

**Maine CDC Communications Plan**

**Record of Changes**

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| **Change** | **By** | **Date** |
| Added language covering JIS/JIC activation to Risk Communication Plan, pages 17-21. | Nate Riethmann | 6/29/17 |
| Added Maine CDC/MEMA JIC Usage Memorandum of Agreement to Risk Communication Plan as Attachment 1, pages 23-28. | Nate Riethmann | 6/29/17 |

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# Communications Plan

## Introduction

As the lead State agency charged with ensuring the health and safety of all Maine residents, the Maine Center for Disease Control and Prevention (Maine CDC) is responsible for disseminating accurate, timely information and guidance about routine and emergent public health related events. Because the effects of public health emergencies can often be widespread, many events will require a response that is beyond the scope of what Maine CDC can provide by itself. As such, Maine CDC’s ability to communicate with partner agencies to direct or take part in a coordinated response is critical.

Additionally, as the lead public health agency in the state, Maine CDC is charged with providing information to the general public concerning the nature of a public health related event, and must do so using messaging that is relevant, timely, easy to understand, and consistent with messaging from any other response agencies that may be involved in an event.

**Purpose**

The purpose of this plan is to describe the routine and emergency communications capabilities, procedures, and assets used by Maine CDC to communicate internally and externally, both with public health and related partner agencies and with the general public.

**Scope**

This plan applies in general to all Maine CDC staff members across the state, particularly those who have communication-related responsibilities or functions during a response.

## Roles and Responsibilities

1. Maine Center for Disease Control and Prevention:

Maine CDC’s role within the state’s response framework causes it to act as a communication hub, passing and collecting public health-related information to and from the various response organizations within the state and at the federal level. For example, a notification from the U.S. CDC about a medical supply shortage could trigger Maine CDC to conduct a poll of the state’s hospitals (via the Regional Resource Centers) for current on-hand inventories of the medical supply in question. This information would be collected, processed as necessary, and sent back up to the U.S. CDC (as well as laterally, to the State Emergency Operations Center) for situational awareness purposes. Any follow-on guidance or projected medical supply availability that is received from the U.S. CDC would then be disseminated back down the information chain.

* 1. Maine CDC Initial Response Team (IRT):

The IRT will convene in-person or virtually via conference call whenever and incident or emergency is imminent. Upon convening, the IRT will:

* + 1. Assess the nature of the incident or emergency (CBRNE, Natural Hazard, Infectious Disease, etc.).
    2. Assess the location(s) of the incident or emergency.
    3. Assess the size, scope, and severity of the incident or emergency.
    4. Determine what resources, services, and personnel will be required to implement a public health emergency response.
    5. Determine whether full or partial activation of the Public Health Emergency Operations Center (PHEOC) is required.
    6. Determine which public health ICS positions will need to be staffed.
    7. Determine which response plans, including this Communications Plan, will be utilized in the response efforts.
  1. Director, Maine CDC:
     1. Serves as lead member of the Maine CDC IRT.
     2. Coordinates with the DHHS PIO to arrange television appearances and interviews.
  2. Deputy Director, Maine CDC:
     1. Serves as a member of the Maine CDC IRT.
     2. Receives e-mail from the public via the “Contact Us” page on the Maine CDC website and works with appropriate staff members to address any questions or concerns that have been raised.
  3. Public Health Emergency Preparedness Director:
     1. Serves as a member of the Maine CDC IRT.
     2. Acts as Incident Commander in Maine CDC’s ICS structure.
  4. Emergency Preparedness Communications Director:
     1. Acts as Communications Branch Director in Maine CDC’s ICS structure.
     2. Manages the Health Alert Network and EMResource (Maine CDC’s bed availability and resource reporting system), and provides training on the same to partner agencies and end-users.
     3. Ensures that critical groups with the Health Alert Network are up-to-date by conducting annual polls via the system or another process to determine correct group membership and identify accounts for deletion. Critical groups within the HAN include, but are not limited to:
        1. Maine CDC staff groups (including PHEOC and IRT staff, as well as Public Health District Liaisons)
        2. Municipal offices and Local Health Officers
        3. Physician practices
        4. Childcare facilities
        5. Long-term care facilities
        6. Media and related contacts
        7. Vulnerable Populations Communication Initiative groups
     4. Conducts regular VHF radio checks with the State EOC via the Granite Hill repeater per the State EOC’s standing radio check schedule (currently Monday, Wednesday, and Friday mornings).
  5. Director of Internal and Program Communications:
     1. Acts as Public Information Officer in Maine CDC’s ICS structure.
     2. In coordination with the Public Health Director, Public Health Emergency Preparedness Director, communications staff, and subject matter experts, develops risk communication and other public messaging.
     3. Reviews and approves all public-facing messages developed by Maine CDC prior to distribution.
     4. Coordinates with Department of Health and Human Services leadership and communications staff on messaging, as needed.
     5. Maintains a list of media contacts and, in concert with the Health Alert Network Coordinator, ensures that the “Media and Related” organization in the Health Alert Network system is updated annually.
  6. ICS Communications Branch:

When the PHEOC is activated, the majority of communications responsibilities reside with the Communications Branch. The nature of the event will determine the type and frequency of communications that are required; however, there are certain communications tasks that will need to be completed for every event. During an event, members of the Communications Branch will:

1. Send notifications to initiate PHEOC setup and activate PHEOC staff.
2. Ensure that PHEOC communications equipment is fully operational and available for use by PHEOC staff.
3. Troubleshoot any communications issues and request assistance from State OIT as necessary.
4. Send notification to partner agencies that the PHEOC has been activated.
5. Conduct radio checks with the State EOC, if it is operational, and monitor radio traffic.
6. Populate relevant ICS forms as necessary (205, 205A, 213, etc.).
7. Work with the Operations Section to determine if any initial information requests of partner agencies are necessary, and if so, send those requests via the Health Alert Network.
8. Receive any responses to information requests and ensure that they are forwarded to the correct section within the PHEOC.
9. Populate an outgoing message board and post it in a central location in the PHEOC to ensure that all PHEOC staff members are aware of what messaging has been sent out.
10. Work with the Public Information Officer and Liaison Officer as necessary.
    1. Health Education Coordinator:
11. Monitors and updates Maine CDC’s various social media accounts (Facebook, Twitter, etc.) and routes any questions or concerns received from the public to the appropriate subject matter experts.
12. Regional Resource Centers (Northeastern, Southern, and Central):

The Regional Resource Centers are Maine CDC’s primary communication path into hospitals and healthcare coalitions in their respective regions. Any information requests intended for hospitals or healthcare coalitions (bed availability polls, patient presentation data, medical supply or equipment inventories, etc.) are sent to the Regional Resource Centers, who then forward the requests to relevant points of contact within their member organizations. Likewise, any resource or personnel needs identified by these member organizations are first sent to their respective Regional Resource Center, and then forwarded on to Maine CDC.

1. Maine Primary Care Association:

Similar to how the Regional Resource Centers handle Maine CDC’s communications to and from hospitals and healthcare coalitions, Maine Primary Care Association (MPCA) handles communications to and from Federally Qualified Health Centers (FQHCs).

1. Northern New England Poison Center:

The Northern New England Poison Center (NNEPC) staffs Maine CDC’s 24/7 Disease Reporting Line during non-business hours and reports any calls received to Maine CDC. The nature of the call(s) received dictates to whom and with what urgency. Should Points of Dispensing need to be activated in the State, NNEPC will receive and report to Maine CDC any adverse event calls resulting from mass dispensing activities.

1. Cities Readiness Initiative:

The Maine Cities Readiness Initiative (Maine CRI) routinely communicates with Maine CDC to relay mass dispensing activities within Cumberland, Sagadahoc, and York Counties. Should Points of Dispensing (PODs) need to be activated in any of the aforementioned counties, Maine CRI will ensure POD operations occur and communicate any issues or needs to Maine CDC.

**Situation Overview**

Maine is a large, mostly rural state with a population of roughly 1.3 million residents. While the majority of these residents live in the more developed central and southern regions of the state, there is a considerable population in the northern rural areas. This, coupled with the state’s mountainous topography and minimal infrastructure, creates a number of communication challenges from a response perspective. These challenges include:

* A lack of cellular coverage in rural areas that can negate the use of cellular phones.
* Terrain features and a large geographic area that can inhibit radio communications.
* Limited high-speed bandwidth availability in some areas that can prevent or slow down access to web-based systems.
* Severe weather that can cause power outages.

### Hazards Profile

In May of 2012, Maine CDC brought together emergency preparedness planners, responders, and subject matter experts from both state and local jurisdictions to conduct the Center’s first Public Health Hazard Vulnerability Analysis using a modified version of the Kaiser Permanente Hazard Vulnerability Analysis Tool. This tool breaks down hazards into four distinct categories (Natural Occurring Events, Technological Events, Human Related Events, and Events Involving Hazardous Materials) and provides a risk-scoring algorithm that takes into consideration the likelihood of a particular event occurring (its probability), its expected severity, and the State’s current level of mitigation. Of the top-five highest scored events in the Technological Events category, three are specific to communications (Cyber Attack, Major Communications Disruption, and Information Systems Failure).

### Mitigation

The primary hazards that could affect Maine CDC’s ability to communicate during an event are power loss, loss of telephone service, and loss of internet service.

**Power Loss**

All PHEOC spaces at Maine CDC have been wired to receive generator power in the event of power loss. The building is equipped with a generator that has a 10,000 gallon tank and runs on #2 fuel oil. It has been configured to automatically switch on when power loss occurs.

**Loss of Telephone Service**

Should landline telephone service at Maine CDC become compromised, Maine CDC staff will employ their State-issued cellular phones. Partner agencies and remote Maine CDC staff will be notified of the telephone service loss (via satellite phone, radio, or one of Maine CDC’s web-based systems, such as the Health Alert Network or WebEOC) and provided with an alternate phone listing that includes cellular phone numbers for individual ICS positions in the PHEOC. A follow-on notification will be sent when telephone service is restored, including instructions for remote Maine CDC staff and partner agencies to return to using the primary PHEOC phone listing.

In the event that both landline and cellular telephony are unavailable, Maine CDC will employ its satellite phone and/or switch over to radio-based communication. This scenario represents a decreased or “bare bones” communications capability for Maine CDC, as Maine CDC does not have the equipment or infrastructure in place to communicate via radio across the state, and must rely on the relaying of messages through the State EOC to ensure their delivery to the proper recipients.

**Loss of Internet Service**

Many of Maine CDC’s data collection (e.g., EMResource) and information dissemination (e.g., the Health Alert Network) tools are web-based, and a loss of internet service will have a detrimental effect on Maine CDC’s ability to employ these tools. Those systems that reside offsite or are otherwise not affected by Maine CDC’s loss of internet service may still be utilized by calling the system vendor (for those systems that have one) and having them act on behalf of Maine CDC. For example, a message can still be sent via the Health Alert Network by calling the vendor and providing them with the required information (recipients, message content, response options, etc.).

