Scripts

The following scripts and key messages have been developed to help you provide the public with consistent service and information.

The majority of information for callers is found in the *Q&A* sections (*Personal Health*; *Social Distancing*, *Business*; *Vaccines, Medicines & Other Information*) of your Operator Guide. You are likely to be given updated key messages and/or Q&A's throughout the emergency event. You will be told whether or not the information needs to be communicated to every caller and/or if the new messages need to be relayed word for word.

Answer phone

Answer each call with the following greeting:

"Flu Hotline, my name is _____. How may I help you?"

(PICC Nurse: "Flu Hotline Nurse, my name is _____. How may I help you?")

End call

End each call with the following closing:

(If there's time to extend the call, wrap up by asking: **"Is there any other information you need?"**)

"Thank you for calling. Goodbye."

Key messages

Unlike the greeting and closing scripts listed above, the following messages don't need to be stated word for word. Use your own phrasing. Emphasize these points when one or more of them relate to the topic your caller asks you to address.

What is H1N1 influenza (swine flu)?
H1N1 is a new influenza virus that can spread from people who are infected to others through coughs and sneezes. When people cough or sneeze they spread germs through the air or onto surfaces that other people may touch.

- ❑ Influenza viruses cause infections of the respiratory tract (breathing tubes and lungs). In some people, medical complications from influenza can be severe, including pneumonia.

- ❑ The new swine flu virus is not passed from pigs to humans, nor do you catch it by eating pork products. Like other viruses, **it is spread from person to person through coughs and sneezes.** When people cough or sneeze, they spread germs through the air or onto surfaces that other people may touch.

What are the symptoms of H1N1 influenza?

- ❑ They are similar to the symptoms of seasonal flu:
  - fever
  - cough
  - sore throat
  - body aches
  - headache
  - chills
  - fatigue

Occasionally people with H1N1 also have diarrhea and vomiting.

When should I seek medical care?

- ❑ Consult a health care provider by phone or seek medical care when someone has these potentially severe flu-like symptoms:
    - Chest pain or trouble breathing
    - Rapidly worsening illness
    - If the ill person is unresponsive/won't make eye contact or unable to get out of bed because they feel so weak
    - Bad sore throat (unable to swallow) or severe cough

(See *Q&A: Personal Health* section, Q&A #9 for complications that require an immediate call to a health care provider.)

- ❑ You don't need to see a doctor unless you have unusually severe illness. Typically, you **do not** need medical attention when you have the following mild symptoms:
    - Runny nose or nasal stuffiness
    - Fever for less than 3 days
    - Mild headache
    - Body aches
    - Mild stomach upset

- **Caution: For a medical emergency, tell caller to hang up and dial 911**

What if I get sick with H1N1 influenza?

- ❑ Public Health – Seattle & King County strongly recommends that you stay home from work or school (sports practices, games, etc.). This helps you get better faster and keeps others from getting sick.

- ❑ If you get sick, stay home and avoid contact with others until you have had no fever for 24 hours (without using fever-reducing medicines).

What if I don't have insurance or doctor or medical provider?

If you need medical care and don't have a health care provider or health insurance, call the **Community Health Access Program at 800-756-5437**. You will not be asked for proof of immigration status.

What can I do to keep from getting the flu?

- ❑ Public Health recommends getting a seasonal flu vaccine now, and the H1N1 influenza vaccine when it becomes available (expected to be available by mid-October)

  (See *Vaccines, Medicines & Other Information* section)

- ❑ **Extremely important:** Wash your hands. Try not to touch surfaces that may be contaminated with flu virus.
- ❑ Avoid close contact with people who are sick.
- ❑ Avoid touching your eyes, nose, and mouth.
- ❑ Try to stay in good health.
- ❑ Get plenty of sleep.
- ❑ Be physically active.
- ❑ Manage your stress.
- ❑ Drink plenty of fluids, and eat nutritious food.

How can I prepare now for H1N1 influenza?

- ❑ Store medical and health supplies, such as cough syrup, soap, and pain relief medicines (such as acetaminophen or ibuprofen, but **no aspirin or products containing aspirin—Anacin, Excedrin, Kaopectate, Pepto-Bismol—for children or teenagers**).
- ❑ Know your employer's policies about sick leave and ask your employer about plans if employees get sick.
- ❑ At home, plan for backup child care in case your child gets sick or schools/child care centers are closed.

If nurses are part of PICC staffing, transfer callers with diagnostic or medical advice questions to a PICC RN (follow instructions provided by the Operations Lead or PICC Supervisor). **For a medical emergency, tell caller to hang up and dial 911.**

Risk communication skills

Show empathy.

- ❑ "I understand your concern."
- ❑ "I understand this is upsetting . . . ."
- ❑ "I wish we knew more; we are trying to find out all we can."

Acknowledge fears, uncertainty.

- ❑ "It's alright to be afraid . . . ."
- ❑ "We are all very concerned."
- ❑ "It must be difficult to hear that . . . ."

Don't over reassure.

- ❑ When callers are concerned they are motivated to take action.
- ❑ "Here's something you can do . . . ."
- ❑ "It's very important that you . . . ."

Don't try to use humor to diffuse the situation. Use everyday language, not health jargon.

Customer service

You are the voice of Public Health for caller; make a positive impression.

