MMS CHS Notification and Communication Plan

Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services
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Meeker-McLeod-Sibley Community Health Services Communication and Notification Plan was approved and adopted on April 9th, 2015 by the MMS Community Health Board.

[Signature]
Meeker-McLeod-Sibley Community Health Board, 2015
This document will be reviewed annually at a MMS CHS Board Meeting.

Reviewed:

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NOTIFICATION AND COMMUNICATION PLAN

PURPOSE

The purpose of the MMS CHS Notification and Communication plan is to create a clear framework for notifying and communicating with all stakeholders. The plan therefore addresses internal and external audiences. Various stakeholders were involved in developing and revising this plan. Review and/or revision of the plan will occur annually.

This plan is directly linked to the MMS CHS All Hazards Emergency Operations Plan, Strategic Plan and Risk Communication Plan.

GOAL

The goal is to create transparent two-way communications. This will allow MMS CHS to provide information that may be used to ensure timely, accurate, consistent, and seamless communication with public health staff, county staff, community partners, stakeholders, volunteers, policy makers and the general public.

INTERNAL COMMUNICATION

Team Use of the CHS Website- Private Side/Cloud Storage

General Information
- The Private Site Homepage will house log in information for various CHS accounts
  - Go To Meetings
  - PPMRS
- There is also the option of all staff announcements or newsletter type materials thru the blog feature
- The homepage might also include user protocol regarding Cloud Storage and word press website instructions.

Cloud Storage
- Cloud Storage will be used to house CHS Agency and Grant documents
- There will be a set format for document storage organization. Team Leaders are in charge of keeping documents in the required folder format and up-to-date.
- All CHS staff will have access to the Cloud thru general log-in information.

Calendar
- The internal calendar will list all internal CHS meetings.
• Team Leaders are in charge of uploading meeting dates and details on this calendar
• CHS staff and Management will always have access to meeting information

**Team Communication**

Team Communication is required CHS team members to complete the goals and activities for CHS programs. All team members will be respectful of each other time and respond to communication in a timely manner. Because of the distance of physical office space much of team communication will be done through email and conference calling. Team members will also be expected to participate in face-to-face meetings at the discretion of the Team Leader.

**Team and CHS Communication**

• It is the team leader’s responsibility that the Management Team is up-to-date on program and/or grant business.
• The Management Team will give specific guidance to each team regarding the information they would like to receive on a regular basis.
  o Team Meeting Minutes
  o Grant Reports
  o Agendas
  o Etc.

**Team and CHS Board**

• Teams will periodically inform the CHS Board on program and/or grant business at the request of CHS Director.
• These updates maybe in written format or in-person presentation.
• If a team is requesting to share information with the CHS Board, it should be done with the approval of the CHS Director.

**Receiving and Processing Information from the Public**

MMS CHS has an intake process for situation where the public contacts the CHS or the individual county public health agency. The Public could include but is not limited to local media, potential clients or program partners, concerned residents, community leaders and vendors.

During office hours which are 8-4:30, Monday- Friday, except holidays, individual county intake policies and protocols will be followed. After business hours, individual county on-call policies and protocols will be followed.

**CHS Intake**

• The CHS Director is the primary point of contact unless otherwise stated on program specific information.
• The CHS Director will either respond to the intake or delegate it to the appropriate staff member.
• If a CHS Team Member receives an intake, they will consult with the CHS Director or refer to
designated staff.

**Individual County Intake**

Individual County Intake will be covered by each public health department’s staff. A calendar will be created on a monthly basis with the intake schedule.

Some of the duties of the intake include these tasks but is not limited to:

- answer questions
- take referrals
- provide information
- give immunizations
- do pregnancy tests
- communicate pertinent client information to appropriate staff

**After-Hours/ 24/7 Contact**

The CHS website contains information for the public to address public health emergencies after-hours. The website will refer the general public to the individual county 24/7 contact information. Staff will follow individual county on-call protocols and policies.

**CHS On-Call**

- The CHS Director is the primary point of contact unless otherwise stated on program specific information.
- The CHS Director will either respond to the intake or delegate it to the appropriate staff member.
- If a CHS Team Member receives an intake, they will consult with the CHS Director or refer to designated staff.

**Individual County On-Call**

- Please see individual county intake protocols (Appendix A)

**General Public:**

- To report a Public Health Emergencies: A public health emergency is anything that causes, or could cause injuries or illness to a large number of people. Please use the following guidelines to determine how to respond
  - If this is an emergency, call 911.
  - To report a natural or man-made emergency that may have public health consequences for the community, call your local Sheriff's Department Dispatch.
  - For a poisoning emergency, call the Minnesota Poison Control System at 1-800-222-1222.
  - If you think you are ill from eating food in a public setting, call the Minnesota Foodborne Illness Hotline at 1-877-FOOD-ILL (1-877-366-3455).
  - If you have had physical contact with a bat, call your healthcare provider. If you find a bat in your home, capture it. Wait until regular business hours to call the Minnesota
Department of Health at 651-201-5414 for advice.
http://www.health.state.mn.us/divs/idepc/diseases/rabies/risk/humanbat.html

**Health Care Providers:**
- Physicians: For diseases that require immediate reporting, please call the Infectious Diseases Epidemiology, Prevention and Control Division at: 651-201-5414 or 1-877-676-5414
- MDH Emergency Operations "after hours" number: 651-201-5735

**EXTERNAL COMMUNICATION**

*Branding*

Branding is defined as name, term, sign, symbol or design or combination of them to identify our services. MMS CHS will promote branding efforts throughout all communication venues. MMS CHS will use the approved National Association of County and City Health Officials (NACCHO) Public Health logo incorporated with MMS CHS agency name. MMS CHS will also strengthen the visibility of public health. MMS CHS will educate the public about what public health is, the value of public health and the specific roles of MMS CHS’s within the public health system. This education will be done by various communications including press releases, websites, brochures, face to face meetings, formal presentations. Education and communication will be provided to the general public, key stakeholders, local policy makers, state and federal legislators, and public health staff.

