

### HEALTH C PROJECT: Improving Crisis Communication Skills in Health Emergency Management

(Carmelo Scarcella, ASL Brescia)

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#### Summary

HEALTH C PROJECT: Improving Crisis Communication Skills in Health Emergency Management	01
Getting ready to face troubles: CRED can help	03
New drugs: an emerging public health concern	04
Middle East Respiratory Syndrome Coronavirus (Mers CoV)	05

More and more frequently than in the past and in relation to the globalization process, occurring situations defined as "emergency" that invest substantial population groups and that require to health care managers, population and media to respond rapidly and effectively to maintain or restore normal condition, allowing access to health care for the affected population. This is possible only if comprehensive preparedness planning programmes are in place and if communication tools and guidelines are available in advance for all the actors.

For this reason, training and capacity building efforts aimed to develop the professional skills in crisis communication and management within a community or an organization are becoming really important, for the entire society.

This is the reason of Health C Project.



The Health C project, started in October 2012, is a 2 years duration initiative cofounded by the European Commission through the Lifelong Learning program – Leonardo da Vinci (Development of Innovation) subprogram.

The project has managed by a consortium that includes 6 partners from 6 countries:

– **INOVAMAIS+** - Serviços de Consultadoria em Inovação Tecnológica (Portugal).



It is an organization that has large experience in ICT projects applied to the health area, for diagnosis, tele-monitoring and early warning, treatment and decision support systems for crisis management. INOVA+ certified Training Unit acts mainly on the conception, development and promotion of training (adult learners, companies' staff, local authorities, etc.) and assessment of training processes, including diagnosis and evaluation.

– **Azienda Sanitaria Locale Brescia** (Italy).



It is one of the territorial structures of the Italian National Health System and is responsible for the health status of the population living in the area.



– **HOPE - Federação Europeia de Hospitais e Cuidados de Saúde (Belgium)**



HOPE is the European Hospital and Healthcare Federation. In the field of management of crisis and respective communication, HOPE has recently published *“The Crisis, Hospitals and Healthcare”*. HOPE has also participated in the advisory board of REACT *“Response to Emerging infectious disease: Assessment and development of Core capacities and Tools”* a European project co-financed within the public health programme.

– **Ludwig-Maximilians-Universität München (Germany).**



It is one of the largest and in terms of research and publishing most successful communication departments in the German-speaking world. Its competence extends from journalism to public relations to media effects and it has gained increasing competence in health communication, specifically health campaigns, depiction and impact of health in the media and risk communication.

– **Aarhus Social and Healthcare College (Denmark).**



Based on the International Department's long-standing experience in imple-

menting European projects at all levels, has a relevant experience in delivering the project's quality assurance and evaluation package. It also has specialized competence in developing high quality of pedagogical and didactical competences among a group of multimedia designers – to make sure that the college have both the needed competences among multimedia designers and to provide among teachers, to develop, produce and use high quality based educational material. A strong experiences in evaluation and quality assurance activities has been developed.

– **Artica Telemedicina (Spain).**



It applies its knowledge on technology in medicine, health and social sectors and will contribute to the project by developing adequate tools for health systems based in new technologies to improve health care and medical work. The working team of ARTICA consists of professional profiles highly qualified with extensive experience in the fields of research and development, participating in many European projects and clinical trials.

The Project aims at supporting health authorities' staff in development of competences required for managing communication in emergency situations caused by a health

crisis in a scenario of transnational emergencies. The main results of the HEALTH C project will include the development of a training course in communication in emergency situations and the respective training material, including a toolkit. So, the project direct targets are the professionals working in Hospitals, Regional and local health Authorities, Emergency infrastructures and Civil protection.

To effectively achieve the objectives of the project, the methodological approach involves several stages that develop in chronological order.

Starting from the identification of training needs of the recipients and by the results of focus groups aimed at specific communication experts in emergency situations, population, consumer associations and the media, have defined the contents and elaborate common guidelines necessary to structure the training provided by the project. At the same time it was made the collection of good practices and a review of the scientific literature in order to identify the strengths and limitations of the various forms of crisis management taking into account the different cultural contexts of different countries.

After these preliminary steps, it is currently working on the definition of the structure of the training and the preparation of teaching materials and operational tools necessary for the imple-



mentation of the route planned for next spring. The major communicative skills acquired by direct recipients through the training will enable them to develop effective actions towards the indirect target of the project including the experts of communication and media, civil organizations and the general population.

If you want to implement the training course in your institution or simply learn more about the HEALTH C project, please visit the website:

[www.healthc-project.eu](http://www.healthc-project.eu)

You can contact the project coordinator at:

[healthc-project@inovamais.pt](mailto:healthc-project@inovamais.pt)



## GETTING READY TO FACE TROUBLES: CRED CAN HELP

(Michele Magoni, ASL Brescia )

In recent years the international community has been increasingly involved in responding to emergency situations: from natural disasters (such as cyclone, flood or earthquake), long-term disasters (such as famine or civil war) and situations creating a mass displacement of people.