### Assumptions

This annex assumes the following:

* Multiple communication paths will be required to ensure the highest level of visibility for messages that are sent.
* Emergency response personnel will have access to multiple communication modalities (e-mail, text messaging, landline and cellular telephony, radios, etc.).
* Messaging intended for responders will differ in subject matter and distribution method from messaging intended for public consumption.
* Power loss or equipment failure can and will occur, reinforcing the need for redundant communications.

## Concept of Operations

### General

The communications functions carried out by Maine CDC prior to and during an event are divided into five main categories: Pre-Event Messaging, Initial Notification, Maine CDC Incident Command System (ICS) Activation, Response Messaging, and Recovery. Each category has one or more associated communications related tasks, outlined below in the order in which they should generally occur.

1. Pre-Event Messaging
   1. Ongoing alerting and notification drills for the IRT, PHEP staff, and PHEOC staff.
   2. Messaging to response partners and related organizations, via the Health Alert Network (HAN) system, that a threat or potential threat exists.
   3. Initial querying of response partners regarding the availability of personnel and resources that may be required if a response is warranted.
   4. Public messaging via social media, press releases, radio ads, website posts, and television appearances providing warning or information about a potential threat with a focus on mitigating its effects (flu vaccination drives, winter storm preparedness, etc.).
2. Initial Notification (0-2 hours)
   1. Initial notification of the Maine CDC Incident Response Team (IRT) that an event has occurred or is likely to occur. The IRT will convene in-person or virtually to determine the level of response warranted by the event and decide whether or not full or partial activation of the PHEOC is required.

**Procedures for Notification of the IRT**

Any member of the IRT can, upon receiving word of an event or potential event that may require a response from Maine CDC, request activation of the IRT.

1. The IRT member notifies the Maine CDC Director or Deputy Director that an event has occurred or may occur, and requests activation of the IRT. If the Maine CDC Director or Deputy Director is the first to receive word about the event, this step is skipped.
2. The Maine CDC Director or Deputy Director contacts the Public Health Emergency Preparedness (PHEP) Director and requests that an IRT activation message be sent to the IRT members.
3. The PHEP Director or an authorized member of his or her team logs in to the HAN system and sends a message to the IRT members using the “Maine CDC IRT Activation Notification” template. Messages sent using this template are delivered via e-mail and telephone, and include response options for determining member availability and the method by which they will convene (in-person or via conference call).
4. The PHEP Director or an authorized member of his team monitors the responses to the activation notification and sets up the conference line if any member indicates that he or she will convene via conference call.
5. Maine CDC ICS Activation (2-6 hours)
   1. Notification of key PHEP staff members responsible for PHEOC setup that the IRT has requested full or partial activation of the PHEOC.

**Procedures for Notification of PHEP Staff Responsible for PHEOC Setup**

1. The PHEP Director or an authorized member of his or her team logs in to the HAN system and sends a message to PHEP staff using the “Maine CDC PHEP Staff PHEOC Setup Notification” template.
2. If access to the HAN system is unavailable, the PHEP Director or a designee will conduct a manual call-down for availability via telephone using the PHEP staff phone listing (See “Appendix F: Phone Lists”).
3. PHEP staff members are required to respond and report to the PHEOC within 60 minutes of receiving notification.
   1. Notification of Maine CDC staff members who have been pre-assigned ICS positions within the PHEOC that the PHEOC has been activated.

**Procedures for Notification of PHEOC ICS Staff**

* 1. The PHEP Director or an authorized member of his or her team logs in to the HAN system and sends a message to pre-assigned PHEOC ICS staff using the “Maine CDC PHEOC Activation Notification” template.
  2. If access to the HAN system is unavailable, the PHEP Director or a designee will conduct a manual call-down for availability via telephone using the PHEOC staff phone listing (See “Appendix F: Phone Lists”).
  3. PHEOC staff members are required to respond and report to the PHEOC within 60 minutes of receiving notification.
  4. Notification of all Maine CDC staff that the PHEOC has been activated and is currently responding to an event.

**Procedures for Notification of All Maine CDC Staff**

* 1. The PHEP Director or an authorized member of his or her team contacts the Maine CDC Director’s Administrative Assistant and requests an organization-wide e-mail be sent notifying staff members of the nature of the event and any response operations currently taking place.
  2. The Maine CDC Director’s Administrative Assistant sends an organization-wide message to the following e-mail distribution groups:
     1. DHHS-286 Water
     2. DHHS-Hetl
     3. DHHS-220 Capitol
     4. Public Health Nurses
     5. Regional Epidemiologists
  3. Notification of partner agencies that the PHEOC has been activated in response to an event, including contact information for individual ICS positions within the PHEOC. The partner agencies that require notification and the type(s) of notification they require may differ depending on the type and scope of the event and the necessary response.

**Procedures for Notification of Maine CDC Partners**

* 1. The PHEP Director or an authorized member of his or her team logs in to the HAN system and sends a message to Maine CDC partner agencies using the “Maine CDC External PHEOC Activation Notification” template. The recipient list for this template contains staff from organizations that are considered mandatory recipients for all PHEOC activations (MEMA, RRCs, etc.). Additional event-specific recipients should be identified based on event type and added to the recipients list during message composition.
  2. If access to the HAN system in unavailable, the PHEP Director or a designee will notify contacts at the appropriate organizations via telephone, and if necessary, request that they further disseminate the notification to any organizations or groups that they represent using their established internal communication methods. For example, Maine CDC may contact the Regional Resource Center Directors with the notification, and request that they relay the notification to the appropriate facilities within their respective healthcare coalitions.

1. Response Messaging (duration of event)
   1. Querying of relevant partners for information pertaining to the event (hospital bed availability counts, facility statuses, patient information, etc.). Often, this initial query will include a required reporting frequency (every two hours, once per shift, etc.).
   2. Notification and/or activation of volunteer/response groups (Disaster Behavioral Health (DBH) volunteers, Maine Responds personnel, Public Health Nursing (PHN) staff, etc.), as necessary.
   3. Monitoring and posting updates to WebEOC.
   4. Creation of materials for use by 2-1-1 Maine when fielding calls from the public.
   5. Creation of materials for use by Maine CDC staff members assigned to the Maine CDC Provider Phone Bank.
   6. Creation of event related press releases and other materials intended for release to the public.
   7. Monitoring and posting updates to social media outlets.
2. Recovery Operations (during and post-event)
   1. Coordination with partner agencies regarding the return of medical supplies and equipment that may have been requested by and distributed to them.
   2. Notification of partner agencies that the PHEOC is shutting down or reducing its staffing in preparation of shutting down.
   3. Messaging to partner agencies and the general public concerning what services have been restored to normal operations, as well as any timelines that address when remaining services can be expected to return to normal operations.

**Plan Review and Maintenance**

* This plan will be reviewed at least annually and as often as necessitated by changes in Maine CDC’s communications infrastructure or procedures.
* Phone lists and relevant HAN organization memberships will be reviewed for accuracy and updated as necessary on a quarterly basis.

**Appendix A: Risk Communications Plan**

This plan describes the processes that Maine CDC staff will use to communicate with the public prior to, during, and after a public health related event.

**Appendix A: Risk Communications Plan**

**Purpose**

The purpose of this plan is to describe the processes that Maine CDC staff will use to communicate with the public prior to, during, and after a public health related event.

**Situation**

As the lead state public health agency, Maine CDC is charged with providing clear, accurate, and timely information to all Maine citizens regarding public health in the state. This duty exists not only when Maine CDC is responding to a public health related event, but also before and after a response takes place. The first step in mitigating the effects of any public health related threat is to inform and educate the public about the threat prior to it exposing itself. Threat, as it’s used here, not only refers to events that are emergent in nature, but also includes any foreseen events that may have an effect on health of the population, such as the onset of flu season or a forecasted reduction in air quality.

**Scope**

This plan applies to all citizens across the state of Maine, and to the Maine CDC staff members responsible for providing public health messaging to those citizens.

**Hazards**

Any hazard that affects or may affect the health of any portion of the population of the state of Maine, and therefore requires that Maine CDC becomes engaged, will have an associated Risk Communication component.

**Assumptions**

1. Maine CDC has primary responsibility for providing messaging to the public regarding public health in the state of Maine.
2. Citizens will look to Maine CDC as a trusted, credible source of public health related information.
3. A well-informed and responsive public is essential to minimizing the effects of a public health related event and its resulting consequences to society.
4. Messaging will need to be transmitted via multiple methods (website posts, social media updates, television appearances, e-mail, etc.) to ensure the broadest coverage possible.
5. Language barriers, varying reading levels, limited access to technology, and other factors will require that Maine CDC take a multi-faceted approach to messaging the public.
6. For the most common or likely-to-occur events, messaging can be developed in advance.
7. Maine CDC, in addition to communicating directly with the public, will provide messaging to and rely upon other external organizations that already have a variety of communication systems in place and are able to further disseminate messages to their constituents.

**Roles and Responsibilities**

1. Maine Center for Disease Control and Prevention: Maine CDC is the lead state agency responsible for the management of public health related events, and is the source of public health related news and information in the state of Maine.
   1. Maine CDC Initial Response Team (IRT): The IRT will convene in-person or virtually via conference call whenever and incident or emergency in imminent. Upon convening, the IRT will:
      1. Assess the nature of the incident or emergency (CBRNE, Natural Hazard, Infectious Disease, etc.).
      2. Assess the location(s) of the incident or emergency.
      3. Assess the size, scope, and severity of the incident or emergency.
      4. Determine what resources, services, and personnel will be required to implement a public health emergency response.
      5. Determine whether full or partial activation of the Public Health Emergency Operations Center (PHEOC) is required.
      6. Determine which public health ICS positions will need to be staffed.
      7. Determine which response plans, including this Risk Communication Plan, will be utilized in the response efforts.