The official MMS CHS logo will be used on all applicable materials when possible. These materials included, but are not limited to:
- Letterhead
- Vision Statements
- Mission Statements
- Templates
- Brochures
- Clothing
- Signs

*Social Media*

**Applicability**

The MMS Community Health Services has a business need to augment traditional communication methods with the use of social media channels. The use of social media presents opportunity and risk to the CHS and individual counties working with the CHS. In general, the CHS supports the use of social media to further CHS and county departments’ missions and goals.
The CHS endorses the secure use of social media technology to enhance communication, collaboration and information exchange; streamline processes; and foster productivity improvements. However, their application must not compromise data confidentiality and integrity. The same standards of conduct, principles and guidelines that apply to MMS Community Health Services employees/County Employees in the performance of their assigned duties apply to employee social media technology use.

**Employee Access**

**Access to Social Media Networks**

Access to social media networks from within the CHS/County’s IT infrastructure is limited to individuals performing official County business and to agencies/departments with sufficient Information and Technology security controls.

a) CHS/County computers, laptops and mobile devices used to access social media sites shall have up-to-date software to protect against destructive technical incidents, including but may not be limited to, cyber, virus and spyware/adware attacks.

b) Agency/Department IT shall make a diligent effort to provide authorized users access to social media networks from within agency/department work sites.

c) CHS/County hosted websites shall not contain automatic feeds to uncensored social media site content.

**User Behavior**

a) The same standards, principles and guidelines that apply to MMS Community Health Services/County employees in the performance of their assigned duties apply to employee social media technology use.

b) Authorized users shall do so only within the scope defined by their respective department and in compliance with all CHS policies, practices and user agreements and guidelines.

c) Authorized social media spokespersons participating in social networking discussions related to CHS business matters in off-CHS time shall indicate that viewpoints are personal and do not necessarily reflect CHS opinion.

d) Violations of this policy shall be reviewed on a case-by-case basis and may result in appropriate disciplinary actions.

**Social Media Account Management**

**Content Development**

a) To ensure efficient use of resources, content developed for social media uses should be located on and linked to the official websites whenever possible.

b) All content, including photos and videos, must be owned by the CHS or the County or have the appropriate release or authorization from the copyright holder.

c) Content related to crisis or emergency communications must conform to the policies and procedures contained within the relevant plans.

**Design and Branding**

a) All profiles and pages should be clearly identified as official CHS or County assets, using the logo as the identifying image.

b) Profiles and pages should be designed to emulate the CHS or County’s website, if possible. Otherwise, design colors should be consistent with the official colors in use by the CHS.
c) When possible, third-party advertising should be removed or disabled on official social media pages. If this is not possible, a statement should be added to the effect that the CHS or the County did not authorize or endorse any advertisement on the site.

Management and Monitoring
a) Public Information staff, as assigned by the CHS or Public Health Director will make use of available and appropriate online monitoring tools to ensure conformance with this policy, quality, and consistency.
b) Login information, including user name and passwords, will be kept on file by the website vendor, Vivid Image.
c) Staff should monitor the list of users who voluntarily “follow” or “friend” our social media assets to ensure that spam, obscene material, material not within the authorized scope of a limited public forum, or strictly commercial messages are not introduced into the CHS’s communications. Users fitting those categories should, where possible, be given a warning that continued introduction of such messages will result in their access being blocked; followed by blockage where the warning is ignored.

Sending Information to the Public

The external communication plan for MMS CHS is to disseminate accurate, timely and appropriate information to various audiences from general public. The general public could include but is not limited to local media, potential clients or program partners, concerned residents, community leaders and vendors.

Modes of communication could include but is not limited to:

- Radio
- Newspaper
- Cable Access
- Social Media
- Printed material
- Community Events
- Community Meetings including other governmental meetings and various coalitions
- Door-to-Door or Client Visits
- Email
- Phone
- Fax
- TDD/TTY
- Interpreter Services/Language Line
- Community Health Board meetings
Process of disseminating information:

- In a non-emergency/non-risk situation, CHS Team Leaders will be responsible for coordinating the development of disseminating information based on the target audience, objectives and needs of their program area.
- In this will be done in consultation with the CHS Director as appropriate
- Maintain a list of Media and Community Leaders/Key Stakeholders related to the protocol
- Coordinating with Community Partners for communication that is targeted and unified. (See Media and Stakeholder list at appendix B)
- MMS CHS Director, agency directors, CHS Team Leaders and other staff will provide timely and consistent information on various public health programs and other pertinent information to the general public, media, and local policy makers including County Commissioners, state and federal legislators and other key stakeholders.

Public Information Officer

When providing communication to all identified partners and the general public the MMS CHS Director will serve as the public information officer unless otherwise noted in program specific areas. In instances of program specific dissemination of information the MMS CHS Team Leaders will be the responsible staff person. In the event of an emergency MMS CHS Director will also serve as the public information officer, but may delegate the duties according to the nature of the emergency event. Protocols of this position can be found in the Job Action Sheet, appendix C.

