**Wachusett Medical Reserve Corps – 0437**

**Risk Communication and Messaging Mission Set**

**Mission Set**: A scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.

**Introduction:** There are a number of potential crisis scenarios that could occur in the 22 communities of north Worcester County in central Massachusetts. Every natural disaster or emergency event is unique and emergency responders have to quickly adapt to the ever-changing nature of a crisis. The right message at the right time from the right person can save lives.

Wachusett MRC will train MRC volunteers or an MRC team to write messages incorporated into emergency planning, response, and recovery phases. This messaging function is justified under the following [Public Health Emergency Preparedness and Response (PHEP) Capabilities](https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf):

**Capability 4: Emergency Public Information and Warning**

* Function 4: Establish avenues for public interaction and information exchange
* Function 5: Issue public information, alerts, warnings, and notifications

**Capability 6: Information Sharing**

* Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs
* Function 2: Identify and develop guidance, standards, and systems for information exchange
* Function 3: Exchange information determine a common operating picture

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| **Mission Set Title: Risk Communication and Messaging** |
| **Resource Description**:  **Activities and messaging designed by an MRC during non-emergency times can have a significant impact on communities and activities during an emergency response and in recovery. Wachusett MRC volunteers will** serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.  Messaging is not bound to a timeline. Although it is helpful to have pre-disaster messages outlined for expected and recurring events such a hurricane or tornado, the bulk of the messages will need to be developed quickly during the response and continue into recovery.“In a disaster, it is all hands-on deck.” Public officials along with other collaborating groups dispensing information must be prepared to communicate effectively with the public and the media to deliver messages that provide accurate and timely information without provoking alarm. |

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| **Resource Components** | |
| **Licenses or Certifications Required?** No | |
| **Personnel:**  Public Information Staff/  Designated Crisis Communication Team/ Secondary Crisis Communication Team | MRC Members in good standing with the following skills:   * Good writing skills * Volunteers having second language capabilities as translator/interpreter helpful * Volunteers with medical background helpful * Emergency/Disaster knowledge and experience * Volunteers with technical skills and knowledge of IT systems * Volunteers with web-based knowledge apps like Twitter, Facebook, Instagram, particularly those supported by the community. |

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| **Training Requirement** | Trainings:   * MRC Orientation 101 per unit guidelines * Personal Emergency Preparedness   <https://training.fema.gov/is/courseoverview.aspx?code=IS-315.a>  <https://training.fema.gov/is/courseoverview.aspx?code=IS-909>  <https://training.fema.gov/is/coursematerials.aspx?code=IS-22>   * FEMA ICS 100/NIMS 700   <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>  <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>   * Effective Communication FEMA IS 242   <https://training.fema.gov/is/courseoverview.aspx?code=IS-242.b>   * CDC Crisis and Emergency Risk Communication (CERC)   <https://emergency.cdc.gov/cerc/>   * EPIC Emergency Partners Information Connection   <https://emergency.cdc.gov/epic/about.asp>  Volunteers will also identify speakers/trainings to address specific needs of the local population such as:   |  |  | | --- | --- | | * Language barriers * Deaf and hard of hearing * Autistic and spectrum disorders * Developmental disabilities * Mental illness * Addictions/suicide prevention | * Dementia and Alzheimer’s * Physically challenged * Undocumented individuals * Immigrants and refugees * Trauma informed care * Infectious disease/epidemiology * LGBTQIA |   **Just In Time Training - Outline**   * Writing the Message * Consider the Audience * Delivering the Message * Do and Don’t * Final Check |