* 1. Public Health Director:
     1. Serves as a member of the Maine CDC IRT.
     2. In concert with the Public Health Emergency Preparedness Director, determines whether or not the Maine CDC Public and/or Provider Phone Banks should be activated.
     3. If either phone bank is activated, works with the Public Health Emergency Preparedness Director to determine when services will begin and what the hours of operation will be.
     4. Based on input from the Public Health Emergency Preparedness Director, authorizes re-assignment of Maine CDC staff to the phone bank for the duration of the public health event.
     5. Authorizes “stepping down” or discontinuation of phone bank services based on information received from the Public Health Emergency Preparedness Director.
     6. During a multi-agency event, receives requests from MEMA for additional staff to assist in manning positions in the MEMA phone bank when the need for phone bank staff exceeds the number of MEMA staff and/or volunteers available.
     7. In coordination with the Public Health Emergency Preparedness Director, ICS Communications Branch Director, and MEMA, determines when MEMA and Maine CDC resources to manage the phone bank are exhausted and when assistance from outside resources will be requested.
  2. Public Health Emergency Preparedness (PHEP) Director:
     1. Serves as a member of the Maine CDC IRT.
     2. In concert with the Public Health Director, determines whether or not the Public and/or Provider Phone Banks should be activated.
     3. If either phone bank is activated, works with the Public Health Director to determine when services will begin and what the hours of operation will be.
     4. Develops a staffing plan for the phone bank based on a timeline developed in concert with the Public Health Director.
     5. When call volume and type exceeds the capability of current phone bank staff, requests that the Public Health Director authorized re-assignment of the Maine CDC to assist in manning the phone bank.
     6. Provides recommendations to the Public Health Director concerning when the phone bank should be “stepped down” or discontinued.
     7. In coordination with the Public Health Director, ICS Communications Branch Director, and MEMA, determines when MEMA and Maine CDC resources to manage the phone bank are exhausted and when assistance from outside resources will be requested.
  3. ICS Incident Commander:
     1. Receives all CDC Health Alerts, Advisories, and Updates via e-mail, text message, or telephone.
     2. Activates appropriate ICS positions within the PHEOC.
     3. Manages the PHEOC and stays in constant contact with PHEOC staff via e-mail, telephone, WEBEOC updates, and radio (if telephone connectivity is down).
     4. Consults with Maine CDC subject matter experts and others to determine the level of public health in the state.
     5. In concert with the Public Health Emergency Preparedness Director, activates the public and/or provider-oriented phone bank(s).
     6. During multi-agency events, works with the DHHS Public Information Officer, MEMA Public Information Officer, and ICS Communications Branch Director to develop needed risk communication messages for the media and other modes of communication with the public and providers (HAN messages, website postings, phone bank messages, etc.).
     7. Coordinates public health communication with the DHHS Public Information Officer, MEMA Public Information Officer, and the Governor’s Office and provides the public health content of MEMA communications to the press.
  4. ICS Communications Branch Director:
     1. Coordinates all public health and risk communication activities with Maine CDC ICS Command Staff.
     2. Manages dissemination of communications within Maine CDC.
     3. Works with subject matter experts to provide information to and develop messages for ICS Command Staff to use in press releases and other communications, as needed.
     4. During multi-agency events, works with the DHHS Public Information Officer and MEMA Public Information Officer to establish a Joint Information Center (JIC), if deemed appropriate.
     5. Requests up-to-date media contact information from MEMA and the DHHS Public Information Officer.
     6. Manages and ensures that all of Maine CDC’s communication assets are operational and being utilized appropriately (HAN, website postings, social media updates, phone bank equipment, radio communication assets, etc.).
     7. Disseminates updated public health and risk communication information and recommendations on a routine basis to:
        1. Designated communication staff at the Regional Resource Centers and/or Public Health Centers.
        2. County Emergency Management Agency Directors and/or their designees.
        3. Regional epidemiologists.
        4. Department of Education staff responsible for ensuring that schools and alternative education programs are supplied with accurate, timely information.
        5. Other partner agencies and community-based organizations statewide, including those that serve Maine’s vulnerable populations (the visually and hearing impaired, residents with low English proficiency and other language barriers, homeless and sheltered individuals, isolated and institutionalized elders, the mentally and physically disabled, etc.).
        6. Media contacts, as directed.
     8. Ensures that any questions or feedback received from the public or providers about public health or risk communication messages are appropriately processed as quickly as possible.
     9. Serves as a backup spokesperson as needed and when directed to do so by the ICS Incident Commander.
  5. Health Education Coordinator: Monitors and updates Maine CDC’s various social media accounts (Facebook, Twitter, etc.) and routes any questions or concerns received from the public to the appropriate subject matter experts.

1. Public Information Officer (PIO):
   1. Works with the ICS Incident Commander, ICS Communications Branch Director, and subject matter experts to develop needed risk communication messages for the media and other modes of communication with the public and providers (HAN messages, website postings, phone bank messages, etc.). During multi-agency events, the MEMA Public Information Officer also takes part in message development.
   2. During multi-agency events, works with the ICS Communications Branch Director and MEMA Public Information Officer to establish a Joint Information Center (JIC), if deemed appropriate.
   3. Monitors various media outlets (television, newspapers, websites, etc.) to identify common questions, concerns, and/or misinformation being spread, and determines the best course of action (press release, Letter to the Editor, television appearance, etc.) to address them.
2. MEMA Public Information Officer (PIO):
   1. During multi-agency events, assists in the development of messages in collaboration with the ICS Incident Commander, ICS Communications Branch Director, and subject matter experts to develop needed risk communication messages for the media and other modes of communication with the public and providers (HAN messages, website postings, phone bank messages, etc.).
   2. During multi-agency events, works with the ICS Communications Branch Director and DHHS Public Information Officer to establish a Joint Information Center (JIC), if deemed appropriate.

**General**

**Preventative Messaging (Prior to an Event)**

Preventative messaging is defined as any message sent to inform or educate the public about a potential health threat so that they may better prepare for or take action to mitigate its effects. The ability to forecast potential health threats and develop messages that address them prior to an actual need for messaging arising is a crucial part of the risk communication process. As part of its ongoing risk communication strategy, prior to an event, Maine CDC will:

1. Identify any known or expected threats that may have an effect on the health of the citizens of Maine.
2. Monitor news agencies and social media to identify potential threats and other concerns that may need to be addressed by a formal communication.
3. Develop preventative messages based on input from subject matter experts using the latest available verified information. Such messages will be written in a clear, concise manner, with special attention paid to the reading level at which they are written.
4. Pre-translate preventative messages into relevant languages, depending on their intended audience.

**Messaging During an Event**

When responding to an event, it is important to remember that information available to responders may not be immediately available to members of the general public. As such, it is critical that Maine CDC remains in constant communication with the public during an event to ensure that they are aware that the event is being managed. A lack of communication from responsible agencies can often lead to speculation, rumors, and misinformation filling the communication void. To combat this, and to ensure that the population is as informed as possible during an event, Maine CDC will:

1. Monitor the Disease Reporting Line’s incoming call volume and the type of calls it is receiving to determine whether or not activation of the Maine CDC Public or Provider Phone Banks is appropriate.
   1. If the Public Phone Bank is deemed necessary, Maine CDC will activate its Memorandum of Understand (MOU) with 2-1-1 Maine to field calls from the public.
      1. Procedures for activating the MOU are contained within the MOU itself (see “Appendix G: Memorandum of Understanding Between Maine CDC and 2-1-1 Maine” for details).
      2. Maine CDC will direct the public to call 2-1-1 Maine with questions pertaining to the event, and will provide 2-1-1 Maine with the most up-to-date information available to answer caller questions.
   2. If the Provider Phone Bank is deemed necessary, the Public Health Preparedness Director, in consultation with the ICS Incident Commander, will activate the service.
      1. The Provider Phone Bank will be setup in the 8th floor conference room of Key Plaza. This room is wired for a maximum of 15 phones.
      2. Phones designated for use by the Provider Phone Bank are stored in the PHEP Storage Room on the 1st floor of Key Plaza.
      3. Phones are activated by plugging each phone cord into the jacks in sequential order, beginning with jack #1.
      4. The Provider Phone Bank is setup such that an incoming call in received on the first available line.
      5. The Provider Phone Bank telephone number is (888) 257-1118.
2. Receive new information from trusted sources regarding the event, and analyze how it relates to information available previously. As necessary, Maine CDC subject matter experts will develop new messaging that includes any new information and disseminate it to the public.
3. If responding to a multi-agency event, coordinate with partner agencies (DHHS, MEMA, etc.) to activate the Joint Information System and establish a Joint Information Center to act as the single point of origin for information about the event intended for the public.

The Joint Information System

For any event that requires multiple agencies to respond, activation of the Joint Information System (JIS) may be required. The JIS provides the mechanism to organize, integrate, and coordinate information to ensure timely, accurate, accessible, and consistent messaging across multiple jurisdictions and/or disciplines with nongovernmental organizations and the private sector. Under this system, the Public Information Officer (PIO) from the lead agency responding to an event (such as Maine CDC leading the response to a statewide infectious disease outbreak) directs JIS operations with support from public information staff from other responding agencies. If the event is significant enough (or becomes significant enough over time) to require direct involvement of staff from the Governor’s Office, they may assume responsibility for managing the JIS.

The Joint Information Center

The central location which facilitates operation of the Joint Information System is referred to as the Joint Information Center (JIC). The JIC is where personnel with public information responsibilities perform critical emergency information functions, crisis communications, and public affairs functions. A single JIC location is preferable, but the Joint Information System is flexible and adaptable enough to accommodate multiple JIC locations, as required.

1. Virtual Joint Information Center (Primary)

Maine CDC does not have the required physical space in its Public Health Emergency Operations Center to house its own Joint Information Center. Because of this, Maine CDC employs a virtual JIC as its primary method of managing the Joint Information System. A virtual JIC is a collection of public information agencies or personnel connected through telephone, internet, or other technical means of remote coordination. The virtual JIC provides information officers with the ability to communicate with the public without setting up, or working from, a large emergency operations center.

1. Maine Emergency Management Agency’s Physical Joint Information Center (Secondary)

When a physical location is required, Maine CDC relies on the Maine Emergency Management Agency’s Joint Information Center. The Maine Emergency Management Agency’s Joint Information Center is a separate room located next to the State Emergency Operations Center and contains all of the equipment required to support Joint Information System operations. After activating the Joint Information System, requesting usage of the Maine Emergency Management Agency’s Joint Information Center, and receiving authorization to do so, Maine CDC staff will refer to the Maine Emergency Management Agency’s existing policies and procedures governing operation of the Joint Information Center (See “Appendix XXX: MEMA JIC Operations Policy/Procedures”).

JIS/JIC Activation

There are no standard guidelines for when activation of the Joint Information System is required, as each public health event will need to be assessed on its own to determine if it carries with it a need for coordinated public messaging. This assessment may need to be conducted multiple times, as public health events often change in size, scope, or severity over their duration. A good, rough indicator of whether or not activation of the Joint Information System may be required is the current activation level of the Public Health Emergency Operations Center, as shown in the table below. Again, this only applies to those events for which Maine CDC is the lead agency of a multi-agency response.

|  |  |  |
| --- | --- | --- |
| **Level** | **Description** | **JIS Activation** |
| Level 3  Monitoring & Assessment | A specific threat, unusual event, or developing situation is actively monitored. Action is taken as part of regular daily responsibilities. | Not required |
| Level 2  Partial Activation | Activation of Maine CDC ICS Staff is limited to only those who have a defined role in the response (generally, all Command Staff and select Section Chiefs). | May be required |
| Level 1  Full Activation | All pre-identified Maine CDC ICS Staff members are activated and are working out of the Public Health Emergency Operations Center. | Will likely be required |

For a more specific set of recommendations concerning whether or not to activate the Joint Information System, public information staff should refer to the following “Joint Information System/Joint Information Center Activation Decision Matrix”. In keeping with an all-hazards approach to emergency planning and response, this tool does not focus on the specific type of event, but instead considers its potential ramifications.

