



CBA Ebola briefing for broadcasters in affected areas

“There are a lot of special things about outbreaks, but most important is that they’re unfolding events. Nobody really knows where they’re going and, especially in the beginning, there’s high outrage and high concern in the absence of knowing what the hazard is” **Dick Thompson, former Team Leader, World Health Organization Pandemic and Outbreak Communication**

Crisis communication

Any expert in crisis communication will explain that maintaining public trust is the most important pillar of successful outbreak communication. The idea behind the public trust is this: If people are concerned about something and you don’t address those concerns, they really can’t hear your message.

Broadcasters and journalists play a key role helping governments manage fear in the general population during an outbreak. Trust in authorities will prevent people from panicking. It will enable individuals to better cope with their fears, act more rationally, and support each other. It will allow people to accept more drastic measures such as quarantines and border closures.

The CBA Secretariat team are aware that a number of our member broadcasters operate in countries that are facing the impact of the world’s worst outbreak of the Ebola Virus Disease. This briefing has been compiled as a means of enabling broadcasters to develop a clear strategy to ensure that they are able to provide continuous and effective operations during the outbreak.

Preface

Much of the information in the following guide is drawn from two sources: an Ebola risk guide published by the CBA’s travel insurer, Marsh; and a guide for journalists covering pandemic flu compiled by the Nieman Foundation, which has been adapted by the CBA to be relevant for the Ebola virus. Both sources are linked below and for more detailed guidance we suggest you visit them:

<http://usa.marsh.com/NewsInsights/ThoughtLeadership/Articles/ID/41338/Ebola-Epidemic-Raises-Preparedness-Concerns.aspx>

<http://www.nieman.harvard.edu/Microsites/NiemanGuideToCoveringPandemicFlu/CrisisCommunication/HowDoPeopleReactInAPandemic.aspx>

Ebola and the broadcast media

- The success of any broadcaster depends on reaching and engaging audiences.
- Broadcasters have a critical role to play during a national or regional crisis.
- In an emergency, broadcasters have a chance to build audience trust as citizens seek reliable information to assist in their coping and survival.

How a broadcaster can maximise trust in a crisis:

- Provide accurate information. (Good sources are the websites of the WHO <http://www.who.int/csr/disease/ebola/en/> and Centers for Disease and Control Prevention (CDC) <http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>).
- Be consistent with information provided.
- Ensure information and statistics are regularly updated.
- Make sure information is locally relevant and appropriate (product names etc.).
- Produce and broadcast content in relevant languages.
- Be proactive rather than reactive with information that audiences need.
- Check the credentials of ALL interviewees and ensure that they are genuine.
- Identify and build relationships with sources/health organisations that will provide clear and accurate sources of information and reference materials.
- Cooperate and collaborate. Share information and resources to reduce risk to staff, reduce costs and increase impact.

Your broadcast operation depends on your staff. Your staff *will* be affected by the crisis.

How to minimise staff impact

- Value and respect your staff/colleagues.
- Carefully consider if their work in an affected area *is essential*.
- Keep staff informed/well-briefed in terms of their own safety and health.
- Keep up-to-date staff contact details and log the whereabouts of all staff activity/operations.
- Provide support/counselling for staff impacted by the disease (either personally or professionally).
- Work out clear staff rotas to ensure that individuals do not become overtired.

Protecting your staff

Inevitably your staff are on or near the 'frontline' during an outbreak of any disease. The information they can provide is essential, but you have a duty of care to keep them as safe as possible. By moving from infected interview partners to newsrooms to their homes without protection, reporters may help spread the disease. How do journalists protect themselves, their colleagues, families and communities from getting infected? What do we know about running a news operation with many staff members quarantined at home?

The following more detailed guidance may be useful:

- Monitor developments via the websites of the WHO, CDC, your national and local health authorities.
- Consider whether it is *absolutely necessary* for yourself or staff to travel to affected locations.

In addition:

- Non-essential travel in an affected region should be curtailed, and any organisations with colleagues near, or travelling through affected areas should take precautions.

As a senior manager you will be responsible for staff welfare and you should consider the following:

- Educate yourself and colleagues about how Ebola is transmitted and what the accepted infection-control measures are.
- Those who are already unwell in any way should reconsider plans to travel to affected areas.
- No one should be ordered to go into the field. Insist that everybody feels comfortable with what they are being asked to do. There have been times when both reporters and technicians have turned down assignments, and that's okay.
- Have a doctor on call who will brief anybody before they go in. They are the first people the reporters talk to when they come out. And anyone can decide at any particular time that they don't want to go in.
- If you are in an affected area, avoid high-risk activities such as contact with people who are ill, sick or dead wildlife, bushmeat or any contact with deceased people.
- Pay strict attention to hygiene. Frequently wash your hands or use hand sanitiser, avoid touching your face, and avoid close contact with an obviously sick person.
- Be aware that screening and isolation measures are already or may be put into place.
- Be aware that anyone suspected of being sick or in contact with an infected person could be quarantined.
- If you become sick and have symptoms similar to Ebola (eg, malaria), it may be more difficult than usual to travel regionally or internationally for medical treatment.
- Borders are being controlled by the authorities in some regions in order to combat the disease. Be aware that border controls may change and you or other colleagues could become stranded.
- If you travel to a suspect area or come in contact with a person who is ill or a contaminated object, monitor your health and seek medical attention if you feel sick (ie, fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, or red eyes).
- Being careful doesn't mean losing the story. We often break stories from our desks—work the phones, tap sources, and keep in close contact with those people who are closest to the outbreak.
- A challenge involving protective clothing is to make sure that everyone understands its importance and how to use it correctly.
- Every situation is different. There has to be flexibility to deal with the story on a case-by-case basis.