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| **Equipment Required** | * Copier/Fax * Computer/laptop/tablets * Internet access * Listing for Media contacts –newspapers/television stations/radio stations, social media accounts * Listing for responding agencies within city/town (Police, Fire Board of Health, Department of Highway) and town officers * Desk/Telephone capabilities/Cell phones * Paper/pencil/pens * Pre-formulated messages based on assessment of ranked potential events   General messaging form/template:  <http://www.ics213.com/>  <https://training.fema.gov/emiweb/is/icsresource/assets/icsforms/icsform213,generalmessage(v3).pdf> |
| **Deployment Timeline:** | Scheduling and length of deployment will be dependent on the event and the severity of the event. Consider that messaging is a critical part of pre-planning, response, and recovery needs. An MRC member or team may be assigned or associated with a local Board of Health so they may be deployed rapidly, 24-48 hours as needed. |
| **Requirements for Rotation of Personnel:** | Pairs of MRC volunteers to be deployed in teams of two shifts. Shifts may be dependent on the event but recommended 8 hour shifts with 15 to 30-minute breaks built in for meals, physical and mental health rest followed by debriefing at the end of the shift. |
| **Limiting Factors:** | * Verification that the message reflects local geographical characteristics, cultural norms, and linguistic appropriateness. * Lack of collaboration with other agencies, organizations, and authorities. * Absence of focused attention. Does not keep communications concrete and succinct. Leaves out necessary details. * Lacks instruction that encourages desirable outcomes or responses. Message does not reflect exactly what is expected, when it is expected, and why. * Prevalence of disinformation. |

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**Supplement #1: Job Description as it aligns with NIMS**

1. Works directly under the Incident Commander and the Public Information Officer. Uses information from members of the Incident Management Team (IMT) and general staff to develop accurate, accessible, and complete information on the incident’s cause, size, current situation, resources committed, and other matters of general interest for both internal and external audiences.

2. Develop messages for potential and ongoing a disaster/public health emergency using the seven C’s of communication. Communication needs to be clear, concise, concrete, correct, coherent, complete, and courteous.

3. Collects, verifies, prepares, coordinates, and disseminates community information to the public through the news media, radio, newspaper, and social media. Monitors public information to ensure accuracy and to identify disinformation.

4. Interfaces with the public, media, other agencies, religious institutions, non-governmental organizations, and governmental stakeholders to provide information and updates based on changes in incident status.

5. Provides active liaison and information sharing with elected and appointed officials. Specific partners and stakeholders may include:

* 2-1-1 agency for public information
* 911 authority
* Community and faith-based organizations
* Elected officials
* Emergency management agencies
* Emergency medical services (EMS)
* Health care organizations
* Media organizations
* Poison control centers
* Public health agencies
* Volunteer organizations

**Supplement #2: Power Point Presentation for Just in Time Training**

This presentation was also designed to be printed on “cheat sheet” postcards for volunteers.

 

MRC Tier Levels

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| MRC Level 1 | MEMA  Intrastate  Local | * Meet the standards of Level 2 * Demonstrate experience in non-emergency or emergency deployments. * Capable of serving in a supervisory role | ICS 200  ICS 800  **Recommended:**  MRC Core Competencies  Learning Path:  Volunteer Leadership  Community Resiliency |
| MRC Level 2 | Intrastate  Local | * Meets the standards of Level 3 * Volunteers having good writing skills with one the following additional demonstrable capabilities: * translator/interpreter * medical background * Emergency/Disaster knowledge and experience * Volunteers with technical skills and knowledge of IT systems | ICS 100  ICS 700  **Recommended:**  MRC Core Competencies Learning Path:  Volunteer Response  Cultural Diversity |
| MRC Level 3 | Local | * Registration Completed * Good writing skills * Volunteers with knowledge of community resources | ICS 100  MRC 101 unit orientation  **Recommended:**  MRC Core Competencies Learning Path:   * Volunteer Preparedness |
| MRC Level 4 | Newly Registered  Not deployable | * Registered with MRC but not completed * Will need to complete orientation MRC101 and ICS 100 for deployment. | |
| Unassigned | Not deployable | * Spontaneous or volunteers from other organizations * Volunteers would need to register with the MRC unit and meet level 3 requirements to be deployable. | |