Responsibilities and Expectations for those interacting with the News Media and the Public

Responsibilities and Expectations for those interacting with the news media and the public or those in charge of the development of messages & materials will keep these key points in mind:

- Ensure that informational messages and materials:
  - are scientifically and technically accurate
  - are legally appropriate
  - are audience appropriate
  - reflect agency policy
  - are consistent with messages and information being provided by MDH and other key partners (other local public health agencies, health care providers & facilities, etc.)
- Develop appropriate messages or materials for populations and communities with special communication needs, including non-English or limited-English speakers; ethnic and cultural minorities; the deaf, deaf/blind and hard-of-hearing; the severely mentally ill, children and the elderly. Communication materials will follow American Disabilities Act (ADA) rules and regulations (See appendix D for specific tools, guidelines and resources)
- Developed materials will be reviewed with a health literacy checklist developed by Blue Cross Blue Shield of Minnesota. This checklist includes review of layout, type style, content and cultural appropriateness.
- Develop or coordinate development of messages and materials, in a timely fashion.
Risk Communications

During a crisis or emergency, Meeker, McLeod, and Sibley County Public Health will assume responsibility for media relations and other aspects of crisis communications as follows:

- An event with no public health impact or limited public health impact outside our agency’s jurisdiction (e.g., an infectious disease outbreak limited to a particular community or institutional setting, a chemical spill or accident) we will defer all or most of responsibility for communications to other local agencies in our region or to MDH.
- An event with regional public health impact, potentially affecting populations served by two or more local public health agencies we will coordinate communications regarding local or regional concerns/issues with other local public health agencies in our region, and share responsibility for basic communication functions.
- An event with statewide or multi-state impact (including most events identified as actual or potential acts of terrorism, or high-profile non-terrorist events such as a SARS or pandemic influenza outbreak) we will defer all or most of the responsibility for communications to MDH or other local agencies in our region.
- An event whose public health impact is entirely or mostly local (single jurisdiction), but which generates regional, statewide or national media interest we will coordinate communications regarding local or regional concerns/issues with other local public health agencies in our region, or with MDH, and share responsibility for basic communication functions.
- An event with local or regional impact that generates statewide or national media attention we will coordinate communications regarding local or regional concerns/issues with other local public health agencies in our region, or with MDH, and share responsibility for basic communication functions.
- An event where the public health impact or media interest is statewide or national, but issues or concerns with local or regional focus are linked to the event we will coordinate communications with other local public health agencies in our region, or with MDH, and share responsibility for basic communication functions. For example:
  - First death, or a series of high-profile cases occurs in your jurisdiction during a regional or statewide infectious disease outbreak;
  - Your jurisdiction is identified as the point of origin for a terrorism-related disease outbreak
  - Your agency – along with other local agencies – will be responsible for providing immunizations or medications at local clinic sites (e.g., Strategic National Stockpile dispensing sites).

If necessary, we are prepared to assume primary or shared responsibility for communications on a 24/7 basis. Meeker, McLeod, Sibley Public Health will assume lead responsibility for public communication regarding health-related emergencies. The Joint Public Information Center (JPIC) of the county Emergency Operations Center (EOC) will assume lead responsibility for all other emergency communications. Our Public Health agencies will participate in a local or regional (JPIC).
MDH is prepared to provide support for the communications activities of local public health, in a number of areas:

- MDH will provide overall message coordination for events with regional or statewide impact, including the development of “master” message talking points, fact sheets and other critical information, and the posting of these items on the MDH website. These items will be updated on a regular basis in response to new information or developments. They will also be available for download and storage at the local level, in anticipation of potential crises or emergencies.
- MDH Communications is prepared to respond to media inquiries and conduct proactive media relations activities in support of local public health agencies.
- MDH Communications staff is available to local public health staff for consultation on communications issues.
- MDH will communicate/consult with local public health about communications issues, on a regular basis, during crises and emergency. Possible venues for communication/consultation include conference calls, videoconferencing, listserv messages and materials posted on the MDH website.
- Local public health agencies have the option of referring phone calls from the public to the MDH hotline or the Department of Public Safety/Homeland Security and Emergency Management hotline (when the state EOC is activated).

**Activation/Notification**

The Meeker McLeod Sibley CHS Local Health Disaster Plan Guidance for the Health and Medical Annex to the County Emergency Operations Plan (EOP) Section III Emergency Response Management includes procedures for rapid notification and mobilization of key personnel and activation of our communications operation in the event of a public health emergency.

The Strategic National Stockpile (SNS) Plan for Essential Personnel and Dispensing Functions for Mass Dispensing Site (MDS) for Meeker, McLeod, Sibley Public Health Pre-Planning Issues Before the SNS Arrives section has a procedure for contacting local essential personnel and special group populations who live in long term care (LTC), assisted living and nursing homes using phone trees, call down lists, Health Alert Network (HAN), faxes, and organizations being paged through the county dispatch system. Chapter 6 (ALL HAZARDS) has procedures for alert and notification using The Health Alert Network. Contact information for key staff is stored in the Public Health Nursing Office and updated annually.

**Audiences**

Our Local Public Health Crisis and Emergency Risk Communication Plan identifies key audiences for emergency information within our jurisdictions, including specific groups within the general public category that may have special needs or concerns, key partner agencies and organizations, and others. This information is included in the sections mentioned above in the Health and Medical annex and the SNS MDS Plan. See Populations with Special Communication Needs Section of this plan.