- ❑ Tone/pitch, volume, pace of speaking affect caller.
- ❑ Smile when speaking; use good posture. (Sound warm and under control, not "perky"— after all, it's an emergency.)
- ❑ Use simple, direct, easy language.
- ❑ Give your full attention to caller; take notes if needed.

Use calming phrases when possible.

- ❑ "I can understand why you . . . ."
- ❑ "May I ask you to . . . ."
- ❑ "Let me find out for you."
- ❑ "Here's what you can do."
- ❑ "I'm glad I could help."

Remember your phone manners for *hold* and *transfer*.

- ❑ Ask permission to place caller on hold or to transfer call; wait for answer.
- ❑ Check back as quickly as possible.
- ❑ When you return to the line after holding, thank caller for their patience.
- ❑ Avoid the word **transfer**: "Let me connect you with a Communicable Disease staff member who is tracking surveillance data."
- ❑ Stay on line with caller until transfer is complete; announce caller to third party unless you are transferring to a recorded menu.

Call essentials

Provide only authorized information.

- ❑ Do not guess.
- ❑ Do not give your personal opinion, even if you are an expert.

If you don't know, say so.

- ❑ "We don't have that information at this time."
- ❑ "Here is what I can tell you . . . ."
- ❑ "Information will be made public when it is available."

Never give medical or diagnostic information.

- ❑ Do not diagnose the caller's condition or prescribe treatment.
- ❑ "I am not a trained medical professional. Please call your doctor or clinic. Would you like the contact information for a Public Health or community clinic nearest you?"
- ❑ "If you need medical care and you don't have insurance or a health care provider, you call the Community Health Access Program at 800-756-5437.

If nurses are part of PICC staffing, transfer callers with medical needs to a PICC RN (follow instructions provided by the Operations Lead or PICC Supervisor).

For a medical emergency, tell caller to hang up and dial 911.

Limit length of phone calls politely and professionally.

- ❑ Non-stop talker:
  - Hear them out. Jump in when they begin to repeat their story.
  - Get their attention by using their name; lead with a closed-ended question, restate and lead to stay on track.
    "Mr. Smith, excuse me for interrupting. Please tell me the cross streets where you live so I can help you find the nearest Health Care Center."
- ❑ "I am afraid I need to break off to answer another call."
- ❑ "We have a lot of people waiting on hold that need help."

West Nile virus Q & A

The role of Public Health

In King County, what is Public Health doing about West Nile virus?

1. Public Health surveillance activities are underway to monitor West Nile virus in birds, mosquitoes, animals, and humans. West Nile virus is usually detected in birds or horses before cases occur in humans. In addition, Public Health provides information on personal protective measures and environmental measures that can be taken to reduce the risk of mosquito-borne diseases. Care is taken to provide West Nile prevention education to non-English speaking groups within the county. Public Health also works with municipal governments and other agencies throughout King County to promote mosquito surveillance, reduction of mosquito habitat and other control measures.

Health care providers and hospitals are required by law to report to Public Health suspected cases of viral encephalitis, including cases suspected to be caused by West Nile virus. For more information, visit the Public Health Web site at **www.kingcounty.gov/health/westnile; www.kingcounty.gov/health/providers.**

Operator Action: *Physicians and other clinicians reporting a human case:* **Transfer** call to a CD-Epi recorded menu (**6-4774**); caller will select option #1 priority line for health professionals to speak to a CD-Epi Operator.

Humans

1. What is West Nile virus?

West Nile virus is a mosquito-borne virus first identified in the West Nile region of Africa in 1937. The virus has caused outbreaks of disease in Africa, Asia, Eastern Europe and the Middle East since then, but it did not appear in the United States until 1999. After first being discovered in birds and people in the metropolitan New York area, it has since spread westward across the US and into Canada and Mexico.

In 2008, West Nile virus was reported in Washington State in 3 people, 41 horses, 22 birds and 57 mosquito samples. In King County, West Nile virus was detected in three birds but no mosquitoes or horses. Three residents of King County tested positive for West Nile virus in 2008, but it is believed that they acquired the infection in another part of the state.

West Nile virus can infect humans, birds, mosquitoes, horses and other animals. Birds become infected with West Nile virus and carry the virus in nature. Mosquitoes become infected after feeding on infected birds. People bitten by a mosquito carrying West Nile virus may have no symptoms at all or they may become ill with symptoms ranging from mild to severe. The less serious form is called West Nile fever, a flu-like illness that may last from a few days to several weeks. In the more severe forms, West Nile virus affects the nervous system causing swelling and inflammation of the brain or covering of the spinal cord (called neuroinvasive disease) and may result in paralysis and death.

Updated information about West Nile cases and deaths by state and county (CDC)
- **www.cdc.gov/ncidod/dvbid/westnile/surv%26control.htm**

2. What are the human health effects of West Nile virus infection?

Fortunately, most people who become infected with West Nile virus do not get sick – their body fights off the infection and protective antibodies develop. About 20% (1 person out of 5) develop West Nile fever with symptoms that may include fever, muscle aches, fatigue, headache, rash, and joint pain. Some people with West Nile fever are quite ill for up to several weeks and may see their doctor, but hospital care is not usually needed.

