new media release on Facebook.
- Post videos of related interviews or footage on YouTube.

- Develop and post Director’s Blog related to new media releases.

Media Briefings and News Releases

PIO and communications staff use media briefings and new releases to inform the public on emergent information and events. In addition, press conferences are held and organized by ADHS Communications and PIO staff. During an emergency response with an influx of out-of-state and national media, it may be necessary to conduct screening and credentialing for reporters. The conference room at the Arizona State Public Health Laboratory (ASPHL) has been identified as the official spot for conducting press conferences on ADHS premises. The security guard on duty can grant reporters and officials access to the conference room without giving them access to secure areas of the laboratory.

Media contact lists are routinely maintained and updated by the ADHS Communications Director’s staff. These lists are stored using the Constant Contact system as well as backup Excel spreadsheets.

Limited Language Proficiency Populations

ADHS has identified multiple translation/interpreting services as well as community outreach organizations to be able in assisting with the development of public health emergency messaging. The HEOC Finance Section may also contact Language Line Solutions Inc. to translate incident-specific messaging for non-English speakers. In addition, the Department of Economic Security (DES) can assist in messaging to at-risk and Limited English Proficiency (ELP) populations.

Sensitive Information

During HEOC and JIC operations, staff will have access to a variety of information, some of which may carry a designation of “for official use only” (FOUO) or may fall under the protection of HIPPA. It is essential that sensitive information policies are followed during the development and dissemination of public information. *Refer to the HEOC SOP* for more information regarding FOUO documentation.

Communication During a Technology or Power Disruption

Communication during a technology or power outage will pose extra challenges for public information staff. Depending on the type of disruption, use of low-technology

communication methods may be necessary. These include but are not limited to the following:

- Flyers
- Mega phones
- American Sign Language (ASL) interpreters
- School message boards
- Ham radios
- Radio public service announcements to reach individuals with battery powered or hand-crank radios
- Wireless Internet connections (e.g., air cards, tablets, cell phones) may still function when landline and cable Internet is out.
- Megaphones (to address crowds)
- 800 MHz radio
- Door-to-door communication with partner agencies; such as the Arizona Department of Public Safety (DPS).

In addition to the methods listed above, there are several steps that JIC staff can take to prepare for power outages.

- Keep a corded phone available at home and at workplaces, if not using a Voice over Internet Protocol (VoIP). Cordless phones will not work during an outage, but corded phones may still work if phone lines are still intact.
- Keep a car phone charger as a backup for charging cell phones and keep back up batteries.
- Have a National Oceanic and Atmospheric Administration (NOAA) radio available. These radios typically allow for battery power and have a hand-crank. These should be kept with JIC staff and in the HEOC.
- Data-based services such as text are less likely to be congested than voice networks.
- Be prepared to communicate via text, Twitter, Facebook, and other social media outlets during a disaster.
- Make sure to rotate out spare batteries on a regular basis.

Plan Development and Maintenance

ADHS plan review and revision involves three levels

- Level 1 - Cosmetic and cursory internal review

- Level 2 - Operational stakeholder review for content updates
- Level 3 - Complete plan overhaul

In collaboration with internal and external stakeholders, BPHEP takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated through exercises or real-world events regularly. ADHS and stakeholder participation will vary and is dependent on the scope of the exercise or event. The associated corrective actions, lessons-learned, and best practices will be implemented and integrated as appropriate.
2. The maintenance of the plan will include a review by communicating through email, telephone, or in-person meetings with operational stakeholders as dictated by the level of review identified. This will occur at a minimum of every 3 years and in conjunction with exercise or real-world events.
3. Public comment may be obtained for emergency preparedness plans directly through the ADHS website.
4. The revised plan will be posted to the ADHS public-facing website and filed in the agency's secure information sharing portal. In addition, the updated and approved plan will be shared with all operational stakeholders and other partners to promote local and state emergency planning alignment.