**Development & Approval of Messages**

We have clear procedures for drafting of messages and/or identification of messages that can have rapid and timely approval prior to dissemination to be used or adapted during an emergency – including both “pre-scripted” messages and messages developed in response to events, obtaining agency approval of
messages prior to dissemination, and coordination of messages with MDH, and other local public health agencies. The plan is outlined in the County EOP Public Information Annex and the Public Health, Health and Medical Annex in section 3B2 Public Information and Media Communications. We will be using HAN to coordinate messages with MDH. The development and approval of messages will be handled in the EOC by the Crisis Emergency Spokesperson/Public Information Officer through the JPIC. Many resources/fact sheets regarding biological and chemical agents are available on the MDH and CDC websites. These fact sheets could be downloaded and kept in a binder to be used if needed.

The Crisis Emergency Spokesperson/Public Information Officer and other key personnel who are responsible for the development of messages & materials will keep these key points in mind:

- Ensure that informational messages and materials:
  - are scientifically and technically accurate
  - are legally appropriate
  - are audience appropriate
  - reflect risk communication principles
  - reflect agency policy
  - are consistent with messages and information being provided by MDH and other key partners (other local public health agencies, health care providers & facilities, etc.)
- Whenever possible, develop – or coordinate development – of pre-scripted messages and materials addressing issues likely to arise during a potential future crisis or emergency.
- Develop appropriate messages or materials for populations and communities with special communication needs, including non-English or limited-English speakers; ethnic and cultural minorities; the deaf, deaf/blind and hard-of-hearing; the severely mentally ill, children and the elderly.
- Develop or coordinate development of messages and materials, in a timely fashion, to address unanticipated issues and concerns during a crisis or emergency.
- Ensure that messages and materials are developed for all of the delivery vehicles and formats identified in the local risk communication plan, including but not limited to news releases and advisories, backgrounders, fact sheets, and web postings.

**Informational Surveillance**

We will monitor the informational environment by tracking misinformation, rumors and emerging issues by:

- Monitoring talking points and other information provided by MDH for use in responding to a multi-jurisdiction/state-level crisis or emergency, so messages can be adapted to meet local needs and address specific local concerns.
- Tracking new developments and public concerns through
  - monitoring of media stories and hotline traffic
  - information available through the state incident management system (state or local Emergency Operations Center)
  - information provided by staff and external partners
  - web information from CDC and MDH
- Ensure that information is available for use in developing or coordinating development of messages and materials in response to emerging concerns at the local level.
• Coordinating with the agency’s Health Alert Network function, and monitoring HAN messages for information requiring a public information response.

Our County EOP Public Information Annex refers to informational surveillance findings being relayed to the EOC so the Crisis/Emergency Spokesperson/Public Information Officer can change media messages as necessary.

**Vehicles for Dissemination of Information**
We plan to use many channels/vehicles to disseminate/communicate critical messages and information in an emergency. The vehicles we plan to use are:

• General audience media channels (print, TV, cable TV-ECHO tapes, radio) and vehicles for communicating with and through the media (news releases, media briefings/news conferences, advisories, etc.)
• Web sites—our county public health and Sheriff’s department sites on our county websites. These websites could have downlinks to other sites such as the MDH, Department of Public Safety, Homeland Security and Emergency Management Emergency Preparedness sites for other general information.
• Public meetings with special groups
• Phone hotlines
• Broadcast fax-local HAN’s
• E-mail listserv-local HAN’s
• Direct mail, coordinate message with mailings that routinely are sent-weekly shopper/advertiser newspapers, utility and phone bills, paychecks etc.
• Newsletters (your own and others)
• Conference calls
• Door-to-door/face-to-face contact
• Participation in JPIC briefings
• Specialized vehicles that can be used to reach populations with special communication needs. (E.g., specialized media serving these communities; public meetings and other face-to-face communication vehicles; and print, electronic or web-based vehicles that have been specifically developed to reach these populations.)—See Populations with Special Communication Needs Section.

The procedure is referred to in the Health and Medical Annex Section III B Notification and Communication Plan, in the County EOP Public Information Annex and in Chapter 2 of the SNS MDS.

**Data Safeguards**
MMS CHS will ensure proper safeguards when collecting data and dissemination information. See the protocols within the Data Practices Guidelines.
Testing Protocols
MMS CHS will regularly test all methods of receiving information and dissemination of information. See Appendix E for testing processes and protocols.

Dissemination
- Health Alert Network (HAN) will be testing according to grant requirements
- MN Responds, the volunteer data base will be tested annually

Receiving
- Calling trees of each county will test the calling tree annually. The initiation of the test will be started by designated staff.
APPENDICES

Appendix A – On Call Protocols

Meeker County Public Health Department On Call Process

Meeker County Public Health Department does not provide on-call services after normal work hours. The Public Health Agency can still be contacted after hours in the event of an emergency. The process is listed below.

After hours and on weekends, the Public Health Director would be contacted by county dispatch. The director will contact the Emergency Preparedness nurse to activate a modified EOC and notify the Office Manager (Logistics), Family Health (Operations) and Adult Health Coordinators (Safety).

