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Understanding a Crisis
Why Have a Crisis Communications Plan?

**A crisis is any event or situation that could:**

- Hinder a hospice or palliative care program’s ability to operate.
- Damage an organization’s reputation with stakeholders whose support is essential to the its ongoing operation and success.

All organizations, at one time or another, will be faced with a crisis of some degree. When a crisis strikes, communication is critical to protecting the organization’s reputation and ability to fulfill its mission. A swift and effective response can prevent a challenging situation from escalating into a full-blown crisis with far-reaching negative implications. The key to responding well in a crisis is preparation.

A well-designed communications plan reflects your organization’s commitment to quality. By having a plan in place, you are preparing your staff to effectively handle communications related issues that arise during a crisis. A crisis communications plan should be a key component of an organization’s overall disaster response plan (*NewsLine/Insights*, 9/05, offers further thoughts about disaster preparedness).

This guide is designed to help NHPCO members develop a customized communications plan that will prepare you for the wide range of emergencies that may occur in an organization. A predetermined, proactive crisis communications process is essential in maintaining public and stakeholder trust. And nothing is more important to hospice and palliative care providers than trust.
It is important to think about the range of events that might lead to a communications/PR crisis. Events that could constitute a crisis for a hospice or palliative care provider include:

**Quality of Care**
- Allegations of inappropriate or inadequate care.
- Medical error.
- Allegations relating to assisted suicide.
- Complaints regarding staff interactions with family members.
- Diversity-related complaints (lack of sensitivity to ethnic, racial, cultural or faith-based issues).
- Health/safety violations exposing patients, families or staff to harm.

**Disaster, Accident or Crime**
- Natural disaster (e.g., hurricane, flood, earthquake, wildfires).
- Major fire, explosion, terrorism, bomb threat.
- Extended utility outage—power, water.
- Violence committed on the organization’s property or involving its staff.

**Management Issues**
- Politically-charged legislative or regulatory issues.
- Illegal/immoral acts committed by staff or volunteers.
- Governmental inquiry or allegation.
- Financial mismanagement or fraud.
- Accidents or unlawful acts involving medications, medical waste or hazardous materials.
- Lawsuit of an inflammatory or sensational nature.
- Employee protests or unrest.
- Layoffs, reductions in service.
- High profile/celebrity patient.

**National Trends/Stories**
- Pain management/pharmacology issues.
- Discussions of assisted suicide.
- Nursing shortage.
- Gas prices, energy shortage.
- Advance care planning discussions.
It is important for all organizations to develop a comprehensive crisis plan that is easy to understand and can be implemented quickly. The following overview offers a structural template for hospice and palliative care programs developing their own plan:

**Planning & Response**

- All organizations should have a designated Crisis Team that is assembled upon identifying a crisis. A Crisis Team is composed of senior management, communications staff, and others appropriate to the situation at hand.
- The Crisis Team will gather information, decide a course of action, and manage the crisis response.
- All members of the Crisis Team should understand their roles. Identifying who does what before a crisis hits is important.
- The Crisis Team should designate an official spokesperson, who will be the single point person for all communications with the news media and other interested parties.
- All staff should be aware of the person handling any inquiries related to the situation, and should direct all inquiries to that person.

**Crisis Identification**

- All managers and supervisors should be made aware of what kinds of situations may constitute a crisis. Any employee who becomes aware of a potential crisis should take responsibility for quickly bringing the problem to the attention of his or her immediate supervisor.
- An Incident Report (see Appendix for sample form) should be prepared with the facts available. This should be done as quickly as possible, so that facts and details are recalled accurately.
Internal Notification

- The highest-ranking manager involved in the emerging crisis should immediately alert appropriate senior management, and/or the chief communications officer.
- The chief communications officer should serve as the point person to alert the Crisis Team and other members of the senior management staff, as needed.
- If the crisis is of an extremely urgent nature, the chief communications officer should immediately notify personnel who interface with the public and news media (e.g., switchboard, receptionist, security) to advise how incoming calls and news media arriving on the premises should be handled.