Less than 1% (about 1 in every 150) of persons who become infected with West Nile virus develop the more serious neuroinvasive form of the disease. Types of neuroinvasive disease include: West Nile encephalitis, West Nile meningitis, and West Nile meningoencephalitis. Encephalitis refers to inflammation of the brain. Meningitis is inflammation of the membrane covering the brain and spinal cord. Meningoencephalitis is a combination of the two syndromes. Symptoms may include fever, neck stiffness, confusion, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis.

Persons who survive West Nile neuroinvasive disease may have long-term symptoms, but recovery from the milder forms of infection is usually complete. It is believed that once someone has had an infection caused by West Nile virus they develop long-term protection against being infected again.

3. How many human cases of West Nile virus occurred last year?

In 2008, there were1,356 cases of West Nile virus illness reported in the US, a decrease compared to 2007 when 3,263 cases were recorded. Of the 1,356 human cases in 2008, 46% had West Nile fever and 51% had neuroinvasive disease (in 3% the illness type was not reported). States with the highest number of cases in 2008 were California, Arizona, Colorado and Texas. California was particularly hard hit with about 445 residents reported with West Nile virus illness.

Updated information about West Nile cases and deaths by state and county (CDC)

- **www.cdc.gov/ncidod/dvbid/westnile/surv%26control.htm**

4. How many people have died of West Nile virus infection?

Since the virus first appeared in the US in 1999 through 2008, there have been a cumulative total of 1,131 fatal cases. In 2008 in the US, there were 44 deaths reported due to West Nile virus disease compared to the 124 deaths recorded in 2007. Fatalities have occurred in all age groups from infants to young adults to the very elderly.

5. Are there persons who are at greater risk of developing more severe illness?

Yes. The risk for more serious illness starts to increase after about age 50. Based on reports to the CDC, the median age of persons who developed the more serious neuroinvasive form of the disease was 57 years and the median age of those who died was 75 years (median age means that half the individuals were older and half were younger). In addition to age, diabetes may also increase the risk for severe illness. Children are not at greater risk than young- or middle-age adults. Pregnancy is not known to increase the risk of developing the severe forms of West Nile virus infection; however there have been a small number of cases where a pregnant mother contracted West Nile virus and passed it to her unborn baby.

6. How is West Nile virus transmitted?

West Nile virus is transmitted by the bite of a mosquito. Mosquitoes become infected when they feed on birds carrying the virus. When the mosquito takes a blood meal from the infected bird, the virus becomes located in the salivary gland of the mosquito. Then when the mosquito bites a human or animal, the mosquito injects the virus into its victim. Persons who become ill develop symptoms 3 to 14 days after infection. The West Nile virus remains in infected individuals for a relatively short time and does not cause chronic infections.

West Nile virus is not transmitted directly from person to person except for rare cases attributed to blood transfusion or organ transplantation. It is also not transmitted from animal to person except in very rare instances related to occupational exposure. There is no evidence that persons can become infected from eating meat from a West Nile virus infected bird or other animal.

7. Can I get a West Nile virus infection from a blood or organ donation?

Although rare, West Nile virus has been transmitted through transfusions of whole blood or blood components such as plasma or platelets. Blood component suppliers are taking preventative measures to screen out blood donors who may have been infected with West Nile virus. A laboratory test for West Nile virus has been in use for screening blood donors since July 2003. There have been documented instances of West Nile virus transmission by organ transplantation, but the risk of this is extremely low.

Operator Action: Refer callers requesting medical or diagnostic information to their healthcare provider. If caller does not have a healthcare provider, refer them to a Public Health Center or community clinic or the Community Health Access Program (**800-756-5437**) (see *Referral Guide*). If caller is unsatisfied by these options, **transfer** call to the CD-Epi recorded menu (**6-4774**); caller will select option #2 to speak to a CD-Epi Operator.

West Nile virus Q & A

Mosquitoes

8. What is the life cycle of the mosquito and what do their larvae look like?

Mosquitoes like still or standing water to lay their eggs. These eggs hatch into larvae and develop into adults in as few as seven days in very hot weather. Some species need only a few ounces of water to lay eggs.

Larvae ("wigglers") are 1/4 to 1/2 inch long or smaller. They move by vigorously wiggling or flexing their bodies. They are usually dark in color and look like tiny aquatic worms. Though there are variations dependent on weather and temperature, mosquito larvae are most likely to be present in King County from March through October.

9. What can I do to reduce the number of mosquitoes on my property?

Removing sources of standing water on your property and around your home reduces mosquito breeding habitat. Examples of things you can do include:

- Tip out barrels, buckets and wheelbarrows
- Tip out containers such as toys, cans or plant saucers
- Empty children's wading pools when not in use
- Change water in birdbaths and animal troughs at least once a week
- Get rid of, properly store or drill holes in used tires
- Clean garden/ornamental ponds and stock with fish
- Maintain swimming pools and hot tubs
- Recycle old bottles, buckets and cans
- Clean leaf-clogged gutters
- Drain flat-topped roofs
- Dump water off of tarps and plastic sheeting
- Drain water from covers on pools, boats and hot tubs
- Repair leaky outdoor faucets
- Cover rain barrels with mosquito screens
- Cover garbage cans with an appropriate lid
- Repair ripped windows and door screens; make sure they fit tightly
- Help your elderly or frail neighbors or relatives with these activities
- Consider holding a neighborhood clean-up day to get rid of junk that holds standing water

10. What can be done to avoid mosquito bites?

Be aware of the times of day when mosquitoes are most likely to be biting. The prime biting periods are often at dusk and dawn. If you do go outside when mosquitoes are biting, wear long sleeves and long pants. Hats are also useful. If you are frequently outside when mosquitoes are biting, consider wearing special clothing that has been treated with permethrin to repel mosquitoes.

