24 Hour Fitness® Crisis Communications Plan in the Event of a Community-Associated Methicillin Resistant Staphylococcus aureus (CA-MRSA) Outbreak

CHS 484

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Goal

The goal of this crisis communications plan is to provide essential guidance to the corporate headquarters of 24 Hour Fitness sports clubs, in response to the emergence of Community-associated Methicillin Resistant *Staphylococcus aureus* (CA-MRSA) infections reported in one or more of its 60 sports club facilities located in Los Angeles County.

The plan, based on the Crisis and Emergency Risk Communication Tool Kit, will ensure that 24 Hour Fitness informs its patrons, stakeholders, and partners about a CA-MRSA outbreak in a timely manner. Additionally, following guidelines outlined in the crisis communication plan, 24 Hour Fitness corporate headquarters will address public fears and rumors about the possible CA-MRSA outbreak and provide accurate information about steps taken to assure consumer safety.

Situational Analysis

24 Hour Fitness sports club is facing a public health emergency. Community-associated Methicillin Resistant *Staphylococcus aureus* (CA-MRSA) infections have been traced to two of its 60 gyms in Los Angeles County. The goal of 24 Hour Fitness is to offer access to “a local gym near your home, on your commute to work, or around a city where you’re traveling.” As a result, 24 Hour Fitness gym members have unlimited access to any gym facility at any time. This situation may allow for rapid spread of CA-MRSA among gym members, especially since CA-MRSA can be picked up after only a few seconds of contact with a colonized surface. As a result, a timely response is critical to assure public safety.

The following crisis communications plans will allow 24 Hour Fitness corporate headquarters, based in San Ramon, California, to effectively communicate with managers of sports clubs within Los Angeles County, local and state public health authorities, media, and the public about an outbreak of CA-MRSA. The corporate headquarters of 24 Hour Fitness will communicate its plan of action to protect public health and safety through risk management, outbreak contamination, and frequent situational updates about CA-MRSA infections in its facilities.

*Staphylococcus aureus* (called “staph”) is a leading cause of skin and soft tissue infections in the community. In recent decades, as the use of antimicrobials has increased in the hospital and community setting, Methicillin-resistant *Staphylococcus aureus* (MRSA) strains have emerged and have increased dramatically in prevalence.4

Nationwide, there are an increasing number of MRSA infections being identified; and the greatest increase seems to be in the community settings.5 Community-associated MRSA (CA-MRSA) is thought to have a distinct epidemiologic profile, as it now becomes the dominant strain in the community.6 CA-MRSA infections in the community are usually manifested as skin infections, and occur in otherwise healthy people.7 CA-MRSA is resistant to antibiotics called beta-lactams, which is a class of antibiotics that includes both penicillin and amoxicillin.8
Staph skin infections, including CA-MRSA, generally start as small red bumps that resemble pimples, boils, or spider bites. These might turn into deep, painful abscesses that require surgical draining. Usually the bacteria remain confined to the skin. However, they can also penetrate into the body, causing potentially life-threatening infections in bones, joints, surgical wounds, the bloodstream, heart valves and lungs.⁷

Although the bacteria cannot be seen with the human eye, touching items or people with CA-MRSA can quickly spread the bacteria from one person to another. Just a few seconds of contact with an infected surface can lead to transmission of CA-MRSA to skin.³

Data suggests that 12% of clinical MRSA infections are community-associated (CA-MRSA) and sports club facilities have specifically been implicated in outbreaks of CA-MRSA.⁸ Gym-associated CA-MRSA cases have been linked to contact with unsanitized gym equipment. The majority of gym equipment is constructed with metal, plastic, and vinyl, and MRSA has been reportedly found on all three materials.³ Vinyl surfaces in particular provide an excellent environment for CA-MRSA survival, which can potentially live without food or water for up to two months.

It is estimated that up to 2,000 members visit 24 Hour Fitness sports clubs daily in certain locations.⁹ Hence, necessary steps need to be taken immediately to control CA-MRSA outbreak to mitigate the risk of rapid transmission of CA-MRSA. The public is being advised to follow up recommendations from 24 Hour Fitness MRSA Crisis Communication Team (24 MRSA CCT), who will conduct daily updates on the outbreak, steps taken to remedy the crisis, and precautionary advisories for 24 Hours Fitness patrons, partners, and stakeholders.

**Target Audience, Partners, and Stakeholders**

The 24 Hour Fitness Crisis Communications Plan includes a list of patrons, partners, and stakeholders that need to be identified to determine the impact of CA-MRSA. Listed groups should be targeted by the 24 MRSA CCT to receive messages about MRSA skin infections traced to Los Angeles County 24 Hour Fitness sports clubs.