Media Tracking

- A crisis can result in a flood of media inquiries that may be local, regional, or national. Be prepared to log all calls that come in.
- A log should include: name of caller, name of publication or media source, office phone, cell phone, fax, email, general nature of inquiry and any deadlines.
- A suggested Media Inquiry Form is included in the appendix of this guide.

Evaluation

Once the crisis has been resolved, the leader of the Crisis Team should be responsible for conducting an evaluation of the organization’s crisis response for review by senior management.
Responding to the Crisis
Responding
to the Crisis
Every organization should have its own dedicated Crisis Team in place before a crisis ever develops. This is a group that will handle many of the duties that arise related to a crisis situation (this guide focuses on communication responsibilities, in particular). You should also be certain to maintain an up-to-date contact list (see sample form in the Appendix) for all of the individuals on the Crisis Team.

**Depending on the nature of the crisis, the following individuals and entities may be appropriate to include on the Team:**
- CEO and senior management.
- Chief communications officer and key communications staff.
- Senior manager in the department or functional area at the center of the crisis (e.g., for a personnel issue, the director of human resources).
- Risk management personnel.
- Board leadership (especially in a crisis with community repercussions).
- Legal counsel.
- NHPCO staff.
- Outside public relations counsel.
- Support staff (e.g., executive assistant to the CEO, database administrator).
Responsibilities of the Crisis Team

The Crisis Team should be responsible for all communications activities that are part of an organization’s response. All members of the Crisis Team should understand their areas of responsibility, and for what they are accountable. The clear delineation of who does what should be established well before a crisis occurs. There is no room for territorial disputes amidst a crisis.

The following list of responsibilities should be assigned to Crisis Team members:

- Be prepared to assemble and address a situation as soon as it arises.
- Complete an Incident Report if one has not already been compiled by the manager involved in the emerging crisis; take the lead on compiling the basic facts and chronology of the event or issue. (See Appendix for sample Incident Report form).
- Make a preliminary assessment on scope of incident and level of media interest.
- Determine whether immediate response to media is appropriate.
- Alert the switchboard, receptionist, security, etc. to advise them on how to handle any members of the media or public arriving on-site, and to direct all media inquiries to the individual assigned to handle such media interaction.
Responsibilities (cont’d):

- Prepare a news release/statement and additional key messages related to crisis.
- Designate the primary spokesperson and keep that person well-informed throughout the duration of the crisis.
- Decide whether a Crisis Team member should be sent to the incident site, if there is not one there already.
- Establish a clear protocol for who will approve all communications before their release (e.g., usually CEO and legal counsel).
- Fields media inquiries and initiate contact with media when appropriate, including regular media briefings if the crisis warrants it.
- Determine whether an on-site media center should be opened and determine appropriate staffing based on available communications resources.
- Make whatever arrangements are necessary for continuing to communicate throughout the duration of the incident, including designating back-up spokespeople and making provisions for responding to media during off-hours.
- After the crisis is over, take the lead on analyzing all aspects of the crisis response for lessons learned. Incorporate revisions to this procedure, as necessary.
As the Crisis Team begins to address the situation, keep these points in mind:

**Gather the facts**
Find out exactly what happened. Designate a member of the team to gather the facts, and compile a list of “what we know” and “what we don’t know.” Follow up on all outstanding questions.

**Take responsibility**
If the organization did something wrong, admit it. Generally, it’s helpful to get all information out. Then tell how you are implementing policy changes to make sure it doesn’t happen again.

**Show compassion**
Let your humanity show. Always show concern and respect for victims. Where appropriate, express the sorrow or regret of the staff and the organization as a whole.

**Don’t speculate**
Only talk about what you know to be true. “I don’t know, but I’ll get back to you when I know more,” is a perfectly acceptable response during a crisis.

**Speak with one voice**
Designate a primary spokesperson and channel all media requests through that person. All staff, board members, or others who may be contacted should know where to channel inquiries they might receive. Other spokespeople may be designated as back-ups, but no one should speak to the media without first coordinating with the primary spokesperson.
Be responsive to the media and track inquiries
Don’t hide. Even if you don’t have all the answers yet, return reporters’ phone calls and let them know where things stand. Promise to get back to them when you know more. Keep a log of all media inquiries and calls.