To help keep mosquitoes out of your home, ensure that window and door screens are in good repair and fit tightly. Reducing mosquito breeding habitat around your home will also help decrease the number of biting mosquitoes (see previous section).

Consider wearing an insect repellent. Repellents containing DEET (N,N-diethyl-meta-toluamide) or Picaridin are known to be very effective. Oil of lemon eucalyptus can also be effective but may not offer protection for as long as DEET or Picaridin. For current information about mosquito repellents from the Centers for Disease Control, see **www.cdc.gov/ncidod/dvbid/westnile/RepellentUpdates.htm.**

For more information about how repellents work and how to use them safely, see **www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm#more**

11. Has CDC changed its recommendations for use of DEET and sunscreen?

No. Based on available research, CDC believes it is safe to use both products at the same time. Follow the instructions on the package for proper application of each product. Apply sunscreen first, then insect repellent containing DEET, to be sure that each product works as specified.

12. What precautions should be taken when using a mosquito repellent?

The American Academy of Pediatrics advises that DEET products not be used on infants under 2 months of age. The Academy has no age recommendations on Picaridin products. Whenever using any repellent product, it is important to read the label and carefully follow the instructions. For more information about repellent use for children, see **www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm#kids**

The US Environmental Protection Agency (EPA) recommends the following general precautions:

- ✓ Apply repellents only to exposed skin and/or clothing (as directed on the product label.) Do not use repellents under clothing.
- ✓ Never use repellents over cuts, wounds or irritated skin.
- ✓ Do not apply to eyes or mouth, and apply sparingly around ears. When using sprays, do not spray directly on face—spray on hands first and then apply to face.
- ✓ Do not allow children to handle the product. When using on children, apply to your own hands first and then put it on the child. You may not want to apply to children's hands.
- ✓ Use just enough repellent to cover exposed skin and/or clothing. Heavy application and saturation are generally unnecessary for effectiveness. If biting insects do not respond to a thin film of repellent, then apply a bit more.
- ✓ After returning indoors, wash treated skin with soap and water or bathe. This is particularly important when repellents are used repeatedly in a day or on consecutive days. Also, wash treated clothing before wearing it again. (This precaution may vary with different repellents—check the product label.)

13. What are the methods for mosquito control for private property?

There are several methods of controlling mosquitoes on private property and often a combination of methods will produce the best results. Natural methods are preferable prior to considering the use of pesticides. Control of mosquito larvae is generally more effective than trying to control adult mosquitoes.

- **Source reduction:** Effective prevention and reduction of adult mosquito populations begins by surveying the property and getting rid of standing water where mosquitoes breed. (See question #9.)

- **Natural predators:** In nature, there are many predators that eat adult mosquitoes or mosquito larvae. These include fish, frogs and other aquatic animals and wildlife (swallows, bats) around ponds and wetlands. Adding goldfish or koi to confined ponds, animal water troughs and abandoned swimming pools can help control mosquito larvae. (See questions #15, #19.)

- **Larviciding:** This process includes the use of biological, biochemical and chemical pesticides applied to water sources to kill the immature larvae before they hatch into adult flying mosquitoes. (See questions #15, #19, #22.)

- **Spraying adult mosquitoes:** This process is called "adulticiding." It is generally less effective than the methods to control larvae. Adulticiding may be considered to provide relief from heavy swarms of biting mosquitoes or when public health officials have determined the risk from mosquito borne diseases outweigh the potential risks from the use of these products. Products for adulticiding include permethrin, resmethrin and sumithrin; these have been evaluated by the Environmental Protection Agency (EPA) to ensure they can be used safely. (See questions #17, #22.)

14. Are there laws and regulations to require mosquito control in King County?

The responsibility of mosquito control ultimately lies with the property owner (city, county or private ownership). If there is a potential mosquito problem on private property, you may file a complaint with Public Health's Environmental Health Division by calling **206-205-4394** or **I can transfer you**. Public Health does not have any regulatory authority to require property owners to remove mosquito habitat except if the habitat is in violation of solid waste law. We can send educational materials to private property owners that provide guidance on reducing habitat. If the habitat is on public property, we will inform and advise the appropriate property owner.

Operator Action: Transfer call to Environmental Health Operator (**5-1005**) at caller's request. Take call if EH Operators are busy and send a written request to EH to mail educational materials. Exact address of private property owner is needed. Also get contact information of caller in case follow up is needed.

Mosquitoes will never be completely eliminated from our environemnt. The best steps you can take are protecting yourself and your family from mosquito bites:

- Eliminate mosquito breeding grounds/still or standing water around your home.
- Avoid mosquito-infested areas during times when moquitoes are most likely to bite (dusk, dawn).
- Wear long sleeves and long pants and consider using an insect repellent (ones with DEET are most effective).