- Initial Staff notification would be made using the MN Responds System. Directions will be provided on the call. If there is any question about what to do staff should call their team coordinator.
- When MN Responds is inaccessible EOC will initiate a staff calling tree see attachment for staff calling order
- Each coordinator will call the first person on their team.
- Call primary phone first, then secondary phone.
- Inform the staff person of the emergency and inform them to call the next person on the calling tree.
- If no answer on either phone, leave a message and inform the staff person to call the public health office (320-693-5370) for further instructions.
- If a message was left, or no answering machine, call the next person on the calling tree to keep the calling tree going.
- The last person in each section should contact the team coordinator to let them know the calling tree has been completed.

McLeod County Public Health Department On Call Process

Definition – After hours nursing care is available to specific clients such as newly discharged moms and babies. The on call nurse is also available to provide consultation services to the McLeod County Jail and the McLeod Treatment Programs. Services are delivered after hours outside of the courthouse open hours (anytime between 4:30 p.m. and 8:00 a.m. – Monday to Friday, plus all weekends and holidays). The service also exists to provide for Health Alert Network/MN Responds contact capability. Nurses taking calls will be registered nurses who are agency employees.

1) Responsibilities of on call nurse:
   a. To provide and/or arrange for necessary services to clients discharged home from area hospitals during weekend hours. Example: High risk newborn
   b. To be available on the on call cell phone at all times when on call.
   c. To check agency voice mail on each day the office is closed and channel information appropriately.
d. To assist in providing 24/7 emergency availability of public health.
e. The nurse on call must come to the office or a mutually agreed upon location and pick up the cell phone and call bag no later than 4:30 p.m. on the first Wednesday of the call week.

2) Access to on call system for others
a. Area hospitals will have the on call phone number. The nurse on call will accept referrals during the weekend hours for clients requiring a visit prior to the next regular work day.
b. The nurse on call will be reached via the on call cell phone through the sheriff’s dispatcher. She will call the dispatcher to obtain the necessary information and follow through with appropriate action.

3) Schedule
a. The on call schedule will be made out at least a month in advance. The secretary will deliver the schedule to the dispatcher of the McLeod County Sheriff’s Department. Any changes in the on call schedule will be called/sent to the dispatcher.
b. If the nurse on call is unable to fulfill the scheduled coverage due to an emergency or illness the nurse will locate a replacement nurse and immediately inform the sheriff’s dispatcher of the change. The nurse may inform the nursing office of the change during working hours of the following day. If the nature of the emergency is such that the nurse is unable to locate a replacement the nurse will attempt to call the agency coordinator. If the nurse is unable to contact the agency coordinator, the sheriff’s dispatcher will be notified.

4) Reimbursement
a. $100 will be paid to the on call nurse for each week of call ($25/weekend day or holiday and $10/weekday). This payment is for receiving calls, providing consultation, charting, and generally being available within the on call cell phone’s range.
b. Reimbursement will be provided for direct time utilized for client visits. The actual hours of direct time will be paid to part-time nurses at their current hourly rate; compensatory time-back will be provided to full-time nurses. Mileage and time will be paid from the nurse’s home to the client’s home and back.
c. Direct service hours and miles (hours for visits made) will be recorded on the nurse’s daily report. On call compensation for availability, phone consultation, charting, etc., is noted on the RN’s e-time card in dollar amounts for each on call day.

**Sibley County Public Health Department On Call Process**

**Policy:**
Coverage by nursing and social work staff will be provided for weekends, holidays, and weekdays from 4:30 p.m. to 8:00 a.m. (non-office hours).
NOTE: Regular hours of service are 8:00 a.m. to 4:30 p.m., Monday through Friday.
Purpose:
1. To provide consistent, efficient service to Sibley County residents.
2. To provide a method of insuring completion of home visits and other Public Health & Human Services responsibilities during non-office hours.

Procedure:
1) Sibley County residents requiring on-call service will be instructed to call the on-call cell phone or the Sibley County Sheriff’s Department.

2) The Sheriff’s Department will notify on-call staff via the department’s cell phone. If unable to make contact via cell phone, the dispatcher will call staff at home. If unable to reach on-call staff, the dispatcher will call Agency Director.

3) A schedule will be developed by the Administrative Assistant designating staff members responsible for each week of on-call coverage. One nurse and one social worker will be assigned each week.

4) Individual staff member’s requests for scheduled on-call times will be solicited annually prior to the development of a new schedule.

5) Staff members are responsible for finding a replacement if they are unable to complete their scheduled on-call shift.

6) The on-call week will be from 4:30 p.m. on Wednesday to 8:00 a.m. the following Wednesday. In the event that a holiday occurs on a Wednesday, the on-call coverage week will begin at 4:30 p.m. on Thursday to 8:00 a.m. the following Wednesday.

7) The on-call schedule will be submitted annually to the Sheriff’s Department by the Administrative Assistant. Changes in the schedule need to be approved by a supervisor. It is the scheduled staff member’s responsibility to notify the Administrative Assistant of any changes to this schedule. The Administrative Assistant will then notify the Sheriff’s Department of the change.

8) Clerical staff will send names of on-call staff to the Sheriff’s Department and to PHHS accounting staff every Wednesday.

9) The on-call staff member is responsible for notifying the Sheriff’s Department of their location if they are unsure of cell phone reception. On-call staff must use good judgment in deciding the distance from the county that he/she will be while on-call. Assigned on-call staff will not be allowed to carry another paging device while on-call. As per Sibley County Personnel Policy, section 4 E, employees may not work for another employer during the assigned on-call shift.