Appendix A – Acronym List

- ADHS** Arizona Department of Health Services
- AFN** Access and Functional Needs
- ASPHL** Arizona State Public Health Laboratory
- AzHAN** Arizona Health Alert Network
- BPHEP** Bureau of Public Health Emergency Preparedness
- CDC** Center for Disease Control and Prevention
- CDC-INFO** Center for Disease Control and Prevention National Contact Center
- CERC** Crisis and Emergency Risk Communication
- CMIST** Communication, Maintaining Health, Independence, Support and Safety, and Transportation
- COOP** Continuity of Operations
- DEMA** (Arizona) Department of Emergency and Military Affairs
- DPS** Department of Public Safety
- EMAC** Emergency Management Assistance Compact
- EOC** Emergency Operation Center
- EOF** Emergency Operations Facility
- ERP** All Hazards Emergency Response Plan
- ESF** Emergency Support Function
- FAQ** Frequently Asked Questions
- FEMA** Federal Emergency Management Agency
- FOUO** For Official Use Only
- HEOC** Health Emergency Operations Center
- HHS** Health and Human Services
- HIPAA** Health Insurance Portability and Accountability Act
- ICS** Incident Command System
- JIC** Joint Information Center

JIS Joint Information System

LEP Limited English Proficiency

NIMS National Incident Management System

NOAA National Oceanic and Atmospheric Administration

NPI Non-Pharmaceutical Intervention

PHS Public Health Service

PIO Public Information Officer

POD Point of Dispensing

PVGS Palo Verde Generating Station

SAMHSA Substance Abuse and Mental Health Services Administration

SEOC State Emergency Operations Center

SERRP (Arizona) State Emergency Response and Recovery Plan

SME Subject Matter Expert

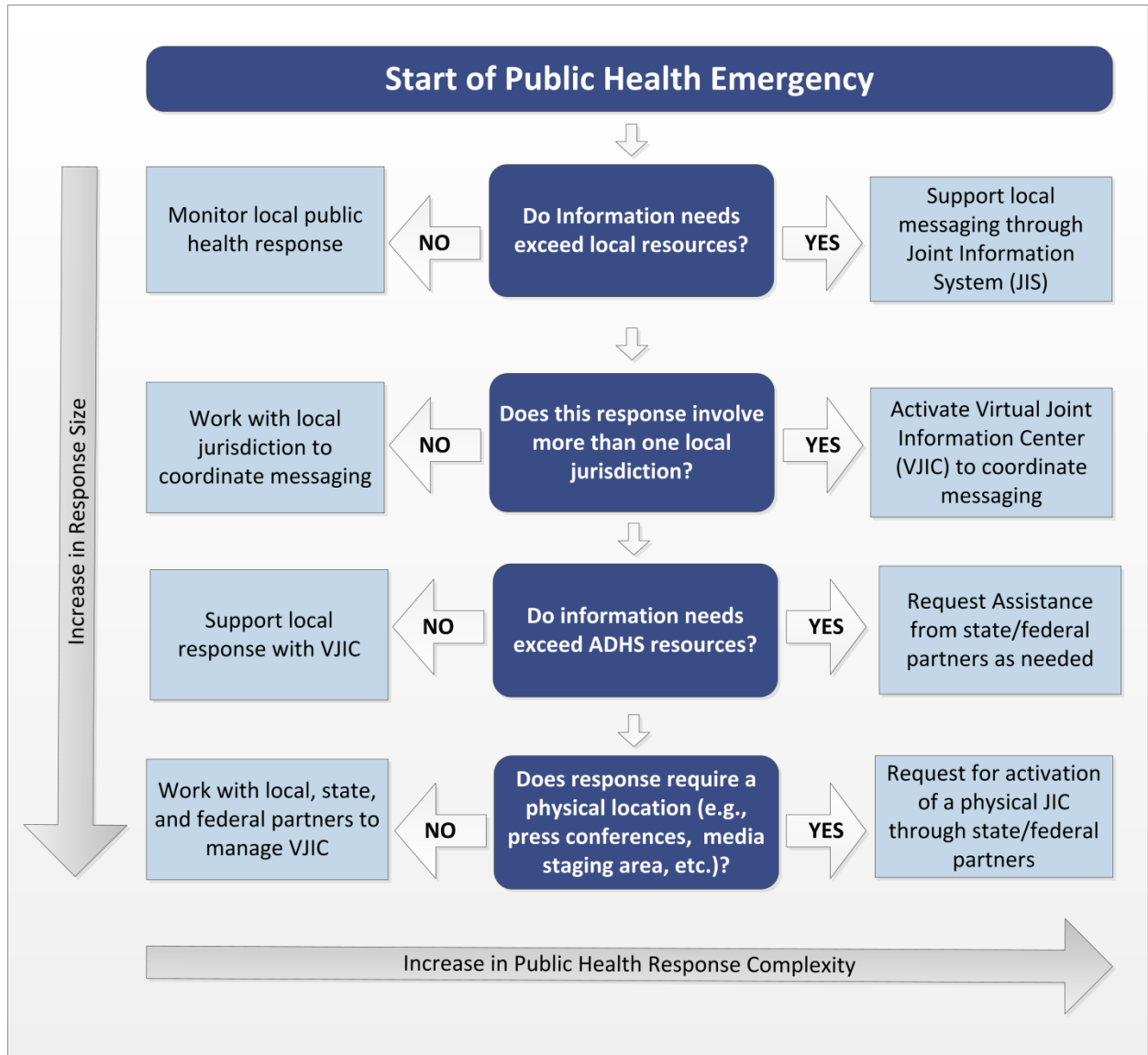
SOP Standard Operating Procedure

VJIC Virtual Joint Information Center

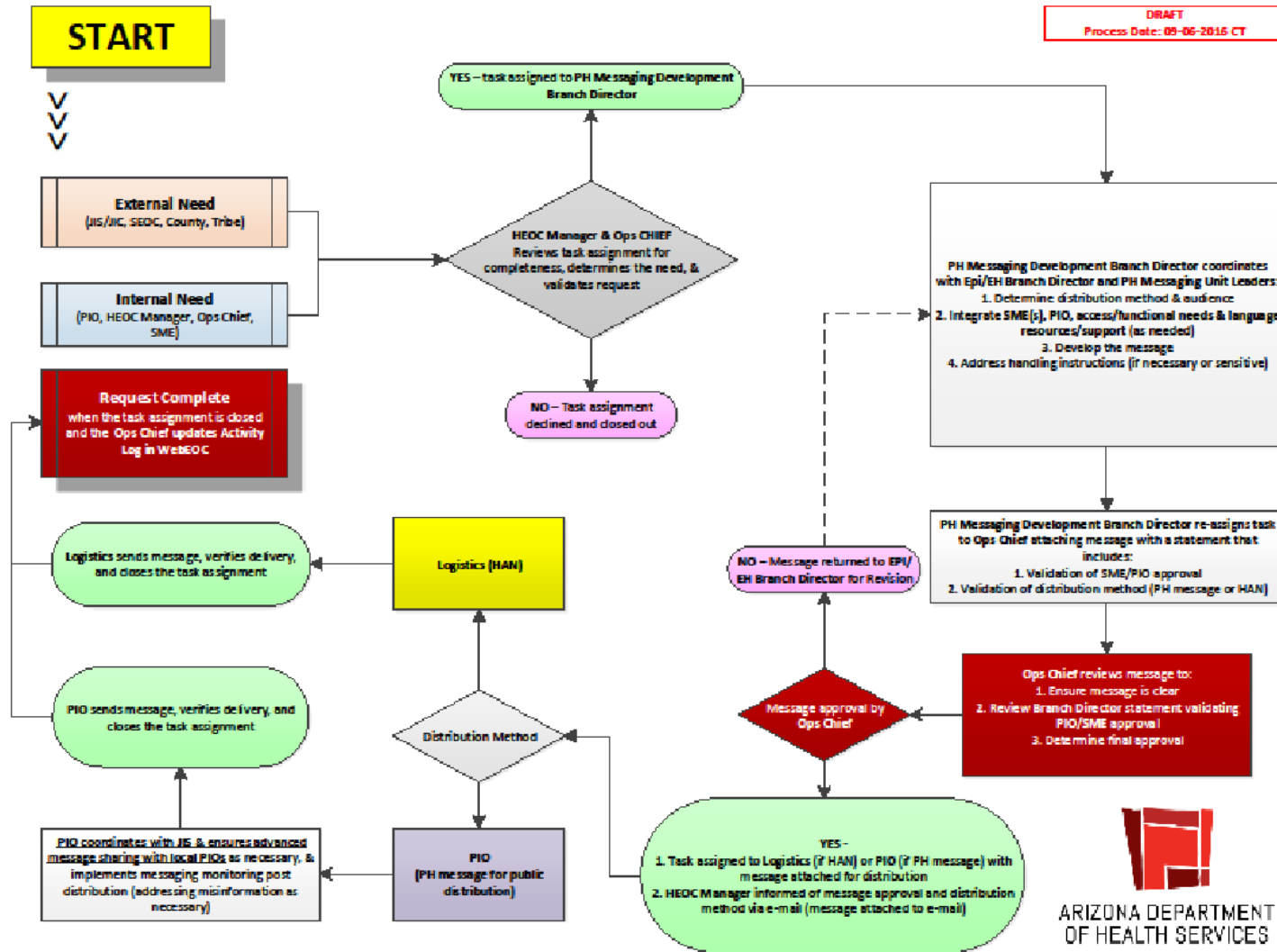
VoIP Voice over Internet Protocol

Appendix B – Decision Support Matrix for JIC Activation

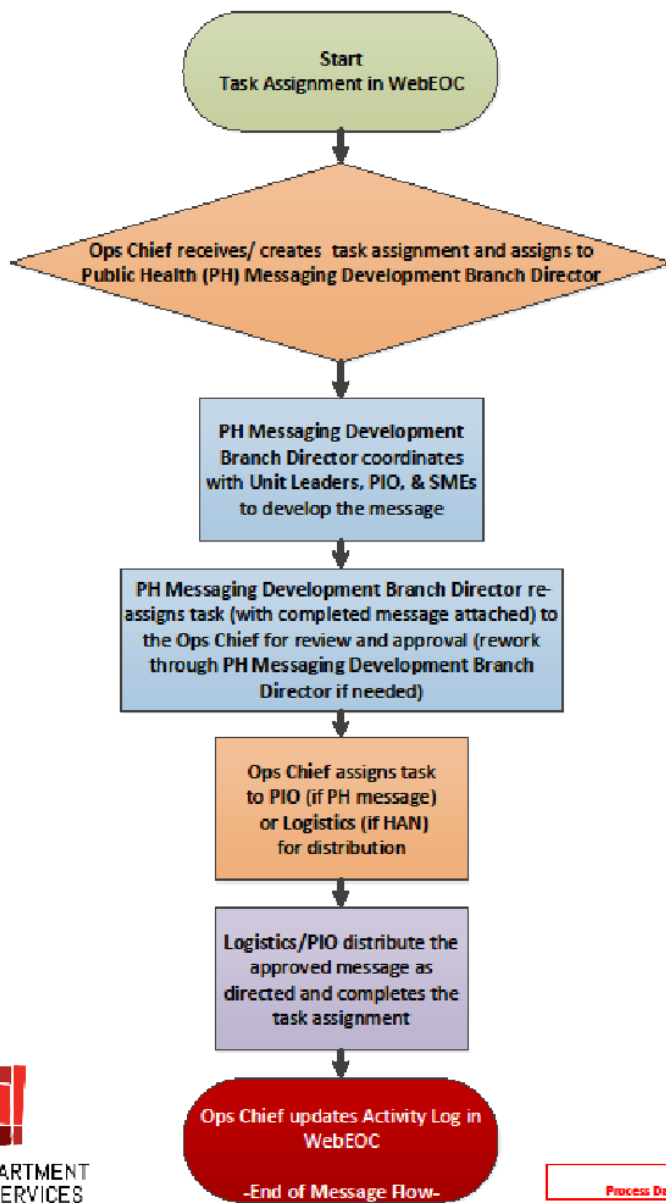
This decision support matrix is intended to guide ADHS decision and policy makers when evaluating the need for establishing a Virtual Joint Information Center (VJIC) or a physical Joint Information Center (JIC) to support public health emergency response operations.



Appendix C – HEOC Message Development Flow



HEOC Message Development Flow



DRAFT
Process Date: 09-06-2016 CT

Appendix D – PIO Overview & Training Requirements

ADHS CERC plan provides a framework for communicating with the public, media, ADHS staff, government agencies, and all other stakeholders during a crisis or emergency. It is intended to help public information staff and departmental leadership make informed and timely decisions. This plan applies to all public health emergencies impacting Arizona and all internal crises affecting ADHS.

Overview of BPHEP capability #4—Emergency Public Information and Warning [\(2019\)](#)

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. This capability consists of the ability to perform the following functions:

- **Function 1:** Activate the emergency public information system
- **Function 2:** Determine the need for a Joint Information System
- **Function 3:** Establish and participate in information system operations
- **Function 4:** Establish avenues for public interaction and information exchange
- **Function 5:** Issue public information, alerts, warnings, and notifications

**The following table lists training requirements and resources for public information staff:
Suggested Trainings (F=Capability Function & S=Capability Skills)**