(See questions # 9, #10 for additional preventive measures.)

15. What can I do to control mosquitoes in ornamental fountains, ponds or birdbaths?

There are several options to control mosquitoes in fountains, birdbaths, small ornamental ponds or other landscape "water features". The first is to keep water moving by using a pump to create a waterfall, spray, or otherwise circulate the water. This does not need to run continuously; just a couple hours a day will prevent mosquitoes from successfully hatching.

Another way is to add goldfish or koi to the pond; these fish love to eat mosquito larvae and are a very effective control method. Goldfish or koi can be purchased inexpensively at most pet stores. For birdbaths and small fountains, you could also empty the water each week and refill with fresh water – this is effective because it takes more than a week for mosquito eggs to hatch into adults. Do not add gold fish or koi to non-ornamental waters such as natural ponds.

Operator Action: Refer the caller to the Public Health Web site for the downloadable document: *West Nile Virus: Mosquito control on private property*. Mail the document to caller if the caller does not have Internet access (see *Forms* and *Samples* sections).

16. What can I do to control mosquitoes in a swimming pool or hot tub?

Neglected swimming pools and hot tubs may serve as sources for mosquitoes that could carry West Nile virus. Swimming pools and hot tubs should be maintained in a manner that does not create a nuisance. There are several ways to keep mosquitoes from multiplying in your swimming pool or hot tub while it is not being used:

- Maintain effective disinfection of swimming pools and hot tub water at all times (even when they are not being used).
- Assure standing water on pool cover is removed at least once a week.
- Maintain water circulation in swimming pools and hot tubs.
- Fill abandoned swimming pools with appropriate backfill.
- Keep drained and covered if not in use.
- Consider adding fish (goldfish, koi) if not in use.

17. What can I do to kill adult mosquitoes in my yard?

First of all, remember that not all flying insects are mosquitoes. There are other bugs such as crane flies, certain midges and gnats that may look like mosquitoes. However, they don't generally bite and don't spread West Nile virus.

Killing adult mosquitoes (or "adulticiding") is rarely the best way to protect yourself from mosquito bites. Instead, avoid being bitten by staying inside during the feeding time of adult mosquitoes. Wear protective clothing when mosquitoes are biting, and consider applying insect repellent to exposed skin. Since the adult mosquitoes you see are capable of laying eggs, find and eliminate sources of stagnant water on your property to prevent new generations of mosquitoes.

The use of adulticides to kill adult mosquitoes is not normally recommended by Public Health. Adulticides are legal although not the most effective solution to mosquito problems. We

recommend you contact a licensed pest-control professional (commercial pesticide applicator) who is knowledgeable about adult mosquito control, the rules regarding use of pesticides, and the conditions under which they may be applied. If adulticiding is being considered for mosquito control it is important that the applicator choose the least toxic chemical for the environment to be treated.

18. What about bug zappers and other mosquito-deterring devices?

There are a variety of devices advertised that are designed to attract mosquitoes and then kill them by electrical shock or other means. Effectiveness of these devices can vary, and there is little scientific data available to help guide the consumer in purchasing such devices, many of which are fairly expensive.

In general, it is advisable to concentrate your mosquito-control efforts on eliminating mosquito breeding habitat, preparing your home to keep mosquitoes out, and taking personal precautions against being bitten by mosquitoes. (See questions #9, #10.)

19. What can I do to control mosquitoes in natural ponds and wetlands?

A healthy pond or wetland is home for many mosquito predators such as dragon fly larvae, mosquito-eating birds and bats. Generally, it is not necessary to treat these bodies of water, and the presence of mosquito larvae must be verified by a pest-control professional (commercial pesticide applicator) before chemicals may be applied to these areas.

Permits are required to apply larvicides to water bodies that are not completely contained, such as an artificial or natural pond where the water flows to a natural water body or constructed drainage system. The property owner or a licensed pest-control professional (commercial pesticide applicator) must obtain the required permit.

The National Pollutant Discharge Elimination System (NPDES) Permit for Aquatic Mosquito Control is available from the Washington State Department of Health at no charge. For more information contact Jo Marie Brauner at **360-236-3064** or **www.doh.wa.gov/ehp/ts/Zoo/WNV/Permit.htm**.

Also, contact your local drainage or surface water management office to verify if local regulations have additional requirements other than just a NPDES permit. In the phone book government pages, look for your city's Public Works or utilities section, and under the subheading "drainage" or "storm water". For more information about controlling mosquitoes on private drainage systems visit our Web site:
www.kingcounty.gov/healthservices/health/ehs/westnile/mosquitocontrol.aspx

Operator Action: Refer or transfer calls, then **use your Shift Summary Sheet to document the referral.**

- Private owner: **Transfer** call to an Environmental Health Operator (**5-1005**) who will assign concern to a Health and Environmental Investigator to respond. Take call if EH Operators are busy.
- City owned: **Refer** call. Each local jurisdiction has its own mosquito control plan. (See *Referral Guide, City Referral List* for contact information for each municipality in King County).
- County owned: **Refer** call. Each County agency has its own and separate West Nile virus response plan. (See *Referral Guide, King County Agency Referral List* for contact information for the appropriate agency.)