10) The Administrative Assistant will revise the on-call schedule as workers join or leave the
agency and will provide a copy of the schedule to the Sheriff’s Department and PHHS accounting staff.

11) On-call staff will be paid time for visits made after hours and for carrying the cell phone. In lieu of paid time for a week of on-call, staff will have the option of accumulating one day of comp time with prior approval of their immediate supervisor or the Agency Director.

12) On-call compensation will be paid as follows:
   a. 8 hours of pay at the employee’s regular wage for each week.
   b. 4 hours of additional pay at the employee’s regular wage for each holiday.
   c. Reimbursement for client-related work activity to include phone calls and face-to face contacts (minimum of 15 minute increments with supporting documentation).
   d. Mileage compensation round trip from the employee’s home to call location at the regular county rate.

For nursing staff only:
1) Each primary nurse is responsible for evaluating assigned clients for the need to be placed in the on-call folder, i.e., client with dressing changes, Foley catheters, IV therapy. Clients who have non-office hour home health aide services will also be in the on-call folder in the event the home health aide needs advice or assistance.

2) The on-call nurse will provide office intake coverage from 12:15 p.m.-4:30 p.m. the Friday of on-call week.

3) If arrangements are made by on-call nurse to have someone cover Friday office coverage, the on-call nurse is responsible for calling the office before 4:30 p.m. to receive reports on any new referrals or other weekend care.

4) An on-call form will be completed by the primary nurse for clients with necessary scheduled visits during on-call times and those with potential for an on-call visit. This will be placed in the on-call bag. Each primary nurse is responsible for updating the on-call forms as often as needed.

5) It is the responsibility of the on-call nurse to review and conference with the appropriate primary nurse regarding any questions or concerns.

6) It is the responsibility of the primary nurse to contact the on-call nurse with any changes in care that may occur during the on-call week.

7) It is the responsibility of the team leaders to review the contents of the on-call bag at a minimum of yearly, but to replace contents as needed.
## APPENDIX B- Media Contact List and Stakeholder List

Listed below are newspapers and radio contacts:

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- Belle Plaine Herald  bpherald@frontiernet.net  952-873-2261
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- Eden Valley Journal Patriot  editor@evwvoice.com  320-453-6397
- Fairfax Standard-Gazette  fx.standardcomp@gmail.com  507-426-7235
- Gaylord Hub  news@gaylordhub.com  507-237-2476
- Henderson Independent  hendersonind@frontiernet.net  507-248-3223
- Hutchinson Leader  news@hutchinsonleader.com  320-587-5000
- McLeod County Chronicle  info@glencoenews.com  320-864-5518
- Litchfield Independent Review  news@independentreview.net  320-693-3266
- Winsted Herald Journal  news@heraldjournal.com  320-485-2535
- Winthrop News  winthropnews@gmail.com  507-647-5357

### Radio
- KDUZ Radio  abuboltz@kduz.com  320-587-2140
- KLFD Radio  pam@klfd1410.com  320-693-3281
2015 MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD

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MDH Public Health Nurse Consultant
Linda Bauck
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(320) 225-7344
linda.bauck@state.mn.us
APPENDIX C -Meeker-McLeod-Sibley CHS Public Information Officer
Job Description

Staff
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Responsibilities

Media
- Serves as an MMS CHS spokesperson, especially to media, stakeholders and residents.
- Establishes and maintains a positive working relationship with general media.
- Coordinates interviews and briefs for staff on public health topics, concerns and emergencies.
- Recommends media-related strategies during routine and/or crisis public health events.
- Coordinates press conferences, community information forums, etc.
- Monitors media output for accuracy of reporting on outbreaks and other public health emergencies.
- Identifies and addresses potential media concerns
- Conducts research and writes news releases to educate and inform residents of public health issues.

Health Communications
- May serve as MMS CHS spokesperson to stakeholders and residents.
- Participates in the development, research and design of MMS CHS marketing strategies including web pages, flyers, newsletters, pamphlets, posters etc.
- Assists in the development of and/or recommends public information strategies to educate residents regarding public health concerns and/or threats.
- Works to increase stakeholder awareness, understanding and support of MMS CHS mission and activities.

Creating Appropriate Effective Health Messaging
To develop messages & materials the Public Information Office should keep these key points in mind:
The Public Information Office should ensure that informational messages and materials:
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- reflect agency policy
- are consistent with messages and information being provided by Minnesota Department of Health and other key partners (other local public health agencies, health care providers & facilities, etc.)
• Whenever possible, develop – or coordinate development – of pre-scripted messages and materials addressing issues likely to arise during a potential future crisis or emergency.

• Develop appropriate messages or materials for populations and communities with special communication needs, including non-English or limited-English speakers; ethnic and cultural minorities; the deaf, deaf/blind and hard-of-hearing; the severely mentally ill, children and the elderly.

• Develop or coordinate development of messages and materials, in a timely fashion, to address unanticipated issues and concerns during a crisis or emergency.

• Ensure that messages and materials are developed for all of the delivery vehicles and formats identified in the local risk communication plan, including but not limited to news releases and advisories, backgrounders, fact sheets, and web postings.

**Collaboration**

• Develops and maintains relationships with all stakeholders including media.

• Develops and maintains positive relationships with MMS CHS staff.