F1/S1	<p>FEMA Online Courses—http://training.fema.gov/is/crslist.aspx?all=true</p> <ul style="list-style-type: none"> ● Introduction to Incident Command System (IS-100.b) ● Incident Command System for Single Resources and Initial Action Incidents (IS-200.b) ● National Incident Management System, an Introduction (IS-700.a) ● National Incident Management System Public Information Systems (IS-702.a) ● National Response Framework, An Introduction (IS-800.b) <p>DEMA Course (In-person training)—https://azdema.acadisonline.com</p> <ul style="list-style-type: none"> ● G 300—Intermediate Incident Command System ● G 400—Advanced Incident Command System
F1/S2	<p>CDC Crisis and Emergency Risk Communication—CERC (<i>within 6 months of hire/re-assignment and then once every five years</i>)</p> <ul style="list-style-type: none"> ● Online—CDC Crisis and Emergency Risk Communication: https://emergency.cdc.gov/cerc/training/basic/index.asp <p style="text-align: center;">or</p> <ul style="list-style-type: none"> ● In-Person—CERC training administered by CDC personnel or local personnel already trained by CDC personnel (contact CDC at CERCrequest@cdc.gov).

	<p>Note: The CDC Website on Crisis and Emergency Risk Communication provides additional helpful information: https://emergency.cdc.gov/cerc/index.asp</p>
<p>F1/S3</p>	<p>Public Information Officer responsibilities/competencies include the following:</p> <ul style="list-style-type: none"> ● Representing and advising the incident commander as part of the command personnel on all public information matters relating to communication management for the incident, and monitoring and handling media and public inquiries. ● Managing day-to-day operations of the JIC and functioning within a JIS. ● Coordinating with PIOs from participating government departments and organizations to manage resources and avoid duplication of efforts
<p>F2/S1</p>	<p>Personnel or volunteers from partner agencies who will support information gathering, information dissemination, operations support, and liaison roles during an incident.</p>
<p>F2/S2</p>	<p>Awareness Level Training for public health agency staff or volunteers supporting media operations during an incident. Media operations may include television, Internet, radio, social media, newspapers, and other channels.</p> <ul style="list-style-type: none"> ● National Incident Management System Public Information Systems (IS-702.a) ● On-camera Media Training for Spokespersons training and topics may include: <ul style="list-style-type: none"> ○ Review of key on-camera concepts (how to prepare answers “now” for a crisis event, how to answer questions when little or no information is available, understanding the role of body language and non-verbal factors in crisis communication, and dealing with the changes social media has had in the crisis world.” ○ A mock press conference (designed to increase participants comfort and skill in dealing with the ‘breaking news’ world. ○ Mock interviews
<p>F3/S1</p>	<p>Public Information Staff Training:</p> <p>FEMA Online Courses—http://training.fema.gov/is/crslist.aspx?all=true</p> <ul style="list-style-type: none"> ● National Incident Management System (IS-701.a) <ul style="list-style-type: none"> ○ G 291—Joint Information System/Joint Information Center Planning for Tribal, State and Local Public Information Officers (<i>Pre-requisites for G 291 are: G 289 & G 290</i>) ● Emergency Management Institute PIO trainings: <ul style="list-style-type: none"> ○ https://training.fema.gov/programs/pio/ ○ E/L 0388 – Advanced Public Information Officer ○ Master Public Information Officer Program <p>Note: DEMA Course (In person training)—https://azdema.acadisonline.com</p> <ul style="list-style-type: none"> ● G289 PIO Awareness Course = Public Information Awareness <ul style="list-style-type: none"> ○ Pre-requisites for G 289—Effective April 1, 2012 DEMA will start accepting FEMA Online IS-29: Public Information Officer Awareness and a minimum of 6-months current PIO experience as an alternative. You must submit proof of completion to the training office for IS 29 course as well as proof of experience. ● G290 Basic PIO = Basic Public Information Officers

F4/S1	Public information personnel trained in the use of social media, technology, and health communication. <ul style="list-style-type: none"> • PER304— Social Media Engagement Strategies (DEMA)
F4/S2	<ul style="list-style-type: none"> • Public information personnel who have completed NIMS Communications and Information Management training (IS-704)
F5/S1	Awareness Level Training on Health Alert System <ul style="list-style-type: none"> • To get an overview on Arizona Health Alert Network (AzHAN): <ul style="list-style-type: none"> o Visit the ADHS Information Sharing webpage (https://www.azdhs.gov/preparedness/emergency-preparedness/#isg-resources) o Contact HSP (Health Services Portal) helpdesk at 602-364-3318 or isggtt@azdhs.gov
F5/S2	Public Information Staff Training: <ul style="list-style-type: none"> • Think Cultural Health—Disaster and Emergency Personnel (https://thinkculturalhealth.hhs.gov/education/disaster-personnel) or • To take the ADHS CLAS training, visit the Arizona Health Disparities Center webpage for more information.