The target audience includes individuals (24 Hour Fitness patrons) that will be directly impacted by a CA-MRSA outbreak. Since CA-MRSA is spread through direct contact, individuals who share close quarters with patrons, family members, friends, and pets are also included in this group.

Partners are agencies or individuals who may be able to support the 24 MRSA CCT in the response to the CA-MRSA outbreak. The list includes agencies and individuals with whom 24 Hour Fitness agreed to partner through specific contracts outlining roles and responsibilities of parties. Additional partners might be added at a later time and their names should be included in the Appendices.
Stakeholders are people with a special connection to the 24 Hours Fitness and the 24 MRSA CCT during the outbreak. Stakeholders’ interests are related to the effect of the crisis on themselves or populations they represent.¹

**Target Audience:**
- Patients with CA-MRSA
- 24 Hour Fitness sports club patrons
- Friends and family (including pets) of patrons
- Local residents where the outbreak occurred
- 24 Hour Fitness managers and staff
- Health care community (hospitals, doctors, nurses, etc.)
- City officials of cities where 24 Hour Fitness sports clubs are located
- County government officials of counties where 24 Hour Fitness sports clubs are located
- County departments of public health
- Business and community leaders
- California Department of Health Services

**Partners:**
- County departments of public health
- California Department of Health Services
- Health care community (hospitals, doctors, nurses, etc.)
- City officials of cities where 24 Hour Fitness sports clubs are located
- County government officials of counties where 24 Hour Fitness sports clubs are located
- Local and regional emergency services
- Rodale Custom Publishing (publishes You24magazine® for 24 Hour Fitness patrons)

**Stakeholders:**
- Patients with CA-MRSA
- 24 Hour Fitness sports club patrons
- Friends and family (including pets) of patrons
- Local residents where the outbreak occurred
- 24 Hour Fitness managers and staff
- Health care community (hospitals, doctors, nurses, etc.)
- County departments of public health
- Business and community leaders
- California Department of Health Services
- City officials of cities where 24 Hour Fitness sports clubs are located
- County government officials of counties where 24 Hour Fitness sports clubs are located
- School districts where 24 Hour Fitness sports clubs are located
- U.S. Olympic Team® (24 Hour Fitness is their official fitness center sponsor)
- The Biggest Loser® (NBC program that hires fitness trainers for their program)
- Centers for Disease Control and Prevention (CDC)
- Los Angeles Times®
- Local newspapers in the affected area
- Major news television stations in the affected area
- Major news radio stations in the affected area
Objectives:

The overarching goal of the crisis communications plan is to facilitate an accurate and reliable communication between 24 Hour Fitness and the public about a CA-MRSA outbreak and the steps that 24 Hour Fitness facilities will take in order to provide a safe environment for their patrons.

The goal of crisis communication plan will be met through following objectives:

1. Establish a safe, orderly, and efficient method of information sharing between the Los Angeles Department of Public Health and the Los Angeles County based 24 Hour Fitness facilities.

2. Effectively communicate public health information to 24 Hour Fitness facilities based in Los Angeles County during an outbreak of CA-MRSA infections using formal teaching sessions, distribution of printed materials, hotline information, and internet based resources.

3. Coordinate activities of partner organizations to more effectively implement interventions designed to reduce the risk of CA-MRSA transmission.

4. Adapt to changes in the CA-MRSA outbreak crisis fluidly by establishing a system of feedback from the target audience, partner organizations, and stakeholders.

Strategies:

Following strategies will guide 24 Hour Fitness headquarters in its efforts to combat CA-MRSA outbreak efficiently and to rebuild public trust in its facilities:

1. Identify key members of the Los Angeles Department of Public Health, partner organizations, and 24 Hour Fitness sports clubs to work on a team to address the CA-MRSA outbreak.

2. List key objectives for each stakeholder and determine the necessary infrastructure and internal resources to meet these objectives.

3. Coordinate efforts with international, federal, state, and local public health agencies to utilize shared expertise and resources.

4. Gain the confidence of Los Angeles County based 24 Hour Fitness staff and employees by providing information that is timely, accurate, empathetic, and credible.

5. Establish communication tools (e.g. teaching sessions, distribution of printed materials, hotline information, and internet based resources) that are reliable, effective, and cost-effective.
6. Identify and address information from alternate sources that is inaccurate or disruptive to the efforts of the Los Angeles Department of Public Health.