• Assists MMS CHS teams in the effective implementation of MMS CHS’ issues.
APPENDIX D- Resources for working with Populations and Communities with Special Communication Needs

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Other resources are included on Health Literacy and Cultural Competency Resource Links at: http://www.ahrq.gov/browse/hlitres.htm

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MMS CHS may use ECHO (Emergency and Community Health Outreach) as a method for the development and disseminating information to limited English speaking community members during an emergency situation.

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Health and safety information is currently available through ECHO in the following ways:

- Website: [www.echominnesota.org](http://www.echominnesota.org)
- Public Television: ECHO TV programming is currently available in Hmong, Khmer, Lao, Somali, Spanish, Vietnamese and English.
- Phone: 1-888-883-8831. Toll-free, pre-recorded health and safety messages in 10 languages (those listed above plus Russian, Oromo, and Arabic) are available during non-emergency times.

During a statewide emergency, ECHO TV will broadcast live. Live broadcasts will originate at Twin City Public Television studios in Saint Paul. Public television stations throughout Minnesota will have access to the information at the same time.
APPENDIX E- Health Alert Network and MN Responds

Health Alert Network Procedures

1. All staff designated within Meeker-McLeod-Sibley CHS will receive Health Alerts from the Minnesota Department of Health (MDH). When a Health Alert is received from the Health Alert Network (HAN) designated staff will reply to MDH immediately.

2. Designated staff receiving the HAN message will respond and then email or fax the important information to the appropriate entities. If the designated staff are not available there will be back up staff assigned to correspond. If no staff are available, management will be reached by cell phone.

3. Select the partners in whom the HAN should be sent

4. Use the following nomenclature to identify the type of notice - put this in the Subject Line along with the HAN topic (i.e. Health Alert – Pertussis Outbreak):
   • **Health Alert**: Conveys the highest level of importance; warrants immediate action or attention
   • **Health Advisory**: Provides important information for a specific incident or situation; may not require immediate action
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   • **Health Announcement**: Promotion of guest speakers, training, resources, and changes in health protocols; informational only

5. Copy the pertinent information from the MDH HAN and paste into the body of the new email

6. *In addition to e-mail, also fax a copy of the HAN to the appropriate groups (i.e. Clinics and hospitals, vets, etc). Fill in the date, pages and a short message. All HANs should be faxed to. *Many veterinarians do not have e-mail, so fax HANs when appropriate.

7. Save fax when returned from the front desk.

8. If a HAN is developed by Meeker-McLeod-Sibley CHS Public Health and notification needs to be sent to the MDH Office of Emergency Planning, it must be sent by 3 pm.

Health Alert Network

When an event threatens the health of Minnesotans, fast, efficient, and reliable communication to those responding to the event can prevent illness and save lives. Minnesota’s Health Alert Network (HAN) enables public health staff, tribal governments, health care providers, emergency workers, and others working to protect the public to exchange information during a disease outbreak, environmental threat, natural disaster, or act of terrorism.

All of Minnesota’s 91 public health agencies have built local HANs to distribute alert information rapidly to health care providers and others in their jurisdiction. Tribal governments have also developed their own health alert networks. This decentralized development has resulted in a robust and flexible communication system that is an effective communication tool for local, state, or national emergencies.

Since January 2000 when the first health alert was sent, Minnesota’s HAN has been used to:

- alert public health agencies to a potential bioterrorism event (later determined to be a hoax) involving anthrax contaminated letters;
- distribute Web-based resources for the public and health care providers in the wake of the concern about asbestos contaminated vermiculite;
- alert responders to resources about protecting health during flooding and flood cleanup;
- alert local public health agencies and clinics to a case of rubella and direct them to Web resources for clinicians including diagnostic and treatment guidelines and a photo of a rubella rash, and for the public including rubella vaccine information in English and eleven other languages;
- provide information to public health agencies and health care providers about anthrax contaminated meat, that led to the death of a Minnesota man;
- keep Minnesota health care providers and public health staff up to date on health threats following 9/11; and
- provide just-in-time information about other time sensitive and urgent issues threatening the health of Minnesotans.
How the Health Alert Network Works

A **cascading alert system** is used for alerts sent during normal business hours.

A health threat is suspected or identified.

MDH program managers activate the Health Alert Network and decide:

- Who needs the information?
- What information?
- What action should MDH recommend to public health and health care providers?

Health alert e-mail is sent to local public health agencies, tribal governments and others with a summary of the health threat, Web links for details, and recommendations regarding distribution of the alert information.

A **direct alerting system** is used when the health threat is urgent or the alert is sent outside of business hours.

An urgent health threat is suspected or identified. The health alert is sent via auto-phone call to home and cell phone numbers of 24/7 contacts and followed up with email and fax.
ADDENDUM VACCINE/BIOLOGICS CONTROL
The Sibley County Biologics Control officer is the Immunization Program Nurse. This officer has delegated removal of vaccine to the on-call nurse in the event of a power outage in the city of Gaylord or the Sibley County Service Center in the event the power cannot be restored within 6 hours. The Sibley County Sheriff’s Department will call the on-call nurse after the power has been out for four hours, or if a power outage occurs on a weekend or after regular office hours, to allow sufficient time to move all vaccines. All inventories of vaccines may be stored at the Sibley County Sheriff’s Department. Vaccine storage guidelines are posted on the refrigerator door in the Public Health immunization room.
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• Winsted Herald Journal news@heraldjournal.com  320-485-2535
• Winthrop News winthropnews@gmail.com  507-647-5357

Radio
• KDUZ Radio abuboltz@kduz.com  320-587-2140
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Meeker-McLeod-Sibley CHS Communication Plan

MEEKER COUNTY

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8. If a HAN is developed by Meeker-McLeod-Sibley CHS Public Health and notification needs to be sent to the MDH Office of Emergency Planning, it must be sent by 3 pm.