Broaden the issue when possible
Provide context for what is happening. If the crisis is part of a larger issue or problem in society, make audiences aware of the bigger picture.

Keep key audiences informed, but tell employees first
As a general rule, try to announce news about the crisis to employees and other internal audiences first, or at least simultaneously with announcement to the news media. Throughout the crisis, keep key audiences informed about what you’re doing and why.

Seek resolution
It is often the duration of crisis rather than the content that damages reputation and morale. It is clearly unhealthy for any organization to operate in crisis mode indefinitely. Even if the organization has done nothing wrong, it may be necessary to enact changes to defuse the situation or reassure key audiences. The Crisis Team should act decisively to try to bring a crisis to closure as soon as possible.
Analysis and Strategies
Analysis and Strategies
In developing the overall strategy to guide the organization and its communication activities and messages, here are some basic points to think about:

- **WHAT** do you want people to know?
- **WHO** is the audience you are trying to reach?
- **HOW** do you intend to communicate?
- **WHEN** do your messages need to get out?

As part of this plan, include the following important tools:

- Key messages
- Questions and answers
- News releases or statements
- Timeline
The Crisis Team can use the following list as a prompt to identify all of the concerned audiences that your organization will need to reach during a particular crisis. Identify individuals or groups that the media will seek out and assess their ability to help resolve or inflame the crisis. Determine how and when you will need to communicate with each of these audiences in order to keep them properly informed and supportive of your program’s management of the crisis. For each audience, ask what is the best means to reach them (e-mail, letter, meeting, posting on Web site?) and what are likely to be their key concerns/needs.

**Internal Audiences**
- Employees
- Managers
- Board
- Active volunteers

**External Audiences**
- Patients
- Families/loved ones
- Physicians
- Referral sources
- Clergy
- Potential volunteers
- Vendors
- State hospice organizations
- Local/regional care providers and other hospices in the same media market
- Local and state partnerships and coalitions
- Donors
- NHPCO
- Funding sources
- Regulatory agencies
- Partner organizations/groups
- Community leaders/advocates
- Business community
- Local, state, national public officials
- Local law enforcement
- Next-of-kin of victims/casualties
- Neighboring businesses/residents
- State emergency preparedness officials
It is always important in any crisis, to analyze potential image, political, and legal ramifications. Consider these questions:

**Image**
- What is the threat to the organization’s reputation?
- How will people react? What can we do to make their reaction more positive?
- What else is going on in the community or in society that could affect how this crisis is perceived by the public?
- What other messages is your program projecting in the market that could be relevant to the crisis (or potentially look contradictory or hypocritical)? Consider your current advertising or development campaigns that are under way.
- Keep in mind other public outreach activities that might be scheduled. For example, if a community presentation has been on the calendar for some time, and a story hits the news, your speaker should be prepared to address this or refer to another staff member who may need to be added to the event.

**Political**
- What are the possible political and/or regulatory ramifications?
- How might political leaders react?
- Is there the potential for elected officials to use the crisis as part of their own agenda or as an example of an issue they are advancing?

**Legal**
- Could this result in a lawsuit?
- Is the crisis itself the result of a lawsuit? If so, what is the organization’s defense?
- What are the various legal scenarios?
- What is the timeline for legal reviews and challenges?
It is often difficult to decide how proactive you should be with your communications, but a good rule of thumb is to assess whether the issue will “go public” with or without formal communications from you. If it will eventually “leak out,” your hospice or palliative care program is better served by communicating with candor and compassion directly to your stakeholders, rather than allowing the rumor mill or media (including media that have a propensity to sensationalize) to tell the story.

The Crisis Team should conduct a “best and worst case scenario” analysis that sets strategic direction, provides contingency planning, and sets realistic expectations for outcomes.