**Joint Information System/Joint Information Center Activation Decision Matrix**

This tool is intended for use by Maine CDC public information staff – when Maine CDC is the lead agency of a multi-agency response – to help them determine when activation of the Joint Information System and Physical/Virtual Joint Information Center may be required.

To use this tool, public information staff should assess the size/scope/severity of the event, read through each item in the Event Criteria column, place a check in the box beside any items that apply, and refer to the “JIS/JIC Recommendation” column for checked items to determine what action(s) may be necessary. It is important to note that this tool only provides *recommendations*, as ultimately, the decision to activate the JIS/JIC will need to be made in concert with Incident Command, Maine CDC senior leadership, and the Commissioner of DHHS.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | 🗹 | **Event Criteria** | **JIS/JIC Recommendation** |
| 1 | 🞏 | The event is clearly recognized as an emergency requiring immediate public communication to mitigate further infection, illness, or death. | Activate JIS / Physical JIC at MEMA |
| 2 | 🞏 | Deaths are confirmed, are expected within a short period of time, or are expected well above “normal” levels when compared to similar events. |
| 3 | 🞏 | The Governor has declared a Public Health Emergency, or there is a need to suspend civil liberties for one or more citizens to prevent escalation of the event. |
| 4 | 🞏 | The media and/or public perceive that this event is the “first”, “worst”, or “biggest” of its kind. |
| 5 | 🞏 | The event is sudden, is national in scope, or has the potential to have a national health impact. | Activate JIS / Virtual JIC |
| 6 | 🞏 | The event is possibly “man-made” and/or deliberate. |
| 7 | 🞏 | The event predominantly impacts a specific population, such as children, the elderly, or pregnant women. |
| 8 | 🞏 | Persons involved in or effected by the event must take steps to protect their personal health and safety. |
| 9 | 🞏 | Responsibility for mitigating the event falls within the scope of Maine CDC. | No activation; Communicate to public  via press releases and media interviews,  as necessary. |
| 10 | 🞏 | The incident is not well understood by the general public, or the general public is misinformed about the situation. |
| 11 | 🞏 | The event is “acute”. Maine CDC is responsible for explaining the event and its aftermath (e.g., laboratory accident or vaccine shortage). |
| 12 | 🞏 | Long-term effects for humans involved in the event are uncertain. |
| 13 | 🞏 | The event site does not have a well-equipped and resourced public information response capability. |

**Procedures for Activation of the Joint Information System**

1. Upon notification that the Maine CDC Initial Response Team (IRT) has requested either partial or full activation of the Public Health Emergency Operations Center (PHEOC), the PIO reports to the PHEOC to receive an incident briefing.
2. The PIO assesses the size/scope/severity of the incident and, using the recommendations provided on the “Joint Information System/Joint Information Center Activation Decision Matrix”, determines whether or not to recommend activation of the Joint Information System and either the Virtual or Physical JIC.
3. If activation is recommended:
   1. The PIO, when possible, consults the Commissioner of DHHS and/or the Chief Operating Officer of Maine CDC about the decision to activate the Joint Information System. If neither person is available, this step is skipped.
   2. The PIO contacts the Incident Commander and recommends activation of the Joint Information System and the appropriate JIC type.
4. Upon receipt of authorization to activate the Joint Information System and either the Virtual or Physical JIC from the Incident Commander:
   1. Virtual JIC
      1. The PIO notifies public information staff from other agencies responding to the event that Maine CDC is activating the Joint Information System as the lead agency via a Virtual JIC.
      2. The PIO provides instruction to public information staff from other responding agencies regarding where to direct incoming inquiries and provides them with relevant contact information.
   2. Physical JIC
      1. The PIO contacts one of the points of contact identified in the Maine CDC/MEMA JIC Usage Memorandum of Agreement (see Appendix XXX, page XX) and asks that they request usage of MEMA’s JIC on behalf of Maine CDC, in accordance with the requirements set down within the MOA.
      2. Upon receipt of authorization to use MEMA’s JIC, the PIO notifies any additional support staff they will need and instructs them to report to MEMA’s JIC at the agreed upon date and time. If MEMA’s JIC is already in use due to a separate incident or is otherwise unavailable, the PIO should revert back to using a Virtual JIC.
      3. Once the PIO and required support staff have arrived at MEMA’s JIC, they should refer to MEMA’s existing policies and procedures governing usage of their JIC.
5. When the incident is over, or when the information flow dictates that it is appropriate to do so, the PIO notifies relevant public information staff from other responding agencies that the Joint Information System and either the Virtual or Physical JIC are being deactivated.

**Recovery Messaging**

Just as it is important to ensure that the public is informed and educated about a potential health threat before it occurs, so too is it important that they be informed and educated after the threat has passed. After an event, or any time during an event when it is appropriate to do so, Maine CDC will:

1. Provide updates to the general public via press releases, social media posts, and website updates concerning the status of any State-provided services that may have been affected by the event.
2. As needed, use any lessons learned from the event to develop new messaging strategies or alter those already in place.

**Plan Review and Maintenance**

This plan will be reviewed at least annually and as often as necessitated by changes in Maine CDC’s risk communications infrastructure, procedures, or staff assignments.

**Attachment 1:**

**Maine CDC/MEMA JIC Usage Memorandum of Agreement**

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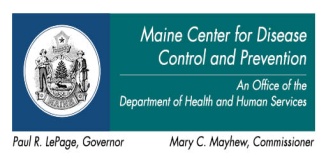
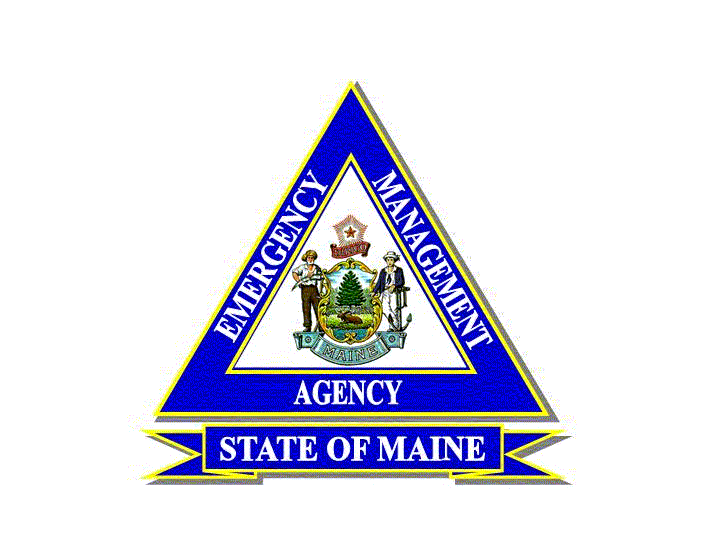
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**Appendix B: Vulnerable Populations Communications Plan**

This plan defines the process for the targeted distribution of all important public health and emergency management messages to the most vulnerable persons within the State of Maine.

Maine CDC

Vulnerable Populations

Communications Plan

**Maine CDC Vulnerable Populations Communications Plan (VPCP)**

Coordinating agency: Maine Center for Disease Control and Prevention (Maine CDC)

Supporting agency: Maine Emergency Management Agency (MEMA)

Partner organizations: The numerous organizations, agencies and community partners that agree to participate in the communications distribution action plan (see list Appendix D.)

**I. Introduction**

1. **Purpose**

Maine CDC and the MEMA have a shared responsibility for ensuring that all citizens of the state of Maine are fully informed regarding preparedness for, response to, and recovery from emergency/disaster events, each from their own perspective. It is recognized that certain segments of the population experience barriers to receiving communications for a variety of reasons including hearing or visual impairment, illiteracy, non-English speaking, social, cultural or geographic isolation, cognition impairment, mental illness, etc. The purpose of this Communications Plan is to define the process for the targeted distribution of all important public health and emergency management messages to the most vulnerable persons within the State of Maine.

1. **Scope**

The procedure in this appendix pertains to the Maine CDC, in partnership with MEMA and other state and local organizations, social service agencies, and community partners to ensure that urgent public health and emergency management pre-disaster, response and recovery messages reach the vulnerable populations in all jurisdictions within the state of Maine (or as indicated by the situation).

1. **Goals**

Overarching Goal

To ensure that all vulnerable populations receive timely, accurate, clear, concise, and consistent information regarding pre-disaster, response and recovery situations so they can take appropriate actions to ensure their health and safety.

Specific Goal

To delineate a Plan to be implemented by the Maine CDC that when activated will effectively push out public health and emergency preparedness pre-disaster, disaster response and disaster recovery messages in partnership with numerous state and local organizations, social service agencies and community partners using a variety of communication methods in order to effectively inform the vulnerable populations within the state of Maine.

1. **Policies**

* Maine CDC and MEMA have the primary responsibility for developing the public health and emergency management messages respectively for public distribution.
* MEMA will submit emergency management messages to ME CDC for distribution to vulnerable populations through the Health Alert Network (HAN).
* Maine CDC has primary responsibility for the distribution of disaster related public messages targeting vulnerable populations through the HAN to participating organizations/ agencies/ community partners.
* Participating organizations, agencies, and community partners will agree to distribute all public health and emergency management messages they receive through the Maine CDC via HAN to their constituents/populations served using existing communication methods that best suits their populations’ needs.

**II. Situation and Assumptions**

1. **Situation**

* Most Mainers are generally regarded as self-sufficient and resilient. The State as a whole, however, is under increasing economic stress, is demographically the oldest state in the country, has a high percentage of people with special needs and/or that are dependent upon social services, has municipalities that are geographically segregated from each other, is a State that consistently experiences severe climate, and is exposed to multiple natural hazards that challenge the resiliency of its people. In recent years, Maine has become more diverse with populations from different cultures and climate, and who may or may not be more accustomed to sophisticated public and private infrastructure. Taken together, these conditions have helped create an increasingly vulnerable population in Maine when faced with natural or man-made disasters.
* Vulnerable persons have equal rights to safety and security in an emergency as a matter of law.