**Tactics/Activities:**

In order to meet the objectives proposed in this crisis communications plan, following tactics/activities have been established. They are under a direct supervision of Chief Strategist, who divides the specific responsibilities among Public Information Officer, Background Research Officer, Message Coordinator, and Media Coordinator. Additional functions and activities might be added or eliminated depending on the needs assessment during the crisis. The tactics/activities have been divided into pre-event, event, and post-event segments.

**Pre-Event phase:**

1. Establish a crisis management team.
   A. Background Research Officer: Responsible for doing research on current scientific and public health knowledge on the subject matter.
   B. Public Information Officer: Responsible for overall communication.
   C. Message Coordinator: Determines the written content of all communications that are sent out.
   D. Media Coordinator: Liaison with the media and serves as their chief contact person.

2. Identify basic resources and facilitate meetings.
   A. Generate a list of individuals, financial resources, and creative/intellectual resources that can be utilized.
   B. Find a location (physical location or internet based) to meet and collaborate with the crisis management team.
   C. Identify times to meet and exchange contact information to facilitate future communications.

3. Distribute specific tasks to each member of the crisis management team.
   A. Create specific lists of tasks to be accomplished by individuals on the team.
   B. Identify tasks that will require the efforts of multiple members of the team.

4. Develop a basic understanding of CA-MRSA based upon current research and literature.
   A. Search major databases (e.g. Pubmed) for current literature about CA-MRSA transmission.
   B. Identify national and international centers of research on CA-MRSA.

5. Obtain background information from local CA-MRSA experts and federal and state public health authorities.
   A. Contact the Centers for Disease Control and Prevention (CDC) and get contact leads for individuals in Los Angeles County who are experts in CA-MRSA.
B. Identify qualified individuals from the public (public universities and public health departments) and private (private health groups and pharmaceutical industry) sectors who have an understanding of the clinical, research, and public health perspectives of CA-MRSA

6. Identify partner organizations.
   A. Collaborate with state and local health departments.
   B. Work with 24 Hour Fitness gym managerial staff and their media outlets.
   C. Involve city officials from Los Angeles County cities with 24 Hour Fitness gyms.

7. Establish a CA-MRSA formal training protocol.
   A. Identify funding for a CA-MRSA formal training protocol.
   B. Generate a CA-MRSA training sessions to inform 24 Hour Fitness employees and managers about MRSA.
   C. Create fact sheets for 24 Hour Fitness patrons and stakeholders on steps they can take to reduce the spread of CA-MRSA.
   D. Include online links to reliable websites for more information about CA-MRSA.

8. Create a CA-MRSA hotline.
   A. Identify funding for a CA-MRSA hotline.
   B. Establish a hotline with pre-recorded answers to frequently asked questions about CA-MRSA for 24 Hour Fitness gym employees.
   C. Include an option for speaking to a member of the crisis management team during business hours.

9. Develop an official CA-MRSA website.
   A. Identify funding for a CA-MRSA website.
   B. Generate web content that is understandable and easy to download.
   C. Include links to reliable websites for more information about CA-MRSA.

10. Form a team of official CA-MRSA spokesperson.
    A. Train individuals with the formal CA-MRSA training protocol.
    B. Allow the trained individuals to act as liaisons with the media under the direct guidance of the media coordinator.

11. Develop media contact lists.
    A. Generate a list of LA County based media outlets.
    B. Choose individuals from each media outlet to serve as contact point person.

*Event phase:*

1. Verify the crisis event situation.
   A. Confirm all facts with the Los Angeles County Department of public health.
   B. Obtain collateral information from clinics/hospitals, 24 Hour Fitness staff, and patients involved in the outbreak.
C. Review and judge the authenticity of all sources of information.
D. Determine the accuracy and precision of the information obtained.
E. Based upon prior research, determine the biologic plausibility of the outbreak and its associated paradigm.
F. Determine the direct and indirect costs of the event in human, financial, and public health terms.

2. Notify the crisis management team.
   A. Be sure to follow established guidelines on notification of the crisis management team.
   B. Fact-check all initial briefings and generate an initial list of key personnel to notify.

3. Generate an initial crisis assessment.
   A. Continue gathering information and verifying validity of all sources and leads that are obtained.
   B. Determine the role and capacity of the LA County Public Health department.
   C. Assess the real costs incurred in the crisis and the ongoing potential costs that may be involved.

4. Activate the established crisis communication plan.
   A. Activate a partnership with Joint Information Center (JIC).
   B. Use the call down list to inform and recruit members of the crisis management team.
   C. Activate the CA-MRSA formal training protocol, hotline, and website.
   D. Activate the CA-MRSA spokesmen/women.
   E. Begin media and Internet monitoring for accuracy and relevance of information.