Start with the best case scenario:
Consider the possibility of “keeping it internal” but be realistic. As you strategize about the best case scenario, ask these questions:

● What are our strengths?
● Who is on our side?
● Can they be mobilized to actively support us?
● Is there an opportunity to make this “go away?”
● What would that require?
● What are the risks of that approach?
● What could ease the situation?
● What must we do to make that happen?
Now switch to the worst case scenario:
Imagine the worst that could happen, asking these questions:
- What are our vulnerabilities in this particular situation?
- Are there other organizational vulnerabilities that could negatively affect this situation?
- Who might voice opposition? What will they say or do?
- How credible is the opposition?
- To what degree should we accommodate public opposition?
- What could further inflame the crisis?
- How do we avoid that?
- What information do we want to remain confidential under any circumstance?
- What will we do if it goes public?

Finally, determine the probable outcome:
It usually falls somewhere between the best and worst case scenarios. Use this analysis as a guide to tactical decisions in managing the crisis.
Your organization should know exactly what it wants to say. This usually involves developing specific key messages. In developing these key messages that will guide your organization’s public response to the crisis, consider these guidelines:

- Develop no more than three key messages.
- Expand on each message with appropriate supporting facts and statistics.
- Keep the messages simple and free of jargon.
- The messages should communicate your response to the crisis, but also reinforce your essential mission and philosophy.
- Use the messages as the basis for all statements, press releases, media interviews, letters to key audiences and other communications.
- While you may update the messages as necessary, should events unfold and circumstances change, stick to your three key messages.
- Avoid saying, “no comment.” It’s better to steer responses back toward your key message points.
Sample Key Messages about Hospice

“Hospice: It’s About How You LIVE”

**Key Message One:**

**Hospice Care is the model of high-quality, compassionate care that helps patients and families live as fully as possible.**

Supporting Points:
- Hospice cared for more than one million Americans, and their families, last year—a number that continues to grow every year.
- The focus is on caring, not curing. Hospice utilizes an interdisciplinary team of healthcare professionals and trained volunteers that address symptom control, pain management, and emotional and spiritual support expressly tailored to the patient’s needs and wishes.

Hospice is not “giving up,” nor is it a form of euthanasia or physician assisted suicide.

**Key Message Two:**

**Hospice Provides the Care Americans Have Said They Want.**

Supporting Points:
- A Gallup poll reveals that close to nine out of ten adults (88%) would prefer to die in their homes, free of pain, surrounded by family and loved ones: Hospice works to make this happen.
- National Hospice and Palliative Care Organization research shows that 94% of families who had a loved one cared for by hospice rated the care as very good to excellent.
- U.S. Department of Health and Human Services has indicated that expanding the reach of hospice care holds enormous potential benefits for those nearing the end of life, whether they are in nursing homes, their own homes, or in hospitals.

**Key Message Three:**

**Hospice Care is Not Limited to Six-months of Service.**

Supporting Points:
- The Medicare Hospice Benefit requires that a terminally-ill patient have a prognosis of six months or less: There is not a six-month limit to hospice care services.
- Hospice eligibility requirements should not be confused with length of service.
- A patient in the final phase of life may receive hospice care for as long as necessary when a physician certifies that he or she continues to meet eligibility requirements.
- Under the Medicare Hospice Benefit, two 90-day periods of care (a total of six months) are followed by an unlimited number of 60-day periods.
Often, reporters will call before all the facts have been gathered. In such an instance, a simple statement acknowledging the situation is useful. The short statement avoids “no comment” and acknowledges the need to cooperate with the media. See the section on Spokespeople Do's and Don'ts for more details.

AT APPROXIMATELY ___ (TIME) TODAY ___ (DATE), A ___ (FIRE, EXPLOSION, CRIMINAL INCIDENT ETC.) OCCURRED AT THE (HOSPICE OR PALLIATIVE CARE PROVIDER).

EMERGENCY SERVICES (AS APPROPRIATE) AND LAW ENFORCEMENT PERSONNEL ARE NOW RESPONDING AS WELL AS ___ (OTHER SUPPORT RESPONSE GROUPS OR LOCAL MUNICIPALITIES).

AS ALWAYS, OUR MAJOR CONCERN IS FOR OUR PATIENTS, THEIR FAMILIES AND OUR STAFF. WE ARE CURRENTLY DETERMINING DETAILS OF THE INCIDENT AND WHAT, IF ANY, EFFECT THIS MIGHT HAVE ON OUR ABILITY TO PROVIDE SERVICES. AS MORE INFORMATION BECOMES AVAILABLE, WE’LL KEEP THE MEDIA INFORMED.