1. **Assumptions**

* Timely and accurate information that is provided to the public in preparation for, in response to, or in recovery from a disaster facilitates more favorable outcomes relative to morbidity, mortality, and socio-economic factors.
* All public health and emergency management messages should be received by all people within the state of Maine.
* Segments of Maine’s vulnerable population experience barriers to receiving public health and emergency management messaging.
* Various advocacy and support organizations and agencies, and community partners have mechanisms in place to communicate directly with their constituents/populations served representing specific segments of the vulnerable populations in Maine.
* The various advocacy and support organizations and agencies, and community partners will forward the public health and emergency management messages to their constituents/ populations served in a timely manner using population specific methods of communication.
* Those vulnerable persons in the community who receive the timely and accurate public health and emergency management messages will be more likely to take actions that will result in a more favorable outcome from a disaster event.

**III. Concept of Operations**

1. **General**

The Health Alert Network (HAN) system resides within the Maine CDC, Public Health Emergency Preparedness, and will serve as the method to distribute the public health and emergency management messages generated by Maine CDC and MEMA to partner organizations, agencies and partners for further distribution to their constituents/members.

1. **System Development**

Maine CDC and MEMA, in collaboration with participating partners, will:

* Identify statewide organizations and local social service agencies/community partners who serve vulnerable populations, with particular focus (at least initially) on those vulnerable populations with identified barriers to receiving important public communications.
* Determine where vulnerable populations are located geographically as concentrated groups (using GIS, if capability available), or locate as isolated at-risk individuals.
* Identify points of contact for defined organized groups; determine how to contact at risk individuals not associated with a defined group (trusted person, local networks).
* Enlist and secure a commitment of participation in the VPCP from state and local organizations/agencies/community partners serving the vulnerable populations by signing a Memorandum of Agreement.
* Prepare timely, accurate, clear, concise and consistent public health and emergency management messages (Maine CDC and MEMA respectively) as indicated.
* Develop a Vulnerable Populations Group (VPG) within the HAN for :
* State wide messaging: Communications will be sent from Maine CDC via HAN VPG to the pre-identified statewide organizations for them to distribute the messages to their constituents/population served.
* Local messaging:
  + Communications will be sent from Maine CDC via HAN VPG to the pre-identified local agencies and community partners who will collaborate/activate to distribute the information to vulnerable individuals, e.g., Meals on Wheels, VNA, Home Health, known cultural leaders (trusted persons), faith based organizations, agencies for homeless, head start (send information home with the children), one-on-one, ...
  + Messages pertaining to a localized event may be distributed locally by the regional HAN administrator located at the Regional Resource Centers.
  + Organizations, agencies and partners supporting the vulnerable will be encouraged to integrate preparedness messaging into their contacts with their constituents/members.

**IV. Program Management and Coordination**

1. **Pre-incident Activities**

* Annually update the HAN VPG list of statewide and local organizations, agencies, community partners that support or advocate for the vulnerable populations, including current contact information. (consult 2-1-1)
* Renew/reaffirm the Memorandum of Agreement with partner organizations on annual basis.
* Test/exercise the VPCP via the HAN VPG at least annually.
* Complete and/or review pre-disaster message preparation (content) and translation (if necessary, or if possible) ahead of time on common, predictable disaster issues.
* Develop the VPCP Job Aid / Checklist that will guide the activation steps.
* Maine CDC and MEMA PIOs will communicate pre-disaster (and throughout response and recovery as indicated) to coordinate timely, accurate, clear, concise, appropriate and consistent public messaging.
* A pre-disaster alert/notification will be sent to all communications partners in anticipation of activation of the VPCP as the situation allows.
* Implement the ME CDC Translation Policy for pre-disaster and urgent translations. (Maine CDC Translation Policy, currently in development)
* Activate the system to distribute preparedness and/or pre-disaster messages to the vulnerable.

1. **Response and Recovery Activities**

* Activate the system to distribute response and recovery messages to the vulnerable.
* Implement the Maine CDC Translation Policy for translation of urgent public health messages. (Maine CDC Translation Policy, currently in development)
* Distribute messages to announce the end of the disaster, as indicated.
* Evaluate the response activities with participating partners to determine what went well and what needs improvement.
* Solicit feedback from representatives from the various vulnerable populations.
* Identify Lessons Learned.
* Prepare an After Action Report.
* Develop an Improvement Plan.
* Make appropriate changes to the VPCP to reflect the Lessons Learned.

**V. Responsibilities**

1. **Coordinating Agency: Maine CDC**

* Maine CDC will prepare public health preparedness, disaster response and recovery messages for distribution.
* Maine CDC and MEMA will coordinate message content to ensure consistent, accurate and non-redundant information.
* Maine CDC will push out the public health and emergency management messages to participating organizations, agencies and community partners supporting vulnerable populations via the HAN VPG.
* Maine CDC and MEMA will collaborate to complete the post disaster evaluation process and subsequent VPCP revision.
* Maine CDC and MEMA will review and revise the VPCP as indicated post event, or routinely on annual review.
* Maine CDC will review and reaffirm the Memorandum of Agreement with partner organizations /agencies/community partners on an annual basis.

1. **Supporting agencies: MEMA**

* MEMA will prepare and submit to Maine CDC the emergency management preparedness, response and recovery messages to be distributed to the partner organizations /agencies via the HAN VPG.
* MEMA will collaborate with Maine CDC on VPCP maintenance as noted above.

1. **Partner organizations: (see Attachment D for list of partner organizations/agencies)**

* Partner organizations will sign a Memorandum of Agreement with Maine CDC agreeing to distribute the messages received from the ME CDC to their constituents/population served in a timely manner upon request.
* Partner organizations will provide contact information for the organization contact persons that will be responsible for activating the communications process.
* The contact information will be updated annually as a component of the annual VPCP review and reaffirmation of the Memorandum of Agreement. (The Memorandum of Agreement will be in place for 5 years.)
* Partner organizations will distribute the public health and emergency messages received from ME CDC via the HAN VPG to their constituents/population served using population specific communications methods.
* Partner organizations will provide feedback on the effectiveness of the communications system to meet the goal of distributing public health and emergency management messaging to the vulnerable populations.

**VI. Coordinating Instructions**

1. Maine CDC and MEMA will sign a MOA committing to coordination and cooperation regarding the implementation of the VPCP.
2. The Memorandum of Agreement will be established between Maine CDC and the partner organizations and agencies in order to effectively carry out the goals and tasks outlined in this Plan. The participating partnership organizations and agencies through a designated contact person, agree to distribute the messages received from the ME CDC via the HAN VPG to their constituents/ populations served in a timely manner.

**VII. Administration**

1. **Administration**

* Maine CDC, PHEP will maintain the HAN VPG for message distribution to partner organizations/agencies/ community partners.
* Maine CDC and MEMA will meet at least annually (or post event) to review and update the VPCP, to review and reaffirm the Memorandum of Agreement, and to plan testing of the VPCP.
* A collaborative drill of the VPCP by way of a test alert distributed through the HAN VPG to partner organizations/agencies/community partners will occur on a quarterly basis.

**VIII. Authorities and References**

Maine CDC Reference

* CDC, Public Health Preparedness Capabilities, National Standards for State and Local Planning, OPHPR, March 2011
* ASPR, Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness, OASPR, HPP, January 2012

MEMA Authority

|  |  |  |
| --- | --- | --- |
| **Statute** | **Agency** | **Authority** |
| US Public Law 93-288 | Federal Government | Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act |
| 1973 Rehabilitation Act, Section 504 | Federal Government | Prohibits federal agencies and federally funded programs from discriminating on the basis of disability. Section 504 applies to a number of entities and federally funded activities not reached by the Americans with Disabilities Act (ADA). |
| Title VI of the 1964 Civil Rights Act | Federal Government | Protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. |
| The Americans with Disabilities Act, July 26, 1990 | Federal Government | The ADA is a comprehensive civil rights law for people with disabilities. The Department of Justice enforces the ADA’s requirements in three areas: 1) Title I: Employment by units of State and local government, 2) Title II: Programs, services, and activities of State and local government, and 3) Title III: Public accommodations and commercial facilities. |
| Robert T. Stafford Emergency Management and Disaster Assistance Act, Section 308 | Federal Government | Prohibits discrimination on the basis of race, color, religion, nationality, sex, age, or economic status in all disaster assistance programs. |
| Individuals with Disabilities in Emergency Preparedness – Executive Order 13347 | Federal Government | The Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties oversees the implementation of Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, which was signed July 2004. This Executive Order is designed to ensure the safety and security of individuals with disabilities in all-hazard emergency and disaster situations. |
| Pets Evacuation and Transportation Standards (PETS) Act, H.R. 3858, August 4, 2006 | Federal Government | This Act is an amendment to the Stafford Act, Robert T. Stafford Disaster Relief and Disaster Assistance Act (42 U.S.C. 5121 et seq.) requires Federal Emergency Management Agency to ensure state and local disaster preparedness plans “take into account the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency.” |
| Federal Communications Commission (FCC), Closed Captioning, 2006 | Federal Government | Requires 100 percent of new, non-exempt English language programming on television stations to be closed captioned. Stations giving out emergency information in their audio make that information available simultaneously to the hearing impaired during breaking news situations. |
| Federal Communications Commission (FCC), Video Description Rules, 2000 and 2001 | Federal Government | Audio descriptions are integrated into natural pauses to describe the actions that are happening in the visual part of a program. The largest broadcast television stations and multi-channel video programming distributors are to provide a limited amount of video description. |
| Federal Communications Commission (FCC), Information and Referral 2-1-1, 2001 | Federal Government | The intent of this Act, via the 2-1-1 number, is to assist “the elderly, the disabled, those who do not speak English, those who are having a personal crisis, the illiterate, or those who are new to their communities, among others, by providing referrals to, and information about health and human service organizations and agencies. This number is a possible available resource for communication in disaster situations as well. |
| Title 37B, Chapter 13, Maine Revised Statutes Annotated (MSRA), the Maine Emergency Management Act, as Amended | State | Establish the Maine Emergency Management Agency to lessen the effects of disaster on the lives and property of the people of the State through leadership, coordination and support in the 4 phases of emergency management: mitigation, preparedness, response and recovery. |
| Executive Order No. 08 FY 06/07 | State | An order establishing a State of Maine Emergency Disaster Response and Disaster Assistance Teams as part of maintaining a comprehensive state emergency preparedness plan, October 20, 2005 |

**IX. Plan Review and Maintenance**

* The VPCP will be reviewed and updated on an annual basis (or post event) by both Maine CDC and MEMA in consultation with partner organizations, agencies and community partners.
* Organization and agency lists and point of contact information will be updated and affirmed annually via reminder from the HAN VPG. (consult 2-1-1)
* The Memorandum of Agreement with partner organizations, agencies and community partners will be reviewed and reaffirmed on an annual basis. (Memorandum of Agreement will be in place for 5 years.)
* A collaborative drill of the VPCP by way of a test alert distributed through the HAN VPG to partner organizations/agencies/ community partners will occur on a quarterly basis.
* Maine CDC PHEP will update and maintain the HANVPG.