20. Can I add fish to the natural pond or wetland on my property?

This is not allowed unless the property owner has first obtained a permit from the State Department of Fish and Wildlife. This permit is required before any fish is introduced to natural bodies of water, including natural ponds and wetlands, on private property. This prevents establishment of non-native species that may harm native animals and plants.

For more information visit **www.wdfw.wa.gov/fish/trnsport.htm**. You may also call **(425) 775-1311** and speak to a biologist (Mill Creek office).

21. Is it OK to use bleach, vegetable oil, motor oil or soap in ponds to control mosquitoes?

No, these should never be used.

Bleach, vegetable oil, motor oil and soap are not registered for use as pesticides and cannot be used for control of mosquito larvae or eggs. Mosquito control must comply with federal and state requirements. Without a permit, it is illegal to put these substances into waters that are not completely contained, **even if** they are on private property. Many substances, such as petroleum products, should not be used in a manner that allows them to get into natural water systems, groundwater or drainage systems.

Bleach, oils, soap, and many other chemicals can be toxic to organisms such as fish, amphibians, and insects, and killing these mosquito predators will do more harm than good. Even products labeled as "biodegradable" or "non-toxic" may be harmful to aquatic organisms.

22. How do I choose a pest-control professional?

Businesses that apply pesticides (commercial pesticide applicators) must be licensed through the Washington State Department of Agriculture. When choosing a pest-control professional, ask to see their pesticide license to ensure that it is up to date. The pest-control business should have a Commercial Pesticide Applicator license; their employees should have Commercial Operator licenses. Make sure the applicator has an aquatic, public health or statewide endorsement on their license. One of these endorsements is required for the applicator to apply larvicides to water.

Other endorsements are required to apply sprays for adult mosquitoes (adulticides). Most common would be the PCO General or Ornamental Insect & Disease Control. The public health endorsement also can be used for adulticide applications.

For more information visit the Web site for WDSA at:
http://agr.wa.gov/PestFert/Pesticides/ComplianceActivities.htm.

23. What steps is King County taking to reduce the potential threat of mosquitoes?

For the past several years, Public Health has provided training to municipalities and government agencies in mosquito abatement techniques using the principles of Integrated Pest Management (IPM).

24. What are some of the substances that King County is using or considering to control mosquitoes?

One approach is the application of natural larvicides (larvicides are agents/substances that kill mosquito larvae) in limited and targeted areas to control immature mosquitoes before they emerge as adults. These larvicides are usually in the form of pellets or briquettes. Larvicides *Bacillus thuringiensis* or *B. sphaericus* are being used in some areas of the county for control of mosquito larvae. They contain naturally occurring soil bacteria that can be used in organic gardening.

25. What is King County doing about stormwater retention ponds?

If you believe that the stormwater pond is a source of mosquitoes, look for a sign posted near the pond or call your local public utilities office to determine who is responsible. If you are not sure who owns the stormwater pond, call your city or county government for more information. King County's Department of Natural Resources and Parks (DNRP) is continually evaluating its stormwater facilities (in unincorporated King County and some contracted cities) for the presence of mosquitoes.

DNRP is larviciding some ponds where natural predators are inadequate and where the ponds are located near large numbers of people with an elevated risk, such as persons older than 50 years old. Call DNRP at **206-296-1900** if you have concerns about a DNRP stormwater pond.

More information about stormwater retention ponds may be found at:
http://dnr.metrokc.gov/wlr/dss/rdponds.htm.

Private property:
Additional information about mosquito control in stormwater ponds or other drainage structures, (catch basins) on private property is available on our Web site at:
www.kingcounty.gov/healthservices/health/ehs/westnile/mosquitocontrol.aspx

Operator Action: Refer or transfer calls, then **use your Shift Summary Sheet to document the referral.**

- Private owner: Refer to Web site for mosquito control on private property and information for Private Drainange System owners.
  www.kingcounty.gov/healthservices/health/ehs/westnile/mosquitocontrol.aspx

- City owned: **Refer** call. Each local jurisdiction has its own mosquito control plan. (See *Referral Guide, City Referral List* for contact information for each city in King County).

- County owned: **Refer** call. Each County agency has its own and separate West Nile virus response plan. (See *Referral Guide, King County Agency Referral List* for contact information for the appropriate agency.)

West Nile virus Q & A

Birds, other animals

26. Are pets and domestic animals at risk of West Nile virus?

Fortunately, clinical illness due to West Nile virus is rare in dogs and cats, and chickens are resistant as well. Take care to protect your pet bird from mosquito bites. Horses and other equines (mules, donkeys) are susceptible to West Nile virus infection, and severe illness and death can result. An equine West Nile virus vaccine is available. Horse owners are strongly encouraged to consult with their veterinarian about immunization. Horses will also benefit from mosquito-control efforts.

Operator Action: If caller has a pet or animal question you cannot answer, refer them to our Web site or tell them to call their veterinarian. If these options do not meet the caller's needs, **transfer** caller to an Environmental Health Operator (**5-1005**). If caller is a veterinarian, **transfer** them to the Environmental Health veterinarian, Sharon Hopkins (**3-8454**). You can also refer caller (veterinarian or general public) to the WA State Veterinarian's Office **360-902-1878.**

27. What is the connection between crows and West Nile virus?

Crows and other corvid birds (like jays and magpies) are particularly susceptible to West Nile virus, and often sicken and die from it. Therefore, in partnership with the Washington State Department of Health, Public Health is testing some dead crows and other corvids to see if they have died from West Nile virus.