MEDIA CONTACT: ___ (SPOKESPERSON) WILL SERVE AS THE ORGANIZATION’S OFFICIAL CONTACT WITH THE MEDIA.
Spokespeople
In most cases, it is recommended that one individual should be identified to serve as spokesperson. In some cases, this will be the chief communications officer, but other situations may call for the CEO or a manager with special expertise to be the spokesperson. The designated spokesperson may or may not have had media training. Media training can be a valuable investment for an organization. Other members of the Crisis Team will benefit from media training to ensure comfort and knowledge when faced with a situation.

In selecting a spokesperson, keep these guidelines in mind:

- Ideally, the spokesperson should have some level of media training.
- Utilize the CEO or president in those cases where it is important to demonstrate that the top executive in your program is in command, is taking responsibility, or that you take the issue very seriously. Remember, though, that using the top executive can elevate an issue if this person is not usually high-profile.
- Match the personality of the spokesperson to the tone and content of your messages. For example, if it is important to convey sympathy or concern, choose a spokesperson who can effectively communicate those emotions.
- The role of the spokesperson is to provide information and serve as an official point-of-contact for the media. They should be professional, understand the role that the media plays, and understand what they may or may not discuss.
Spokespeople
Do’s and Don’ts

Do’s:
- Focus on three key messages that you really want to get across and repeat them during the interview.
- Keep answers short and to the point. TV/radio reporters want “sound bites” of no more than 10 to 15 seconds. Try to bridge your key messages throughout the interview.
- Be consistent in all answers to all audiences.
- Follow your existing policy on HIPAA compliance regarding any release of patient information.
- Use a technical expert to help craft key messages and conduct interviews, if possible. There is no substitute for knowledge. If the questions are outside your area of expertise, find an appropriate technical spokesperson within the organization. If you use a technical expert to speak to media, ensure that the technical expert is prepared with your key messages. If the technical expert on the scene is not a good candidate to provide interviews, incorporate their explanations into the key messages your primary spokesperson provides.
- Speak in clear, simple, common terms. Avoid jargon; this is a special consideration when using a technical expert.
- Consider human safety first. When human safety or other serious concerns are involved, deal with those considerations first. You can, and should, acknowledge concern without admitting culpability.
- Focus on your main messages, but be responsive to all inquiries.
- Ignore cameras and microphones. Face the reporter. Don’t look away or up at the sky. During videotaped interviews, it’s all right to stop your statement and start over.
- Above all, remain calm. Do not be intimidated into answering questions prematurely. You may tell a reporter that you need to clarify an important matter before you can answer questions. If you do so, be sure to follow-up promptly.
**Don’ts:**

- Do not speculate on what happened, or why the incident/emergency occurred. Avoid casting blame on individuals or other entities pending a thorough investigation.
- If casualties are involved, do not release names of fatalities or injured unless you know for certain that next of kin have been notified. (In this kind of situation, for example a fire with loss of life, it is most appropriate if police/fire officials release casualty information.)
- Do not provide personnel information other than confirmation of the affiliation with your hospice or palliative care program. This is especially important in cases of purported criminal activity. You may be asked if the organization performs background checks on employees. Answer “yes” or “no” but do not release any information about the results of a background check if one was performed.
- Do not use negative language. Do not let reporters put words into your mouth.
- Do not minimize the situation, especially the affect on patients or other individuals.
- Avoid the “no comment” response because it often leads the reporter to speculation. If you don’t know the answer to a reporter’s question or if you can’t discuss something, explain why in simple terms. Steer comments back to your three key messages.
- Do not answer questions you don’t understand. Ask for clarification. Occasionally, this can be used to buy time and think.
- Do not resort to “off the record.” Make only “on the record” statements.
- Never lie, under any circumstances.
Spokespeople scheduled to talk to the media should be provided background information in advance of the interview. This policy should be followed even if the interview is a brief phone call.