**X. Attachments**

1. Acronyms
2. Organizational Chart- Program Management and Coordination
3. ME CDC Translation Policy (currently under construction)
4. Partner Organizations / Agencies Listing
5. Memorandum of Agreement Template
6. VP Communications Plan Job Aid / Checklist

**Attachment A: Acronyms**

CDC US Center for Disease Control and Prevention

DLs District Liaisons

EMA Emergency Management Agency

FNSS Functional Needs Support Services

GIS Geographic Information Systems

HAN Health Alert Network

HAN VPG Health Alert Network Vulnerable Populations Group

LTC Long Term Care

ME CDC Maine Center for Disease Control and Prevention

MEMA Maine Emergency Management Agency

OPHPR Office of Public Health Preparedness and Response

PHEP Public Health Emergency Preparedness

RRCs Regional Resources Centers

VNA Visiting Nurses Association

VPCP Vulnerable Populations Communications Plan

**Attachment B.**

**Organizational Chart: Program Management and Coordination**

Maine CDC

VPs in Community

State Organizations

MEMA

VPs in Shelters

VPs in Community

County EMA

DLs and Local Partners

State HAN Coordinator

Regional PH HAN Coordinator

**Attachment C.**

**ME CDC Translation Policy**

(Currently under development)

**Attachment D.**

**Partner Organizations / Agencies Listing**

(Currently under development)

**Attachment E.**

**Memorandum of Agreement Template**

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**Memorandum of Agreement**

**The Department of Health and Human Services**

**Maine Center for Disease Control and Prevention**

**And**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name**

1. **Parties**

This Memorandum of Agreement (MOA) is between the Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention (Maine CDC) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, here-to-fore

Organization Name

referred to as the Participating Partner.

1. **Purpose**

Maine CDC, in collaboration with the Maine Emergency Management Agency (MEMA), have a shared responsibility for ensuring that all Maine people are fully informed regarding public health and emergency management pre-disaster, disaster response, and disaster recovery messages. It is recognized that certain segments of the population experience barriers to receiving communications for a variety of reasons including hearing or visual impairment, illiteracy, non-English speaking, social, cultural or geographic isolation, cognition impairment, mental illness, etc.

Maine CDC has developed a Vulnerable Populations Communications Plan which defines the process for the targeted distribution of all important public health and emergency management messages to the most vulnerable persons within the state of Maine, particularly those with communications barriers.

This initiative is designed to be implemented in partnership with other organizations, service agencies and community partners who work with the most vulnerable populations in the state.

1. **Definitions**

Vulnerable Population: A vulnerable population as defined by *Mosby’s Dictionary of Medicine, Nursing, & Health Profession* is an individual or population being vulnerable to a particular disease or event. The factors determining risk may be environmental, psychological, or physiologic.

1. **Ongoing Responsibilities**

By way of this Memorandum of Agreement (MOA) between the Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention (Maine CDC) and theParticipating Partner, both parties agree to the following terms and conditions:

* 1. **The Participating Partner agrees to**:
     1. Enroll in the Maine Health Alert Network (HAN) to receive public health and/or medical emergency communication related public messaging from the Maine CDC Health Alert Network.
     2. Distribute the message received from the HAN to the vulnerable population(s) associated with the organization/agency in a time frame reflecting the urgency of the message (as requested by the Maine CDC) in a method determined by the organization/agency that can be received and understood by the population served.
     3. Provide emergency contact information to Maine CDC for inclusion in the HAN. This will include name(s) and contact information including multiple methods of contact (email addresses, telephone numbers, etc.).
     4. Update the emergency contact(s) and their contact information to the HAN System Coordinator for the Maine CDC, Vulnerable Population Communications Plan at least annually and as necessary whenever personnel changes occur.

* + 1. Participate in scheduled training for designated staff on using the HAN and their responsibility for distributing the message received.
    2. Participate in periodic testing of the HAN messaging system on a quarterly basis.
    3. Participate in the planning and execution of exercises related to the operations of the Vulnerable Populations Communications Plan.
    4. Provide information to the Maine CDC on the communication process following a system test, an exercise, or a real event.

* 1. **Maine CDC agrees to:**

1. Prepare (in collaboration with MEMA when indicated) and distribute emergency related public messaging to vulnerable populations using the Maine CDC, HAN system.
2. Provide instructions on joining the HAN System to the participating organization/agency.
3. Provide training opportunities to participating organization/agency staff on using the HAN and their responsibility for distributing the message received to their constituents.
4. Obtain emergency contact information, including name(s) and contact information for multiple methods of contact from the organization/agency.
5. Update the emergency contact information in the HAN system for the Maine CDC Vulnerable Populations Communications Plan at least annually.
6. Conduct quarterly testing of the HAN communications system for vulnerable populations.
7. Include organizations/ agencies in the planning and execution of exercises related to the operations of the Vulnerable Populations Communications Plan as needed.
8. Solicit information regarding the communication process following a system test, an exercise or a real event.
   1. **Both Parties Mutually Agree:**
9. The confidentiality and protection of patients and patient medical and personal information will be maintained as written and enforced by the Privacy Act of 1974, 5 U.S.C. § 552a, Public Law No. 93-579, the Federal Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 may apply.
10. To the extent that this agreement involves the use, disclosure, access to or acquisition or maintenance of information that actually or reasonably could identify an individual, both parties agree to a) maintain the confidentiality of such information as required by applicable state and federal laws, rules, regulations and Department policy, b) contact the other party within 24 hours of a privacy or security incident that actually or potentially could be a breach of such information, and c) cooperate with the other party in its investigation and potential reporting of such incident.
11. Both parties agree to review this partnership at least annually, or when changes or concerns arise
12. This Memorandum will not supersede any laws, rules, or polices of either party.
13. No reimbursement or compensation will be made by either party to the other for responsibilities described herein.
14. **Terms of Agreement**

This agreement shall be effective upon signature of both parties. This agreement shall be reviewed and resigned every five years. All parties understand that this agreement may be terminated at any time by written notification from either party to the other. Maine CDC, MEMA, and vulnerable population service providers agree that no other methods and/or documents, including correspondence, acts, and oral communications by or from any person, shall be construed as an amendment to the MOA.

Details contained herein may be altered with written mutual consent and agreement between Maine vulnerable population service providers and may be amended at any time at the request of either party.

The parties expressly agree that this agreement is not intended and shall not be construed to create the relationship of employer, employee, agent, servant, partnership, joint venture, or association between the parties hereto or any of their directors, officers, employees, or agents.

The parties hereby agree that they will not incur any obligations on the part of the other party or act as agent of the other party and agree that neither party has the authority to bind the other.

1. **Capacity to Enter into Agreement**

The persons executing this Memorandum of Agreement on behalf of their respective entities hereby warrant that they have the right, power, legal capacity, and appropriate authority to enter into this Memorandum of Agreement on behalf of the entity for which they sign.

Mary Mayhew

Commissioner

Maine Department of Health and Human Services

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Enrollment Form**

**Participating Partner Information**: **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** | | | |
| **Facility Address:** | | | |
| **Agency Mailing Address:** (Leave blank if same as above) | | | |
| **City:** | **County:** | | **Zip Code:** |
| **Primary Phone:** | | **Primary Fax:** | |

**Administrator: Q. As administrator, do you want to receive the VPCP HAN message? Yes/No**

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Work Phone** | **Email Address** |
|  |  |  |

**Primary Operational Designee and Secondary Back-up**

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Work Phone /**  **Cell Phone** | **Email Address** |
| **Primary** | **W:**  **C:** |  |
| **Back Up** | **W:**  **C:** |  |

**Vulnerable Populations your organization/agency serves**: Please check all that apply. List others.

|  |  |
| --- | --- |
|  | Blind, Visually Impaired |
|  | Deaf, Hearing Impaired |
|  | Financially Vulnerable |
|  | Homeless, shelter dependent |
|  | Frail Elderly |
|  | Physical Disability |
|  | Cognitive Impairment/ Developmental Disability |
|  | Mental Illness |
|  | Group Homes |
|  | Adult Day Care |
|  | Native Americans |
|  | Immigrants |
|  | Migrants |
|  | Refugees |
|  | Non English Speaking |
|  | Undocumented persons |
|  |  |
|  |  |
|  |  |

**Geographic Areas of service**: Please check all that apply.

|  |  |
| --- | --- |
|  | York |
|  | Cumberland |
|  | Oxford |
|  | Franklin |
|  | Androscoggin |
|  | Somerset |
|  | Kennebec |
|  | Hancock |
|  | Piscataquis |
|  | Penobscot |
|  | Waldo |
|  | Washington |
|  | Lincoln |
|  | Sagadahoc |
|  | Knox |
|  | Aroostook |

**Services Provided**: Please check all that apply. List others.

|  |  |
| --- | --- |
|  | Housing / shelter |
|  | Interpretation |
|  | Transportation |
|  | Case management and referral |
|  | Food bank/ meal program |
|  | Mental health |
|  | Legal |
|  | Naturalization / immigration |
|  |  |
|  |  |
|  |  |

**Languages used by population served**: Please check all that apply. List others. Please identify with a star, those languages most commonly used.

|  |  |  |
| --- | --- | --- |
|  |  | English |
|  |  | French |
|  |  | Spanish |
|  |  | Arabic |
|  |  | Acholi Sudanese |
|  |  | Somali |
|  |  | Russian |
|  |  |  |
|  |  |  |
|  |  |  |

**Methods you currently use to communicate with your constituents**: Please check all that apply. List others.

|  |  |
| --- | --- |
|  | Phone/ voice mail messages |
|  | Email |
|  | Website |
|  | Facebook |
|  | Twitter |
|  | Newsletter |
|  | Fliers |
|  | Posters |
|  |  |
|  |  |
|  |  |
|  | Currently do not have an established method to communicate with constituents |

**Appendix C: Secure Communications Plan**

This plan describes the processes that Maine CDC staff will use whenever secure communications are required.

**Appendix C: Secure Communications Plan**

**Purpose**

The purpose of this plan is to describe the process that Maine CDC staff must use to acquire and maintain a security clearance, as well as the policies and procedures surrounding access, storage, and transport of classified materials.

**Situation**

As part of their work, Maine CDC staff members in certain ICS positions or related response roles may need to access classified materials, however, Maine CDC does not currently have the authority to grant security clearances or the facilities and infrastructure required to access and securely house classified materials. Because of this, Maine CDC relies on the Department of Homeland Security’s (DHS) Office of Intelligence and Analysis (I&A) for clearance sponsorship, processing, and maintenance, and leverages the facilities and infrastructure within the Maine Information and Analysis Center (MIAC) to access classified materials.