Note: FEMA no longer uses students' Social Security Number to track what courses they have taken. Therefore, all students taking FEMA Online Courses (EMA Independent Study Program) now are required to have a FEMA Student Identification (SID) number. [Register for a SID](#) is easy and fast.

TIPS TO CONSIDER BEFORE STARTING THIS CURRICULUM:

Before taking any classes, review your FEMA and DEMA transcripts to determine which courses you might have already taken if you do not have a record.

Note: Also, when you get a copy of both transcripts, please provide BPHEP Training Coordinator with a copy—partner.integration@azdhs.gov.

a. To request your FEMA Transcripts:

- Call the Independent Study Program Office hours are **8:00a.m.-6:00p.m.** ET Monday – Friday, except federal holidays. The call center can be reached at 301-447-1200 or Independent.Study@fema.dhs.gov.

b. To request DEMA Transcripts:

- Login to DEMA Training Portal to print your course certificate or your transcript <https://azdema.acadisonline.com>.
- DEMA Training Branch at training@azdema.gov or 602-464-6225

Appendix E – Medical Countermeasures and Public Information

Medical countermeasure distribution will require extra efforts on the part of public information staff. Internal staff, the general public, the media, and government officials will have a variety of concerns and questions during this type of response. In addition to the planning assumptions listed on pp. 2 – 3 of this plan, additional assumptions will guide the public information component of a medical countermeasure response.

- 1) A VJIC or JIC will be automatically activated when it is known that medical countermeasures are going to be dispensed or are in route to the state. This is an automatic trigger for JIC activation.
- 2) Messaging will likely need to focus on priority groups and clearly delineate who needs medical countermeasures and who does not.
- 3) Members of the public who do not need medical countermeasures (i.e., unexposed people) will likely seek out medical countermeasures.
- 4) Messaging should reassure these individuals (i.e., unexposed people) that they do not need the medication and discourage these individuals from obtaining these unnecessary countermeasures.

Numerous stakeholders including public health, emergency management, law enforcement, and the media will need to coordinate messaging during a medical countermeasure response. ADHS public information staff will take on a lead role, along with local health departments, in developing messaging and communicating with key stakeholder groups. The following steps outline actions needed to initiate public information operations in support of a medical countermeasure response. These steps are intended to support the actions documented in Appendix E Job Action Sheets.

- 1) Utilize available message maps to develop incident-specific talking points explaining the public health threat at a sixth-grade reading level (see the ADHS Message Map in the plans library).
- 2) Develop initial message for key target audiences (e.g., internal staff, general public, the media, any at-risk/vulnerable populations).

- 3) Review any distribution lists and media contact lists to ensure accuracy- update as needed to include any incident-specific contacts.
- 4) Coordinate the development of public information (e.g., talking points, media releases, website postings, social media content) with subject matter experts in the HEOC Operations Section (see Appendix B HEOC Message Development Flow).
- 5) Conduct media monitoring to detect any misinformation and misconceptions in the media or general public. Monitor traditional media outlets (e.g., print, radio, television) as well as electronic and social media (e.g., Twitter, Facebook, blogs, websites, etc.) (see Appendix E Job Action Sheets for more information on media monitoring).
- 6) Establish and coordinate public inquiry (e.g., call centers and web chat) to allow the public to contact the health department with medical countermeasure related questions and concerns.
- 7) Work with HEOC Finance Section to contact Language Line Solutions Inc. to translate incident-specific messaging for non-English speakers- call 1-(866)-874-3972, account number/code 581050).
- 8) Ensure that systems and materials are prepared to handle inquiries from the hearing and visually impaired communities, and that messaging is developed at a sixth-grade reading level for limited language proficiency populations.