And finally: It's okay to step back and take a minute to think about what you're doing before leaping headfirst into this type of story. You will make tough decisions and use your resourcefulness to find a way to tell the story but ultimately it's up to you to inform

the public and to record what will be a major moment in history.

Pandemic reporting

Pandemics provide many challenges to journalists and their organisations. Among the major hurdles to reporting them are:

Managing the many dimensions of the story. An Ebola outbreak is a story that stretches into almost every beat in journalism and almost every country in the world. It is a health story that is also agricultural, political, economic, international, local, scientific, medical—and competitive. How do news organisations get their already stretched staff up to speed on such a complex story? What are efficient ways to cooperate inside newsrooms to share the expertise that already exists?

Balancing essential public health information and watchdog reporting. When covering a pandemic, journalists find themselves at the centre of an emotionally loaded, complex playing field; and are pulled in many directions. They need to assure independence while public health officials ask for cooperation in getting specific messages and information to the public.

Dealing with the uncertainty of it all. Viruses are elusive and their behaviour is impossible to predict. How do journalists provide an accurate picture of the threat without falling for rhetoric, fear-mongering and polarisation?

Finding trustworthy sources

All sources aren't created equal. The important thing to keep in mind is that there isn't a single Ebola expert out there who can effectively talk about all aspects of the outbreak. It is okay to hear a dependable source say: "This is outside of my realm of expertise."

Here are some tips on sources:

- If you encounter anybody who wants to talk about every story regardless of what sort of Ebola subhead it comes under – you really don't want to be talking to that person.
- If you're writing about the science of Ebola and you're thinking about quoting somebody who isn't a well-known, mainstream Ebola specialist, it's really worth doing a PubMed search on them. See what they've published on Ebola.
- Who you talk to matters, both for the quality of the work that you're producing and also because the people who are taking the subject seriously read the serious work. The experts watch us; if they see us quoting people who aren't really high calibre, it's going to influence whether or not they're going to take your call.

Do your homework before you call

Before you contact a source, do your homework first, read the study. Email first, then call. And there's no reason to stick to just your region. You can dial anywhere, and there are experts on this subject around the world. There's no point in not using them.

Reporting locally

Although a pandemic is in essence a disease that spreads globally, many of the responses to pandemics occur locally. How much people are willing to prepare and how

much discomfort they are willing to endure to protect their neighbours are determined by local conditions and attitudes.

Isolation and quarantine

Isolation and quarantine are technical terms that are not interchangeable. The CDC defines isolation as “the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness.” Quarantine refers to “the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.”

Story ideas to explore

- How businesses are preparing for their response to Ebola. How will it affect them? Will there be supply chain problems?
- What local health departments are doing to anticipate the demands Ebola will place on them.
- How worried emergency rooms are about Ebola's potential to completely disrupt their already overstressed operations.
- How cultural variations and inherent resistance to change can make even well thought-out plans challenging to execute.
- The molecular biology story – what is it about this virus that makes it unique?
- A story about non-pharmaceutical interventions that you hear about – things such as school closures. Do they help?
- The story about what companies are doing and hospitals are doing to prepare for a severe pandemic; prepare for a severe second – or later – wave.

Staying safe, staying on air

How can a broadcaster remain on air and operational if 30 to 50 percent of their workforce is out sick? The Center for Infectious Disease Research and Policy offers a 10-point framework for business planning activities. Workforce shortages are a major recurring theme among the challenges:

- 1 Emergency management plan and structure.** Align your policies with existing crises management and emergency plans and include a chain of command structure to sustain business operations and communication with employees.
- 2 Employee health and safety.** Include plans for likely shortages of employees, vaccines, personal protective equipment, health care services, and public transportation.
- 3 Internal and external communications.** Realise that you will require accurate and current information sources; you may need to reach a disrupted and decentralised workforce; and you may need new communication mechanisms. You should also be proactive.
- 4 Security.** Decide how to protect critical assets in short supply and how you will deal with possible public panic and disorder, fewer security guards, and strained law and order.