**Clearance Acquisition, Maintenance, and Surrender**

Maine CDC staff members who work in positions that require access to classified information as part of their job duties must first be granted a security clearance by the Department of Homeland Security’s Office of Intelligence and Analysis. The process for requesting a security clearance is as follows:

1. Submit your request via e-mail, with justification concerning your need for a clearance, to the Maine CDC Public Health Emergency Preparedness (PHEP) Director. If approved, your request will be forwarded to the State approval authority.
2. The State approval authority, currently the Director of MEMA, will provide you with a short request form to initiate the process. Complete and return the form.
3. The State approval authority coordinates the request with DHS.
4. DHS will send you an Outlook Calendar invite to initiate the process. The invite contains instructions, a link to e-QIP (Electronic Questionnaires for Investigations Processing), and additional information including suspense dates.
5. Closely follow the instructions provided in the invitation and complete all required submissions in the allotted time (usually between two and three weeks).
6. Although you can refer any questions you have to the DHS Security Contacts provided in the invitation, the DHS Intelligence Officer in Maine can provide some guidance and best practice information on navigating through the application process.

Because clearances are tied to positions and not individuals, any Maine CDC staff member who transitions to a new position that does not require access to classified information, or who leaves the organization entirely, must receive a security out-briefing as part of surrendering their clearance. To ensure proper time to schedule this out-briefing, the MIAC Security Liaison and/or DHS Intelligence Officer should be notified two weeks prior to the transition/departure date.

**Clearance Reciprocity**

Any individual who has a clearance granted to them by an outside organization, and who requires access to classified information, can have their clearance recognized by DHS. This can be done on a case-by-case basis for single instances where classified information access is required, or for an extended period of time via the permcerting process. This process requires that the security clearance offices from both organizations (DHS and the outside organization) verify the individual’s clearance, and creates an obligation for the outside organization to notify DHS in the event that the individual loses access for any reason at any time during the permcert period. DHS permcerts are good for a period of one year, after which the permcert will be reviewed and renewed, if appropriate. Instructions and forms required to initiate the permcert process are available from the MIAC Security Liaison.

Other organizations will generally accept a security clearance granted by DHS in the same way as noted above. This can be done on a case by case basis or, in cases where more routine access will be required, via the permcerting process. Outside agency permcerts vary in duration and will be periodically be reviewed and renewed. Instructions and forms required to initiate the permcert process are available from the MIAC Security Liaison.

**Accessing Classified Materials**

Maine CDC staff members who have received their clearance can access classified information systems via the Homeland Security Data Network (HSDN) room within the Maine Information and Analysis Center. This facility offers the following capabilities:

1. HSDN web portal access
2. Classified e-mail access
3. Classified telephone access
4. Secure video conferencing
5. Secure faxing

Routine physical access to the MIAC can be coordinated by contacting the MIAC general telephone number or e-mail address during normal business hours and requesting assistance. After-hours, or anytime the office is closed, the MIAC general telephone number will be answered by one of the State Police Dispatch Centers. Maine CDC staff members who need to gain access to the MIAC after hours or when the office is closed should ask the State Police Dispatch Center to contact the MIAC Director or Operations Sergeant for assistance.

**Storage and Transportation of Classified Materials**

Maine CDC staff members store electronic records on the HSDN system itself. Hardcopy classified documents should be stored in the General Services Administration (GSA) approved safes located within the MIAC.

Maine CDC does not have any DHS-approved couriers for transporting classified materials. In the event that transportation of these materials is required, Maine CDC staff members should coordinate said transportation with either the MIAC Security Liaison or the DHS Intelligence Officer.

**Briefing Procedures**

Should the need arise, Maine CDC staff members can coordinate with the MIAC Security Liaison to use the MIAC HSDN room for classified briefings. Any attendees who have non-DHS clearances will need to have their clearance verified by the MIAC Security Liaison prior to being allowed inside the MIAC secured spaces. Advanced coordination for this is required. Circumstances permitting, please provide at least five working days’ notice should you need to brief or be briefed by individuals with outside agency clearances who are not already permcerted.

**Points of Contact**

MIAC General Telephone Number: (877) 786-3636 or (207) 624-7280

MIAC General E-Mail Address: intel.msp@maine.gov

DHS Intelligence Officer for Maine: Thomas Nowak

thomas.nowak@hq.dhs.gov

(207) 402-0778

**Appendix D: Frequent Communications Matrix**

This matrix contains a listing of frequent communications made by Maine CDC, including their intended audiences and the methods by which they are disseminated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication Type** | **Audience** | **Communication Method(s)** | **Notes** |
| Health Alert, Advisory, or Informational Bulletin | Various. Determined by message author. Usually intended for a larger audience. | Primary: HAN (PHIN Direct)  Secondary: TBD | Must be sent as a “PHIN Direct” message in the HAN system. No confirmation or response are required, as these messages are informational in nature and require no action. |
| General Message | Various. Determined by message author. Usually intended for a smaller audience. | Primary: HAN (General Message)  Secondary: TBD |  |
| Bed Availability Poll (Via RRCs) | Regional Resource Centers | Primary: HAN (General Message)  Secondary: TBD | Use “Hospital Bed Availability Poll – Via RRCs” template in the HAN system. Requires Administrator or Message Sender rights within…The Regional Resource Centers will forward the request to their respective hospitals via their internal communication channels. |
| Bed Availability Poll (Direct) | Hospitals | Primary: HAN (General Message)  Secondary: TBD | Use “Hospital Bed Availability Poll – Direct” template in the HAN system. Requires Administrator or Message Sender rights within… |
| Disaster Behavioral Health Volunteer Activation | Disaster Behavioral Health Volunteers | Primary: HAN (General Message)  Secondary: TBD |  |
| SNS Management Team Activation |  | Primary: HAN (General Message)  Secondary: TBD |  |
| SNS RSS Site Activation |  | Primary: HAN (General Message)  Secondary: TBD |  |
| Maine Responds Volunteer Availability Poll | Maine Responds Volunteers | Primary: Maine Responds  Secondary: TBD |  |
| Maine Responds Mission Deployment Notification | Maine Responds Volunteers | Primary: Maine Responds  Secondary: TBD |  |
| Maine Responds Volunteer Demobilization Notification | Maine Responds Volunteers | Primary: Maine Responds  Secondary: TBD |  |
| Public Health Nursing Staff Activation | Public Health Nursing Staff | Primary: HAN (General Message)  Secondary: TBD |  |
| PHEOC Activation Notification | PHEP Staff | Primary: HAN (General Message)  Secondary: TBD | Use “Maine CDC PHEOC Activation Notification” template in the HAN system. Requires Administrator or Message Sender rights within the “Public Health Emergency Preparedness” organization. |
| PHEOC Staff Assembly Notification | PHEP and PHEOC Staff | Primary: HAN (General Message)  Secondary: TBD | Use “Maine CDC PHEOC Staff Assembly Notification” template in the HAN system. Requires Administrator or Message Sender rights within the “Public Health Emergency Operations Center” and “Public Health Emergency Preparedness” organizations. |
| PHEOC Activation Notification for External Agencies | External Partners (MEMA, RRCs, MPCA, etc.) | Primary: HAN (General Message)  Secondary: TBD |  |
| PHEOC Demobilization Notification | PHEP and PHEOC Staff; External Partners (MEMA, RRCs, MPCA) | Primary: HAN (General Message)  Secondary: TBD | Use “Maine CDC PHEOC Demobilization Notification” template in the HAN system. Requires Administrator or Message Sender rights within the “Public Health Emergency Operations Center” and “Public Health Emergency Preparedness” organizations. |

## Appendix E: Communications Assets

This is a listing of Maine CDC’s current communications assets, sorted by type.

## Appendix E: Communications Assets

The following is a brief description of each of the communications assets used by Maine CDC for routine and emergency communications. This section is meant to act as an inventory or “catalog” of Maine CDC’s communications capabilities – both incoming and outgoing – with the understanding that most events will not require the activation or employment of every communication asset that appears below.

### Telephony

* Landline and Cellular Phones

All Maine CDC staff members have access to standard office phones as part of their day-to-day business. Staff members who fill key positions have access to cellular phones, issued to them by the State’s Department of Information Technology.

* PHEP Conference Call Line

PHEP has its own dedicated conference call line with a maximum capacity of 300 call attendees. This conference call line is often employed to conduct conference calls with hospital and health care facility staff across the state. These calls can be recorded and accessed up to one month later via the internet, or downloaded and accessed indefinitely.

See: *Administrative SOP: Conference Call Communication with Healthcare Partners During Public Health Emergencies* for relevant guidance.

* Government Emergency Telecommunications Service (GETS) Cards

Appropriate staff members within Maine CDC have been issued GETS cards by the U.S. Department of Homeland Security. The local controlling authority for requesting GETS cards within Maine CDC is the PHEP Director.

* Satellite Phone

Maine CDC has a single Iridium 9555 handheld satellite phone intended for use when traditional landline or cellular phone networks fail, or when conducting response operations in a location with limited or non-existent cellular connectivity.

* Disease Reporting Line (*800-821-5821*)

Maine CDC’s Disease Reporting Line allows for healthcare providers and the general public to contact Infectious Disease Epidemiology staff with questions.

* DHHS Constituent Services Line (*207-287-5846*)

DHHS’s Constituent Services Line is a public-facing telephone line used to field calls from the general public regarding the entirety of the services provided by DHHS.

* Maine CDC Phone Bank

Maine CDC has the ability to stand-up a sixteen (16) position phone bank to handle calls from the public during an event. Staffing requirements for the phone bank are determined on a per-event basis, with a focus on having subject matter experts in place whenever possible.

* 2-1-1 Maine

2-1-1 Maine is a comprehensive statewide directory of over 8,000 health and human services available in Maine. The toll free 2-1-1 hotline connects callers to trained call specialists who can help 24 hours a day, 7 days a week. Maine CDC has a Memorandum of Understanding (MOU) with 2-1-1 Maine to provide call center services in the event that the Maine CDC Phone Bank can no longer handle the volume of calls it is receiving.

### E-Mail

* Standard/Encrypted E-Mail

All Maine CDC staff members have access to standard e-mail as part of their day-to-day business. When required, e-mail can be encrypted using Zix E-Mail Encryption.

* “E-Mail Contact for Questions” link on Maine CDC Website (*http://www.maine.gov/dhhs/mecdc/newcontacts.htm*)

E-mail from the public that is sent via this link is received by the Maine CDC Deputy Director.

* Disease Reporting E-Mail Address (*disease.reporting@maine.gov*)

E-mail from healthcare providers and the general public that is sent to this address is received by Infectious Disease Epidemiology staff.