Health Alert Network

When an event threatens the health of Minnesotans, fast, efficient, and reliable communication to those responding to the event can prevent illness and save lives. Minnesota’s Health Alert Network (HAN) enables public health staff, tribal governments, health care providers, emergency workers, and others working to protect the public to exchange information during a disease outbreak, environmental threat, natural disaster, or act of terrorism.

All of Minnesota’s 91 public health agencies have built local HANs to distribute alert information rapidly to health care providers and others in their jurisdiction. Tribal governments have also developed their own health alert networks. This decentralized development has resulted in a robust and flexible communication system that is an effective communication tool for local, state, or national emergencies.

Since January 2000 when the first health alert was sent, Minnesota’s HAN has been used to:

- alert public health agencies to a potential bioterrorism event (later determined to be a hoax) involving anthrax contaminated letters;
- distribute Web-based resources for the public and health care providers in the wake of the concern about asbestos contaminated vermiculite;
- alert responders to resources about protecting health during flooding and flood cleanup;
- alert local public health agencies and clinics to a case of rubella and direct them to Web resources for clinicians including diagnostic and treatment guidelines and a photo of a rubella rash, and for the public including rubella vaccine information in English and eleven other languages;
- provide information to public health agencies and health care providers about anthrax contaminated meat, that led to the death of a Minnesota man;
- keep Minnesota health care providers and public health staff up to date on health threats following 9/11; and
- provide just-in-time information about other time sensitive and urgent issues threatening the health of Minnesotans.


How the Health Alert Network Works

A **cascading alert system** is used for alerts sent during normal business hours.

A health threat is suspected or identified.

MDH program managers activate the Health Alert Network and decide:

- Who needs the information?
- What information?
- What action should MDH recommend to public health and health care providers?

Health alert e-mail is sent to local public health agencies, tribal governments and others with a summary of the health threat, Web links for details, and recommendations regarding distribution of the alert information.

A **direct alerting system** is used when the health threat is urgent or the alert is sent outside of business hours.

An urgent health threat is suspected or identified. The health alert is sent via auto-phone call to home and cell phone numbers of 24/7 contacts and followed up with email and fax.

Hospitals | Local public health agencies | Tribal governments
# Health Literacy Checklist

**Scoring guide:**
2 points if used throughout entire piece
1 point is used some of the time
0 points if not used
N/A if the item does not apply to this material

<table>
<thead>
<tr>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
</table>

## Language

<table>
<thead>
<tr>
<th>Readability Statistics (Flesch-Kincaid)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Level _____ (7.9 or below)</td>
<td></td>
</tr>
<tr>
<td>Reading Ease _____ (70-100)</td>
<td></td>
</tr>
<tr>
<td>% Passive sentences ______ (0-20%)</td>
<td></td>
</tr>
</tbody>
</table>

*must meet each criteria for superior rating*

<table>
<thead>
<tr>
<th>Active voice</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Plain language (Does it use simple/ordinary words?)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Replace and/or define technical terms or medical/insurance jargon.</th>
<th></th>
</tr>
</thead>
</table>

## Layout

<table>
<thead>
<tr>
<th>Short sentences &amp; short paragraphs</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Headings / bullet lists</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>White space</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No justification (leave right edge of text jagged)</th>
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</tr>
</thead>
</table>

## Fonts/Typestyle

<table>
<thead>
<tr>
<th>12 point size for most publications</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14 point size for senior populations</th>
<th></th>
</tr>
</thead>
</table>

| serif font for print materials       |  |
| (Times New Roman)                    | --- |

| sans serif font for online materials |  |
| (Tahoma)                              | --- |

<p>| Upper and Lowercase                  |  |
| (NOT ALL CAPS. IT’S HARD TO READ.)   | --- |</p>
<table>
<thead>
<tr>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid <strong>underlining</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Content

| Purpose of material is quickly clear to reader | |
| Sequence and organization of content makes sense | |
| Content is accurate and current (reviewed by content expert) | |
| Content is limited to most important information | |

### Cultural Competency

| Content/text is respectful of the reader | |
| Illustrations and images are respectful and represent the reader | |
| Uses culturally appropriate words/examples/situations | |
| Reviewed by member of target audience | |

<table>
<thead>
<tr>
<th>Final Score</th>
<th>Total possible Score ____</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Final Rating</strong> _______ % (final score / total possible score)</td>
<td><strong>Next Steps</strong> (based on final rating)</td>
</tr>
<tr>
<td>Superior material 75-100%</td>
<td><strong>Approved</strong></td>
</tr>
<tr>
<td>Adequate material = 50-74%</td>
<td><strong>Approved</strong> - returned with minor revisions</td>
</tr>
<tr>
<td>Do not use material = 0-49%</td>
<td><strong>Not approved</strong> - Major revisions required. Resubmit for review after revisions completed.</td>
</tr>
</tbody>
</table>

☐ Copy of Flesch-Kincaid readability stats attached

Any additional comments/recommendations:

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*Checklist was created for use at Blue Cross and Blue Shield of Minnesota and modeled after existing health literacy tools: 1) Suitability Assessment of Materials by Doak & Doak 2) Health Literacy Style Manual by Covering Kids & Families*