- 5 Information systems, technology, and databases.** Consider how power shortages or lack of personnel may further disable normal systems and secure remote-access systems needed for continuing business operations.
- 6 Supply chains and critical inputs and outputs.** Take into account which critical items might not be on hand if the just-in-time supply chains break down: How will your business cope if the shipping of goods is disrupted, borders and ports are closed, outsourced operations are disrupted and there is a shortage of dock workers and truck drivers?
- 7 Public and media relations.** Plan ways to provide timely, accurate and reliable information to the public.
- 8 Legal issues.** Consider how to implement and comply with new mandates, laws or regulations and new practices, such as tracking and monitoring employee health. Understand and plan for the legal ramifications of changing work environments, including work-at-home or alternative sites.
- 9 Government considerations.** Plan ahead for the possibility that emergency powers may be introduced and understand their potential impact. Determine how to handle regulatory reporting changes and government interventions, such as quarantine, isolation, travel restrictions, and possible border closings.
- 10 Business continuity and survival strategies.** Prepare for months-long operational changes, sick or dead leadership, and operations that need to be consolidated, diversified, or closed.

Additional information to consider

You should also consider how people react in a pandemic

When people initially become aware of a risk, they overreact. They have a temporary short-term overreaction. People pause what they're doing, become hyper-vigilant, check out the environment more carefully than they normally would and—this is perhaps the most important characteristic of the adjustment reaction—they take precautions that may be excessive, may be inappropriate, and are certainly premature.

Five stages of reaction to a disaster:

- 1 Self-preservation:** The first reaction to a disaster is fear and initial anxiety. People are afraid. They seek information. They do what is necessary to figure out how to save themselves.
- 2 Group preservation:** With the right information provided, there is a tremendous effort—usually guided by what we call pro-social behaviour—to help others.
- 3 Blame setting:** This involves internalising and many psychological consequences fall in place during this stage. With disasters, we talk a lot about emotional responses, about change in normal activities. This leads into efforts to try to figure out who is to blame and to do something about it by addressing the vulnerabilities and strengths that we have that resulted in that hazard becoming a disaster.
- 4 Justice seeking:** This involves externalising. It's part of seeking redress and leads to taking action against the perceived perpetrators of the disaster.
- 5 Renormalising:** Individuals and groups adapt to the threat.

Different uses of information in an outbreak

- Public health authorities should and do manage information for several different reasons—for scientific completeness, for reasons of scientific caution, and for reasons of political or economic caution.
- The facts and the scientific basis for each of these is the same, and the uncertainty is the same. But scientists have the luxury and also the duty of reserving judgment and not making strong statements until they know, or think they know, what's going on. Communicators and responders have to act whether or not they can be certain. They use the same data, but they use it in a different way.
- Early responders, particularly those like WHO and CDC, must have a different standard of evidence, a sort of 'guilty until proven innocent' standard. Action has to be taken before all the evidence is in. The reasons are obvious: There are delays in getting samples to labs, delays in getting results, delays in getting enough data/samples to be certain, and delays in performing analyses on those data. Waiting until those delays pass loses time. Beyond that, once the tests are done, there is still some uncertainty.
- Therefore, if first responders want to have some hope of containing an outbreak, they will have to respond to false alarms. Unfortunately, perhaps, this same group of people that is supposed to be responding intentionally to false alarms also has the duty of trying to maintain public understanding and public calm.

Covering risk

- People's perceptions of various risks differ greatly. How will these beliefs about risk play out in a pandemic? And what is the role of officials and journalists as they deal with both people's strong emotions and emerging facts as they communicate with the public?
- The relationship between information and emotion is that strong emotion provokes biased information seeking. The stronger your emotions, the more you will learn; but it's not neutral learning. You're learning in order to validate what you're already feeling. When it comes to risk, people who don't have strong emotions usually learn very little; people with strong emotions learn a lot, but it's biased.
- You're sending signals when you report, and precisely because most people don't have a technical vocabulary, the signals matter significantly more than words and numbers.
- The classic example is this: If you say a pandemic could kill as many as two to seven million, people will kind of shrug off the two to seven, but they'll focus on the "as many as" as evidence that it's a bad number. They'll say, "Oh, it could kill as many as two to seven million people!"
- If, on the other hand, you said it would only kill two to seven million people, people use "only" as their signal and say, "Oh, it's only two to seven million people." So the number matters less than the signals you put around the number. Those tell people whether you're trying to freak them out or you're trying to help them.
- Most people, including journalists, have trouble dealing with high levels of uncertainty and change. "Further research is needed" does not make for good stories (nor does it make for effective public health messages).

Pandemic preparedness

- Have a corporate pandemic plan that includes careful decisions on which stories we can drop when things get crazy.
- When a disaster or a massive health threat is upon us, we are likely to be overwhelmed. Opportunities for success and survival are connected to a good plan thought out well in advance, one that is strategic and involves communication and engagement with every person in your organisation.
- Have a corporate pandemic planning group who have regular meetings or conference calls.
- Have guidance on when it is safe to cover a hospital and have advice on buying hand sanitiser, arranging for social distancing, and on encouraging sick staffers to stay home, as well as considerations for liberal leave policy.
- If you want people to have good measures to protect themselves, you have to make them make it a habit early on. Make sure that you have people cross-trained to do one another's beats.
- Would your system support it if everybody worked from home? Run exercises in which everybody in a certain area worked from home that day on their laptop to see if your system would support it.