**Background information should include the following:**

- Date, time and location of the interview.
- Name of the reporter.
- Name of the publication, wire service or station.
- Your organization’s experience with the reporter or publication—to help the executive understand the degree of caution needed in this interview and to prepare for the specific reporter’s approach.
- Subjects/issues/questions to be covered as requested by the reporter.
- Your position or recommended response and the data needed to discuss these subjects.
- Key messages you wish to communicate in the interview.
- List of other executives to be interviewed during this visit, including key topics and messages you suggest the other executives cover.
- Issues, if any, that the spokesperson should avoid and tips on how to sidestep them.
- Background information/statistics that would be useful in the interview.
- Proposed length of the interview.

If possible, this background material should be conveyed in writing so the spokesperson has a chance to review it carefully. In critical situations, it is also useful to prepare a thorough set of questions and answers to define the organization’s positions. These are invaluable in preparing for the interview.
Resources and Checklists
In developing the crisis plan for your hospice or palliative care program, the Crisis Team leader should give advance consideration to equipment and facilities that may be needed during a full-blown crisis, such as:

- Cellular phones, pagers, two-way radios or other communications devices.
- Laptop computer(s) with Internet access and discs for document storage.
- Portable printer or some other type of printing source.
- Fax machine.
- Access to cable-equipped television, VCR, and radio.
- Identification of a nearby hotel or meeting hall that could be used as a command center or media briefing location.

The crisis plan should include specific details on how these resources will be gathered if a crisis strikes. For example, you may determine that a particular conference room that is equipped with cable TV will serve as the crisis command center, that certain staff or departments with two-way radios will loan these to the Crisis Team for the duration of the crisis, etc.
In a major emergency, it may be necessary to hold a news conference to update the media on developments or alert all interested outlets at the same time rather than conduct a series of interviews. Here is a checklist should a news conference be necessary.

**Preparation**
- Determine the best time and notify media of time and location.
- Compile a list of names of reporters/editors who will attend. Your organization should maintain an up-to-date media list.
- Develop and compile background information of interest to reporters, such as fact sheets, maps, statistics, histories and bio information.
- Invite community leadership/officials as appropriate.
- Assign someone to handle the physical arrangements of the news conference.
- If you have the capabilities, make a video recording of the news conference.
- Make sure chairs, tables, podiums, etc. are in place.
- Brief staff on the subject, speakers and schedule of events.
- Prepare opening statement and review with lead speaker.
- Review anticipated questions and answers with the speaker.
- Check all sound equipment and tape recorders prior to the conference.
- Develop a sign-in sheet for attendee names and affiliations.
- Prepare a media alert indicating the date, time, and location of the news conference.
- Prepare follow-up news releases.
During the News Conference

- Escort media to the conference room.
- Use a sign-in sheet to keep track of who attended, make sure you get their contact information if you don’t have it already.
- Distribute background materials.
- Have assigned staff members open the conference and establish the ground rules.
- Monitor questions and answers closely. Make any necessary clarifications before the end of the event.
- If you have the resources, videotape or make an audio recording of the news conference for your records.

Afterward/Follow-Up

- Handle requests for follow-up information.
- It may be helpful to provide a written transcript of the news conference to senior staff and the Crisis Team. You may choose to release it externally.
- Monitor coverage received—contact any news organization that has an error in its report and offer correct factual information.
- At an appropriate time once the crisis has cleared, conduct a lessons learned review and update the crisis communications plan as appropriate.
The crisis plan developed for your hospice or palliative care program should be compiled into a manual or binder for ease of reference during an actual emergency.

This manual should include the following:

- A crisis planning document, customized for your hospice or palliative care program. This guide is a helpful addition to your manual.
- Emergency contact lists (with home and cell phone numbers) for senior management, Board, outside consultants, key support staff and others who may be called upon during a crisis (see Appendix for sample Contact List form).
- Instructions on how to access the database for key audiences such as staff, physicians, donors, community leaders, media, etc. Include information on who is the keeper of the database and how the Crisis Team could access it after hours. Also note whatever back-up provisions are in place for this information (i.e. if your administrative office was destroyed in a fire, where is a back-up disk of your staff list kept?)
- Basic information on how to generate communications during off-hours without the assistance of the regular support staff, e.g.:
  - Procedure to issue an e-mail alert to all staff.
  - Procedure to generate labels for a mailing, if necessary.
  - Procedure to issue a press release to media.
A list of third-party experts (with their contact information) who can be called upon to speak on your hospice or palliative care program’s behalf or provide background/context on an issue. This list might include:
- NHPCO staff.
- Local or national academic experts or thought leaders on end-of-life care.
- Public officials who are friends of your hospice or palliative care program or who have sponsored supportive legislation.
- End-of-life care coalitions or advocacy groups.