### Web-Based Systems

* Health Alert Network (*https://www.mainehan.org*)

The Health Alert Network (HAN or MaineHAN) is a secure alerting and notification tool capable of sending messages via e-mail, fax, SMS, and voice. Message senders can choose the communication methods by which a particular message should be delivered, and if necessary, provide multiple response options for recipients to choose from when confirming receipt of the message. These responses can be tracked in near real-time via the web portal.

* + Medscape from WebMD

In addition to the MaineHAN system, Maine CDC has a partnership with WebMD that allows it, at the discretion of the Maine CDC Director or other authorized official, to push messages out to physicians and other healthcare providers in the state who are members of WebMD’s Medscape program. As MaineHAN membership is strictly voluntary, this partnership helps Maine CDC provide information to physicians and other healthcare providers who may not be members of the MaineHAN system.

* EMResource (*https://emresource.emsystem.com*)

EMResource is a resource management and status reporting tool primarily used by Maine CDC to poll hospitals for their bed availability numbers (commonly referred to as Hospital Available Beds for Emergencies and Disasters, or HAvBED, data), emergency department statuses, and other equipment and supply counts.

* Maine Responds (*https://www.maineresponds.org*)

Maine Responds is a statewide registry system used by Maine CDC to register, credential, and alert healthcare professionals and non-medical personnel who wish to volunteer during an emergency. The system is tied to several State-run licensure databases and can be used to conduct background checks on volunteers when necessary.

* WebEOC (*https://gateway.maine.gov/eoc7*)

WebEOC is an incident and event management tool that emulates an emergency operations center in a virtual environment. It allows authorized emergency managers and response personnel to enter and view incident information from any location that has internet access. The Maine Emergency Management Agency (MEMA) acts as the primary controlling organization for the State’s WebEOC installation.

* Adobe Connect (*https://stateofmaine.adobeconnect.com*)

Adobe Connect is a video conferencing and online collaboration tool used by Maine CDC to conduct trainings, meetings, and other events with attendees from across the state.

### Social Media

* Facebook (*Maine CDC*) / Twitter (*@MEPublicHealth*)

Maine CDC has Facebook and Twitter accounts that are maintained by the Health Education Coordinator. These accounts are routinely used to provide general health information and recommendations to the public; however, they may be used to provide event-specific information during emergencies.

### Radios

* Kenwood TK-7180H (50W VHF) / Kenwood TK-8180H-K2 (45W UHF)

Maine CDC has one (1) Kenwood TK-7180H mobile radio and one (1) Kenwood TK-8180H-K2 mobile radio mounted in the mechanical room on the top floor of Maine CDC headquarters. Each has its own 16-channel tone remote, with connection jacks wired in both the PHEP Director’s office and the Radio Room in the PHEOC.

* Kenwood TK-5720K (50W VHF / P25 Digital)

Maine CDC has thirteen (13) Kenwood TK-5720 mobile radios with magnetic mount antennas and 12VDC cigarette lighter wiring harnesses, intended for use in a vehicle. Each radio is programmed with Non-Federal VHF National Interoperability Channels (VCALL10, VTAC11-14), VHF Public Safety Mutual Aid and Common Channels (VFIRE21-26, VMED28-29, VLAW 31-32), State of Maine Concept of Operations Plan (CONOPS) Channels, State and County Emergency Management Agency Channels, and Regional Hospital Channels. Nine (9) of these radios have been issued to Maine CDC’s District and Tribal Liaisons for use in their work with County Emergency Management Agencies and other local response organizations; four (4) remain at Maine CDC headquarters.

* Icom IC-F70DT (5W VHF / P25 Digital)

Maine CDC has six (6) Icom IC-F70DT handheld portable radios. Each radio is programmed with Non-Federal VHF National Interoperability Channels (VCALL10, VTAC11-14), VHF Public Safety Mutual Aid and Common Channels (VFIRE21-26, VMED28-29, VLAW 31-32), State of Maine Concept of Operations Plan (CONOPS) Channels, State and County Emergency Management Agency Channels, and Regional Hospital Channels.

* Motorola DTR550 (900MHz) / Motorola DTR650 (900MHz)

Maine CDC has four (4) Motorola DTR650 handheld portable radios and two (2) Motorola DTR550 handheld portable radios. These radios operate at 900MHz and are considered “on site” radios intended for use at a single location.

## Appendix F: Phone Lists

These lists cover PHEP and PHEOC staff members and are intended for use when other methods of communication, such as the HAN system, are unavailable.

## Appendix F: Phone Lists

### PHEP Staff Phone List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Job Title** | **Contact Number 1** | **Contact Number 2** | **Contact Number 3** |
| Jane | Coolidge | Emergency Preparedness Planner | (207) 287-5330 | (207) 615-6114 | (207) 797-3934 |
| Sue | Dowdy | Grants Manager | (207) 287-7310 | (207) 592-1825 | (207) 882-8375 |
| Patrick | Furey | Training and Exercise Coordinator |  |  |  |
| Bill | Jenkins | Director, Public Health Emergency Preparedness | (207) 287-5182 | (207) 557-1133 | (207) 873-6650 |
| James | Markiewicz | Director, Division of Public Health Systems | (207) 287-8104 |  |  |
| Jared | McCannell | Volunteer Management Coordinator | (207) 287-4072 | (207) 441-0786 |  |
| Nathaniel | Riethmann | HAN/HAvBED Coordinator | (207) 287-6551 | (207) 592-2287 | (207) 485-1024 |
| Kathleen | Wescott | Director, Disaster Behavioral Health | (207) 441-5466 |  |  |

### PHEOC Staff Phone List

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Job Title** | | **Contact Number 1** | **Contact Number 2** | **Contact Number 3** |
| **ICS/PHEOC Position** | |
| Kenneth | Albert | Director, Maine CDC | | (207) 287-3266 | (207) 441-2890 | (207) 783-2435 |
|  | Initial Response Team Leader |
| Nancy | Beardsley | Director, Division of Environmental Health | | (207) 287-5674 | (207) 592-9918 | (207) 377-6669 |
|  | Environmental Health Group Supervisor |
| Siiri | Bennett | State Epidemiologist | | (207) 287-5183 |  |  |
|  | Operations Section Chief |
| Nancy | Birkhimer | Director, Performance Improvement | | (207) 287-5361 | (207) 215-4737 | (207) 268-3799 |
|  | Informatics Group Supervisor |
| Jane | Coolidge | Emergency Preparedness Planner | | (207) 287-5330 | (207) 615-6114 | (207) 797-3934 |
|  | Planning Section Chief |
| Stephen | Combes | Epidemiologist | | (207) 287-2770 | (207) 215-7320 | (504) 275-6425 |
|  | Isolation/Quarantine Unit Leader |
| Roger | Crouse | Director, Drinking Water | | (207) 287-5684 | (207) 215-7054 | (207) 680-9129 |
|  | Drinking Water Unit Leader |
| Sue | Dowdy | Grants Manager | | (207) 287-7310 | (207) 592-1825 | (207) 882-8375 |
|  | Documentation Group Supervisor |
| Ann | Farmer | Senior Health Program Manager | | (207) 287-3600 | (207) 592-5529 | (207) 622-3231 |
|  | Epidemiology Group Supervisor |
| Roberta | Fogg | Deputy State Registrar | | (207) 338-3946 | (207) 287-3657 |  |
|  | Mass Fatality Group Supervisor (Backup) |
| Patrick | Furey | Training and Exercise Coordinator | | (207) 287-4407 |  |  |
|  | Logistics Section Chief |
| Sarah | Grant | Communications Director, DHHS | | (207) 287-3829 |  |  |
|  | Public Information Officer (Backup) |
| Donna | Guppy | Field Epidemiologist | | (207) 624-5328 | (207) 592-1795 | (207) 993-2288 |
|  | Case Investigation Unit Leader |
| Ted | Hensley | Director, Public Health Nursing | | (207) 287-6814 | (207) 441-8577 | (207) 338-1588 |
|  | Medical Care Group Supervisor |
| Marty | Henson | Director, Data, Research, and Vital Statistics | | (207) 287-5468 |  |  |
|  | Mass Fatality Group Supervisor |
| Jay | Hyland | Radiation Program Manager | | (207) 287-5677 | (207) 592-4170 | (207) 685-9034 |
|  | Radiation Unit Leader |
| Bill | Jenkins | Director, Public Health Emergency Preparedness | | (207) 287-5182 | (207) 557-1133 | (207) 873-6650 |
|  | Incident Commander |
| James | Markiewicz | Director, Division of Public Health Systems | | (207) 287-8104 |  |  |
|  | Initial Response Team Member |
| John | Martins | Communications Director, Maine CDC | | (207) 287-5012 |  |  |
|  | Public Information Officer |
| Jared | McCannell | Maine Responds/Medical Reserve Corps Coordinator | | (207) 287-4072 | (207) 441-0786 |  |
|  | Volunteer Support Group Supervisor |
| Christopher | Pezzullo | Chief Health Officer, DHHS | | (207) 287-5044 |  |  |
|  |  |
| Ken | Pote | Director, Health and Environmental Testing Laboratory | | (207) 287-2703 | (207) 592-3751 | (207) 236-0377 |
|  | Laboratory Group Supervisor |
| Nathaniel | Riethmann | HAN/HAvBED Coordinator | | (207) 287-6551 | (207) 592-2287 | (207) 485-1024 |
|  | Emergency Notification Unit Leader |
| Amy | Robbins | Epidemiologist | | (207) 287-3332 | (207) 592-3978 | (518) 588-2135 |
|  | Syndromic Surveillance Unit Leader |
| Andy | Smith | State Toxicologist | | (207) 287-5189 | (207) 592-0205 |  |
|  | Environmental Health Unit Leader |
| Tara | Thomas | Communications Officer (Social Media) | | (207) 287-5199 | (207) 441-5413 | (207) 242-3708 |
|  | Website Unit Leader |
| Kathleen | Wescott | Director, Disaster Behavioral Health | | (207) 441-5466 |  |  |
|  | Liaison Officer |
| Deanna | White | Assistant Attorney General | | (207) 626-8822 |  |  |
|  | Legal Unit Leader |
| Debra | Wigand | Director, Division of Population Health | | (207) 287-4624 | (207) 215-3745 | (207) 729-0363 |
|  | Initial Response Team Member |
| Lori | Wolanski | Director, Division of Infectious Disease | | (207) 287-6448 | (207) 592-3758 |  |
|  | Disease Control Group Supervisor |
| Christine | Zukas | Deputy Director, Maine CDC | | (207) 287-5179 | (207) 592-6817 | (207) 465-7364 |
|  |  |

## Appendix G: Memorandum of Understanding

## Between Maine CDC and 2-1-1 Maine

This MOU between Maine CDC and 2-1-1 Maine is intended for use when the volume of incoming calls from the public dictates that a public phone bank is needed.