28. What do I do if I find a dead crow?

If you find a dead crow, jay, raven or magpie in King County, call this number/the West Nile Virus Hotline (206-205-3883) and select the option to report a dead bird. Information about the bird will be entered into a tracking database and mapped. In addition, the bird you find may be selected for testing for West Nile virus. When you call, you will be asked a few questions. First, is the bird freshly dead (dead less than 24 hours)? Second, where and when did you find the dead bird? We will need to know the address where the bird was found. Third, is the bird undamaged? Only undamaged birds can be tested. You may also report dead birds online at **www.kingcounty.gov/health/westnile** or I can take the report for you (see *Operator Action* for this question).

Not all crows and other corvids (like jays and magpies) need to be tested for Public Health to effectively monitor for West Nile virus. In fact, we receive many more calls reporting dead crows than the laboratory could test. Also, we test birds for West Nile virus primarily from mid-summer through late October because this is the time of year that crows are most likely to carry the virus.

We will contact you within 24 hours if we select your bird for testing. If you have not heard from us within 24 hours of making your report or if the bird you find is not appropriate for testing, dispose of it in your garbage can. Public Health is tracking all bird deaths, so even if the bird you find will not be tested, we are still interested in the information you provide

Storing dead bird:

- Use shovel or gloves to place dead bird into double plastic bags.
- If gloves are not available, use plastic bags to cover your hands.
- Place bagged bird in a cool place.
- Wash hand thoroughly with soap and water.

Birds discovered on Friday and Saturday will not be tested and should be disposed of in an outside garbage can.

Though dead birds will not transmit West Nile virus, you should not pick up a dead animal with your bare hands.

Operator Action: Enter the caller's information into the online dead bird report form: **www.kingcounty.gov/health/westnile.** If you don't have online access, use the hardcopy Dead Bird Report form (see *Forms* section).

29. How do I tell if the bird is freshly dead?

If the bird died over the weekend (Friday, Saturday, Sunday morning) it is not fresh and should be disposed of. If the bird is starting to smell ripe, has maggots or is soft, then it is showing signs of decomposition – it is not fresh. If you frequent the area where you found the bird and the bird was not there yesterday, it likely died overnight and would be considered freshly dead.

30. Why can't you test a crow that died during the weekend or has been dead longer than 24 hours?

Crows start to decay and decompose after 24 hours. This makes them unsuitable for testing. Birds are collected by Public Health M – F, 8:00 a.m. – 5:00 p.m. (See question #28 for information on storing a dead bird.)

31. Why can't you test a crow that shows signs of trauma (broken neck, broken wings, attacked/bitten)?

We have limited resources to test crows. There is only one testing laboratory in the state. If a crow has an injury/shows signs of trauma, it's more likely that the bird died from the injury (fall, fight, cat attack, flew into a glass window, etc.) than from West Nile virus.

32. I passed by a dead bird this morning when I was running/walking/driving. Can Public Health go pick it up or should I?

We're glad you called to report the bird—we're interested in tracking all types of dead-bird reports. You can leave the bird where it is. This is not a bird we will try to collect (because of limited staff/staff is not available). However, I'd like to get more information from you to make a complete report.

Operator Action: Enter the caller's information into the online dead bird report form: **www.kingcounty.gov/health/westnile.** If you don't have online access, use the hardcopy Dead Bird Report form (see *Forms* section).

33. I have found four dead birds in the past week. Should I be concerned?

We will report to the Washington Department of Fish and Wildlife (WDFW) multiple bird deaths (3 or more) that have been dead for less than 24 hours. That agency will determine if the birds are eligible for Avian Influenza testing.

Often, multiple crow deaths point to something other than WNV. Young crows have a high death rate due to natural causes (falling out of nest, beak deformity, metabolic disorder). Adult crows

often die from pesticide poisoning, fertilizer poisoning or eating a rat that died from rat poisoning.

Operator Action: Transfer call to an Environmental Health Operator (**5-1005**) so they can make a full report. If EH Operators are busy, take the report using the online Dead Bird Report form. If you don't have online access, use the hardcopy Dead Bird Report form (see *Forms* section). **Refer** caller to WDFW (**800-606-8768**).

34. I found a sick/injured bird that is not dead. What should I do?

Please call a wildlife rehabilitator, who will give you assistance:
- PAWS Wildlife Center in Lynnwood, WA; **(425) 787-2500, ext 817**
- Washington Department of Fish and Wildlife (WDFW); **(360) 902-2926**
- WDFW Mill Creek Office; **(425) 775-1311**

If the bird dies: (see question #28 for instructions on reporting and what to do with a dead bird).

If we need the bird for testing, we will call you within 24 hours. If we do not call you after you make a report, you can discard the bird.

35. What symptoms does a crow have when it is suffering from West Nile virus?

There are no specific symptoms or behaviors a crow would have if it has West Nile virus. It's impossible to look at a crow with the naked eye and tell if it is infected. A lab test is needed to confirm the virus.