In those conditions rapid and strong actions are needed but is even more important to avoid mistakes and to implement useful actions in an effective way. “Primum non nocere” we have been taught in medical school, and this principle is vital both when facing a patient or an emergency situations: however it cannot be an excuse for inertia.

Data collection and analyses, about emergency situations along with monitoring and evaluation of responsive

action taken is the bases for not making mistakes and improving action strategies.

### That's why CRED is important... but what's CRED?

CRED, the Centre for Research on the Epidemiology of Disasters (<http://www.cred.be/>) , has been active for over 30 years in the fields of international disaster and conflict health studies, with research and training activities linking relief, rehabilitation and development.

Since 1980, the Centre has been a World Health Organization Collaborating Centre.

CRED promotes research, training and technical expertise





on humanitarian emergencies, with a special focus on public health and epidemiology: it provides an evidence base on the burden of disease and health issues arising from disasters to improve needs-based preparedness and responses to humanitarian emergencies. Through conferences and capacity building program CRED trains students, relief personnel and health professionals in the management of short-and long-term humanitarian emergencies. CRED provides also free and open access to its data through its web-

site: the databases contains worldwide data on the occurrence and impact of natural disasters from 1900 to the present, providing basis for vulnerability assessments and rational decision-making. It's possible to have country and disaster profiles, maps and trends. There are specific databases for complex emergency and for violent conflict. Although the field of its activities spreads mainly over developing countries there are also specific European activities as the Building Resilience Amongst Communities in Europe.



## NEW DRUGS: AN EMERGING PUBLIC HEALTH CONCERN

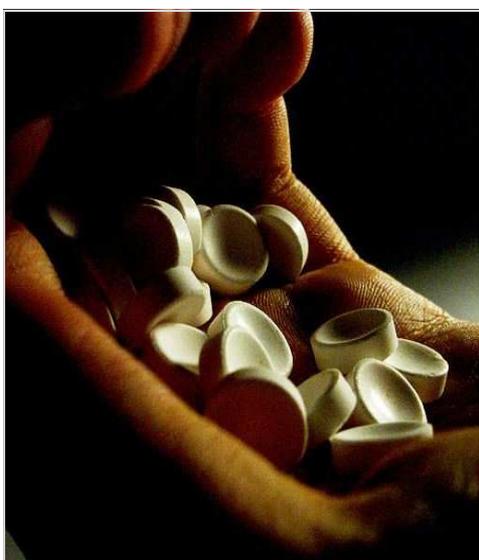
(Mariagrazia Fasoli, ASL Brescia)

According with the United Nations Commission on Narcotics Drugs (CND), marketing of new psychoactive substances as legal alternative to internationally controlled drugs is an emerging public health issue (Resolution 56/4, 2013). Actually this is not a new problem: since national and international regulations are based on lists of banned substances, designing new drugs with similar effects is the easiest way to evade the law.

### So why just now CND urges Member States to take immediate action?

In recent years, the dissemination of the Internet transformed an all in all marginal phenomenon in an increasing problem, mainly through four interrelated processes.

First, the opportunity of on line purchase has greatly expanded the number of potential consumers.



Second, among these, are included entirely new demographic groups such as the elderly on polypharmacy. This multiplies the risk of unexpected adverse reactions and unrecognized drug interactions.

Third, on line traffic favors the widespread of many small clandestine laboratories. Unfortunately illegal drug synthesis utilizes hazardous chemical including neurotoxins, corrosives and other danger-

ous materials permeating surfaces, waste and even wood construction (Martiny, 2005). Serious health damage, probably under diagnosed, have already been reported in exposed law enforcement personnel (Thrasher et al, 2009) and in children (Grant, 2007).

Fourth, the ubiquitous access to the internet promotes a dangerous non medical use of prescription drugs and herbal product (MMWR, 2010). The cited CND resolution recommends different prevention strategies, more active information search, more international collaboration in alerting system.

The new situation, however, must be kept in mind by every doctor: a systematic anamnestic investigation, familiarity with the available databases, the participation in pharmacovigilance may represent the true difference in the outcome of this difficult challenge.



# MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (Mers Cov)

(Francesco Castelli and Silvia Odolini, University of Brescia and Spedali Civili General Hospital of Brescia)

Mers CoV is a new coronavirus, never identified before in humans, causing a potentially lethal respiratory syndrome. The cause is a *betacoronavirus*, which is most closely related to several bat coronaviruses of Africa, Asia and Europe, but non-animal reservoir or intermediate host has been found yet.