Basic fact sheet on your hospice or palliative care program, including details such as:
- When founded.
- Number of patients served annually.
- Number of employees.
- Accreditations and certifications.
- Awards, rankings.

List of emergency equipment/resources, indicating where specific items can be found or who can provide them. For example:
- List of staff with two-way radios, electronic communication devices and how to obtain them.
- Laptop, printer, fax, TV and radio that can be used to set up a command center.
- Preferred off-site location if needed for command center (e.g. a nearby hotel or meeting space) with contact name and phone number.
The manual should be distributed to those leaders in the organization who may be called upon during a crisis.

*Typically, this list would include:*

- CEO and senior management
- Board chair
- Chief communications officer and staff

Once the communications crisis plan/manual is complete, it should be presented and explained at a meeting of your management team. In addition, you should communicate to your entire staff that a crisis plan for the organization has been developed and that a specific policy/procedure now exists for how to respond to a crisis. This communication should explain in general terms what kinds of events/issues could constitute a crisis and impress on all staff the importance of alerting their immediate supervisor to any situation which could pose a risk to the organization.

A few key individuals, typically the CEO and communications officer, should keep a copy of this manual at home, or some other off-site location.
Manual Upkeep

Assign someone in the organization (often the CEO’s executive assistant, communications coordinator, or member of the Crisis Team) the job of updating the information in the manual on an ongoing basis. As managers and other key personnel change, get new cell phone numbers, etc.: the new information should automatically be forwarded to the person responsible for updating the manual. Copies of updated pages should be distributed to all manual-holders for insertion in their binders. In addition, the entire manual should be updated once a year to identify any outdated information.

For those providers living in geographic areas where natural disasters come with the seasons, it is valuable to review and update your plan prior to the commencement of hurricane season, fire season, flood season, etc. Even a review upon the onset of winter weather would be appropriate.
Appendix:
Sample Forms
**Guidelines: Crisis Contact List**

<table>
<thead>
<tr>
<th>Key Corporate Officials</th>
<th>Office Pager/Cell Phone</th>
<th>Fax</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public relations director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior management team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal counsel</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PR counsel</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>others as necessary</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Guidelines: Crisis Contact List

<table>
<thead>
<tr>
<th>Key Corporate Officials</th>
<th>Office Pager/Cell Phone</th>
<th>Fax</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public relations director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board chair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior management team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal counsel</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### Incident Information Sheet

<table>
<thead>
<tr>
<th>Notes</th>
<th>Date</th>
<th>Time</th>
<th>Initial Report</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the incident</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate when the incident occurred and when crisis personnel first responded</td>
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<tr>
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<td></td>
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</tr>
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<tr>
<td>Estimate the number of patients and employees evacuated or affected</td>
<td></td>
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</tbody>
</table>
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<td></td>
</tr>
<tr>
<td>Media Publication or Outlet/Location</td>
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<td>-------------------------------------</td>
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</tr>
<tr>
<td>Deadline for Response</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Message</td>
<td></td>
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</tr>
</tbody>
</table>

**Return Call/E-mail:**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
</tr>
<tr>
<td>Notes</td>
</tr>
</tbody>
</table>

**Notes**
# Media Inquiry Telephone/E-mail Log Sheet

<table>
<thead>
<tr>
<th>Call/E-mail received from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact name, phone/cell number, email</td>
</tr>
<tr>
<td>Media Publication or Outlet/Location</td>
</tr>
<tr>
<td>Deadline for Response</td>
</tr>
<tr>
<td>Message</td>
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