36. What if the dead bird I find is not a crow?

To help us learn more about West Nile virus, Public Health is tracking the deaths of a variety of birds. The types of birds, in addition to crows, that may be affected by West Nile virus and that we are interested in receiving reports on are: ravens, jays, magpies, raptors (eagles, hawks, and owls), and smaller birds including robins, sparrows and finches. Call the West Nile Virus Hotline/this number (**206-205-3883**) and select the option to report a dead bird or report online at **www.kingcounty.gov/health/westnile** if you find one of these types of birds.

Operator Action: If caller wants assistance, complete the Dead Bird Report for them. If you don't have online access, use the hardcopy Dead Bird Report form (see *Forms* section).

37. I just found a dead bird that has a colored band on its leg? What does that mean?

The colored band means that the bird is likely part of the University of Washington's Urban Crow Project. To learn more about that project and other research that involves banding birds, please visit the following Web sites:

- University of Washington, Urban Crow Project (online banded crow reporting)
  http://courses.washington.edu/vseminar/main.htm#8
  You can also use a search engine by typing in "Urban Crow Project."

- United States Geological Service (USGS) (other birds)
  www.pwrc.usgs.gov/BBL

Scripts

The following scripts and key messages have been developed to help you provide the public with consistent service and information.

The majority of information for callers is found in the *Q&A* sections (*Hazardous Waste, Clean Up; Water, Food Safety; Sewer/Septic Systems; Health & Safety; Animals, Other)* and the *Referral* section of your Operator Guide. You are likely to be given updated key messages and/or Q&A's throughout the emergency event. You will be told whether or not the information needs to be communicated to every caller and/or if the new messages need to be relayed word for word.

Answer phone

Answer each call with the following greeting:

"Flood Health & Safety Line, my name is _____. How may I help you?"

End call

End each call with the following closing:

(If there's time to extend the call, wrap up by asking: **"Is there any other information you need?"**)

"Thank you for calling. Goodbye."

Key messages (Hot Sheets)

Unlike the greeting and closing scripts listed above, key messages don't need to be stated word for word. Use your own phrasing. Emphasize the main points when one or more of them relate to the topic your caller asks you to address. Key messages will generally change as the emergency progresses. Key messages will generally be provided to you on "Hot Sheets" that are frequently updated.

Key messages for the flood emergency to be provided needed.

Risk communication skills

Show empathy.

- ❑ "I understand your concern."
- ❑ "I understand this is upsetting . . . ."
- ❑ "I wish we knew more; we are trying to find out all we can."

Acknowledge fears, uncertainty.

- ❑ "It's alright to be afraid . . . ."
- ❑ "We are all very concerned."
- ❑ "It must be difficult to hear that . . . ."

Don't over reassure.

- ❑ When callers are concerned they are motivated to take action.
- ❑ "Here's something you can do . . . ."
- ❑ "It's very important that you . . . ."

Don't try to use humor to diffuse the situation. Use everyday language, not health jargon.

Customer service

You are the voice of Public Health for caller; make a positive impression.

- ❑ Tone/pitch, volume, pace of speaking affect caller.

- ❑ Smile when speaking; use good posture. (Sound warm and under control, not "perky"— after all, it's an emergency.)
- ❑ Use simple, direct, easy language.
- ❑ Give your full attention to caller; take notes if needed.

Use calming phrases when possible.

- ❑ "I can understand why you . . . ."
- ❑ "May I ask you to . . . ."
- ❑ "Let me find out for you."
- ❑ "Here's what you can do."
- ❑ "I'm glad I could help."

Remember your phone manners for *hold* and *transfer*.

- ❑ Ask permission to place caller on hold or to transfer call; wait for answer.
- ❑ Check back as quickly as possible.
- ❑ When you return to the line after holding, thank caller for their patience.
- ❑ Avoid the word **transfer**: "Let me connect you with a Communicable Disease staff member who is tracking surveillance data."
- ❑ Stay on line with caller until transfer is complete; announce caller to third party unless you are transferring to a recorded menu.

Call essentials

Provide only authorized information.

- ❑ Do not guess.
- ❑ Do not give your personal opinion, even if you are an expert.

If you don't know, say so.

- ❑ "We don't have that information at this time."
- ❑ "Here is what I can tell you . . . ."
- ❑ "Information will be made public when it is available."

Never give medical or diagnostic information.

- ❑ Do not diagnose the caller's condition or prescribe treatment.
- ❑ "I am not a trained medical professional. Please call your doctor or clinic. Would you like the contact information for a Public Health or community clinic nearest you?"
- ❑ "If you need medical care and you don't have insurance or a health care provider, you call the Community Health Access Program at 800-756-5437.

If nurses are part of PICC staffing, transfer callers with medical needs to a PICC RN (follow instructions provided by the Operations Lead or PICC Supervisor).

For a medical emergency, tell caller to hang up and dial 911.

Limit length of phone calls politely and professionally.

- ❑ Non-stop talker:
  - Hear them out. Jump in when they begin to repeat their story.
  - Get their attention by using their name; lead with a closed-ended question, restate and lead to stay on track.
    "Mr. Smith, excuse me for interrupting. Please tell me the cross streets where you live so I can help you find the nearest Health Care Center."
- ❑ "I am afraid I need to break off to answer another call."
- ❑ "We have a lot of people waiting on hold that need help."