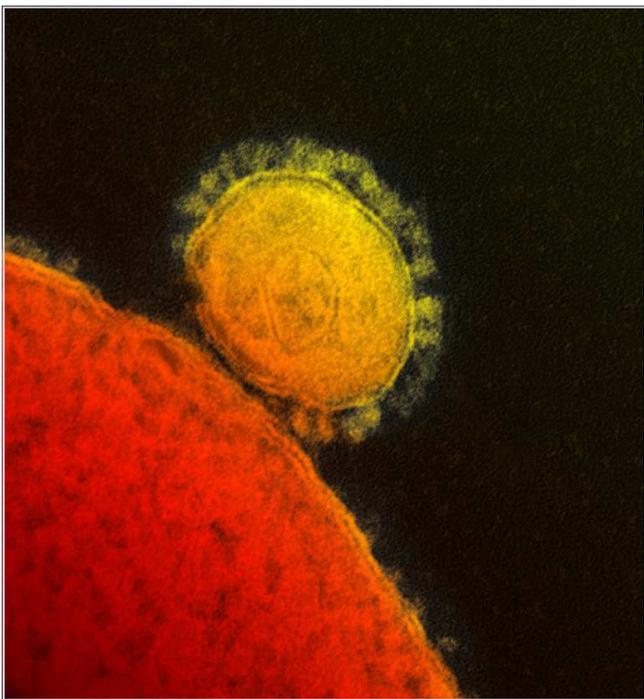
The first case was identified in June 2012 in a Saudi Arabian businessman, who died of an acute respiratory illness and renal failure. According to last WHO estimates, a total of 163 Mers CoV confirmed cases, including 71 deaths, have been reported since September 2012. Clear evidence of limited human-to-human transmission of the infection has been documented in several case clusters, including family members and patients in health care facilities. To date Mers Cov cases have been reported in 9 countries: Giordania, Saudi Arabia, Qatar, United Kingdom, Tunisia, France and Italy. The contact with the index case always occurred in Middle East countries. Three cases have been notified in Tuscany, Italy. According to

WHO criteria only one confirmed case was diagnosed, while the others were defined as probable infection.

The virus produces severe and progressive pneumonia, frequently accompanied by renal failure. It appears to infect preferentially older adults (mean age: 50 years old) with underlying illness (diabetes mellitus, chronic renal failure, hypertension, obesity, cancers, immune-depression, pulmonary diseases), although younger adults and children have also been infected. The range of illness varies from asymptomatic infection to pneumonia with respiratory failure, and has been fatal in about half of all recorded infections.

A rapid human-to-human transmission of the infection has not been yet observed and in scientific studies, which aimed to quantify the risk of transmission of the infection, three possible scenarios have been identified. In the [first](#), the inability of the virus to cause possible pandemic has been hypothesized. The [second](#) scenario foresees a single spill-over event from an animal reservoir into the human population that may generate a cluster of cases via human-to-human transmission without generating a disseminated self-sustaining epidemic in humans. In the [third](#), a self-sustaining slow growing epidemic is expected.

Further studies are necessary in order to identify the animal reservoir/s, which either directly or indirectly transmits the virus occasionally to humans, and to establish the risk of transmission. Despite infection outbreaks have been self-limited without aggressive isolation measures, an active surveillance for clusters of severe respiratory disease must be a priority, especially among health care workers. Such surveillance should include the rapid diagnostic and stringent infection control measures for suspected or confirmed human infections.





## Newsletter

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**About public health crisis**

Crisis management is an area of intervention in Public Health of great importance, because a crisis situation could have a strong impact on the lives of people as well as the social environment of the territory.

The consequences of a widespread crisis situation not only affects the general population but its destruction at a social and economic level is also felt by the organizations (above all by those dealing with healthcare), upsetting general activity and putting at risk the wellbeing and health of the citizens.

Numerous risks can affect a health authority, at various levels and a consequent complexity larger than that of a productive public utility and of other services.

It is therefore necessary for these institutions to be able to guarantee an effective capacity of a rapid and appropriate reaction, also in the case of unexpected events, to meet the needs of the population involved and to activate well structured operations which the health operators involved are well aware of, ensuring the carrying out of the services without any delays.

An important characteristic of crisis situations which affect the health of the population is also the strong communicative impact connotation.

The communication of risks therefore requires the application of specific strategies to manage the "uncontrollable" and strongly emotive characteristic of the diffusion of news in the health field. The process of the exchange of information between the institutions and the citizens is particularly complex and there are numerous risks when the knowledge of the "technicians" is translated by the mass media and then perceived by the public. Furthermore, each crisis situation potentially generates an information gap, which needs to be filled by the local, regional, national or international institutions, which has to inform the citizens in a rapid and clear way.

Hence crisis management is a complex process which requires preparation with "ordinary timing", defining the organizational layout of the departments involved, the procedures to realize, and the interventions put into practice to react rapidly and competently.

It is therefore evident how a culture which deals with risk situations must be considered and investment and the acquisition of a socially responsible praxis, which goes beyond the legal obligations, facing every unexpected event and obtaining the best results with major competitiveness, must be appreciated as a further value to every public utility.

**Last projects**

- Decision Support System for the management of emergency
- Integrated Decision Support System for Health Treats and crisis management
- Project on crisis communication in the area of risk management
- Improving crisis communication skills in the emergency management

**Last publications**

- Healthreats Newsletter - 2013 n.1
- Healthreats Newsletter - 2011 n.1
- Healthreats Newsletter - 2010 n.1
- Healthreats Newsletter - 2010 n.2
- Healthreats Newsletter - 2009 n.1
- Healthreats Newsletter - 2009 n.2

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