Appendix F – Planning Tool for Community Interaction

To define the community and the audience for the health risk communication

activities consider:

- Individuals and groups who facilitate action
- Individuals and groups who have been involved previously in this matter
- Individuals and groups who are interested in participating
- Individuals and groups who can be affected or who perceived themselves to be affected
- Individuals and groups who may feel relegated or annoyed if they are not included

Segment of the Audience	Key Contact	Specific Concerns and Issues
Government personnel		
Elected authorities		
Local government personnel		
Citizen groups		
Local residents		
Local health professionals		
Representatives of local businesses		
Civic groups		
Groups of public interest		
Principals of local schools		
Potentially responsible parties		
Other federal institutions		
Other personnel from your institution		
Others		

Appendix G – Risk Communications Strategies and Tactics Tool

Specific strategies and tactics will be used to guide risk communication efforts for each response (see the ADHS Message Maps in the plans library for hazard-specific information). Basic strategies are provided below. Specific tactics will be developed according to the type of response and available resources.

Strategy 1: Introduce ADHS to the community and explain the department’s response roll.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Strategy 2: Involve the community in risk communication.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Strategy 3: Include response partners, community leaders, and the public in risk communication.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Strategy 4: Communicate early and regularly with response partners, community leaders, and the public.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Strategy 5: Use the media to transmit accurate information.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Strategy 6: Be ready to face a crisis.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Strategy 7: Be in contact with the community after carrying out the main activity.

Tactic 1	
Tactic 2	
Tactic 3	
Tactic 4	
Tactic 5	

Appendix H – PIO Activity Log

PIO Daily Activity Log (ICS-214)

Date:

Time:

Outgoing Staff Title:

Outgoing Staff Name:

Incoming Staff Title:

Incoming Staff Name:

- Status of Public Health Event

- Previous Shift Activities, Accomplishments and Challenges, Staffing Issues, etc.

- Tasks to be Continued by Oncoming Shift

- Shift Resources

Staff and Assignments:

Other Resources:

Appendix I – Media Monitoring Worksheet

Printable (Inline) Form

Current Date:		<i>(dd/mm/yy)</i>	
Media Outlet Name:			
<input type="checkbox"/> Print	<input type="checkbox"/> Radio	<input type="checkbox"/> Social Media	<input type="checkbox"/> TV <input type="checkbox"/> Website <input type="checkbox"/> Other
Current Media Release Date:		<i>(dd/mm/yy)</i>	Daily Broadcast Times (if applicable) <i>(hh:mm)</i>
Current Media Release Name:			
Synopsis of Daily Coverage:			
Issues:			
Inaccuracies:			
View Points:			

Fixes:			
Who replied:		To Who:	

Electronic (Fillable) Form

Current Date:	Click here to pick a date				
Media Outlet Name:	Click here to enter text				
<input type="checkbox"/> Print	<input type="checkbox"/> Radio	<input type="checkbox"/> Social Media	<input type="checkbox"/> TV	<input type="checkbox"/> Website	<input type="checkbox"/> Other
Media Release Date:	Click here to pick a date	Daily Broadcast Times (if applicable)	Click here to enter text	<i>(hh:mm)</i>	
Current Media Release Name:	Click here to enter text				
Synopsis of Daily Coverage:	Click here to enter text				
Issues:	Click here to enter text				
Inaccuracies:	Click here to enter text				
View Points:	Click here to enter text				
Fixes:	Click here to enter text				
Who replied:	Click here to enter text	To Who:	Click here to enter text		

Appendix J – Inquiry Log

Person Calling				
Date of the Call:		<i>(dd/mm/yy)</i>	Time of the Call	<i>(hh:mm)</i>
Person from:	<input type="checkbox"/> Media	<input type="checkbox"/> Public	<input type="checkbox"/> Other	
Organization:				
Phone #		Fax #		
Email				
Inquiry:				
Deadline:				
Person Taking the Call:				
Reply Made By:				
Date of the Call:		<i>(dd/mm/yy)</i>	Time of the Call	<i>(hh:mm)</i>
Reply:				

Version 1

Person Calling	Click here to enter text			
Date of the Call:	Click here to pick a date	Time of the Call	Click here to enter text	(<i>hh:mm</i>)
Person from:	<input type="checkbox"/> Media	<input type="checkbox"/> Public	<input type="checkbox"/> Other	
Organization:	Click here to enter text			
Phone #	Click here to enter text	Fax #	Click here to enter text	
Email	Click here to enter text			
Inquiry:				
Deadline:	Click here to enter text			
Person Taking the Call:	Click here to enter text			
Reply Made By:	Click here to enter text			
Date of the Call:	Click here to pick a date	Time of the Call	Click here to enter text	(<i>hh:mm</i>)
Reply:	Click here to enter text			

Version 2