5. Generate a list of prioritized objectives.
   A. Identify the most important and time-sensitive priorities.
   B. Utilize identified local experts on CA-MRSA and state and local public health officials.
   C. Generate a communication schedule on a daily and weekly basis (e.g. 10 hours a day, 5 days a week).

6. Prepare initial information for the media.
   A. Generate an initial press release with information for special populations.
   B. Establish consistency between outputs to the media and all other established information sources (e.g. Hotline, Website, and training materials).
   C. Prepare a list of frequently asked questions and answers.
   D. Confirm the media contact list.
   E. Obtain approval of the media releases from the media coordinator.

7. Disseminate media materials.
   A. Distribute the initial press release using the contact list.
   B. Keep spokesmen/women ready for media interviews.
C. Release all information to partner organizations.
D. Establish a regular pattern of updates and briefings with media and with partner organizations.

8. Prepare media updates.
   A. Continue to critically fact-check all new sources of information.
   B. As new information is available prepare new press releases according to an established pattern whenever possible.
   C. Address any misinformation and ambiguity about CA-MRSA that is picked up in the media and Internet monitoring.
   D. Offer additional resources to the media as needed (eg. Fact sheets).

   A. Determine an appropriate time/location for a briefing with media outlets.
   B. Notify media contacts ahead of time to allow for appropriate coverage of the event.
   C. Generate an agenda that conveys a clear and consistent message while addressing concerns of the media and general public.

10. Continue information sharing.
    A. Continue to gather information from primary and collateral sources as well as local experts in CA-MRSA.
    B. Determine the accuracy and precision of all facts.
    C. Update CA-MRSA information on the hotline, web site, and formal training sessions.
    D. Generate press releases and statements by spokesmen/women for the media.
    E. Address any misinformation that may arise over time.

*Post-Event phase:*

1. Conduct debriefing with all involved parties.
   A. Discuss the event individually and in small focus groups with the crisis management team.
   B. Obtain feedback from local CA-MRSA experts, local/state public health departments, and the Center for Disease Control (CDC).
   C. Reach out to partner organizations and media outlets about whether their needs were adequately met during the crisis.
   D. Compile and analyze media coverage of the event.

2. Perform a critical assessment of areas of strength and weakness.
   A. Compile the comments and suggestions made by various parties.
   B. Generate a list of possible interventions for the concerns raised.
   C. Review this list with the crisis management team to obtain more feedback on their perceived effectiveness.
   D. Revise policies and procedures based upon lessons learned from the crisis.

3. Address public perception and education.
A. Determine areas of general misunderstanding and difficulty during the outbreak.
B. Target specific partner organizations that may be able to help address unique risk groups or demographics.
C. Engage in appropriate outreach activities to spread fundamental public health messages.

**Timeline:**

The timeline will help 24 Hour Fitness headquarters to schedule activities and tactics that need to be accomplished before a CA-MRSA outbreak occurs, including estimated dates of completion, and responsible parties. Up to six months will be allotted to arrange for the pre-event activities and tactics.

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
<th>Assigned to:</th>
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| May   | 1. Establish a crisis management team consisting of:  
        A. Background Research Officer  
        B. Public Information Officer  
        C. Message Coordinator  
        D. Media Coordinator  
        2. Create job descriptions and tasks for each member of the crisis management team.  
        3. Meet with the assembled team to review responsibilities.  
        4. Review the “Crisis and Emergency Communications Toolkit”.  
        5. Create a Crisis Communications Plan  
        6. Find a location to meet and collaborate with the Crisis Management Team. | Chief Strategist |
| June  | 1. Establish deadlines for planned crisis activities  
        2. Designate a physical area for the Crisis Communications Operations  
        3. Notify all staff of possible relocation in the event of a crisis  
        4. Identify funding sources for the Crisis Communication Team. | Chief Strategist |
| June  | 1. Develop a basic understanding of CA-MRSA based upon current research and literature.  
        2. Indentify national and international centers for research on CA-MRSA.  
        3. Search major databases for current publications about CA-MRSA transmission. | Background Research Officer |
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<th>Date</th>
<th>Task</th>
<th>Responsible</th>
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<tr>
<td>June</td>
<td>1. Identify key media organizations</td>
<td>Media Coordinator</td>
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<td>2. Contact the CDC and obtain contact information for CA-MRSA experts in Los Angles County.</td>
<td>Public Information Officer</td>
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<td>3. Identify partnering agencies.</td>
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<td></td>
<td>4. Identify qualified individuals from the public and private sectors with knowledge of CA-MRSA.</td>
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<td>4. Collaborate with state and local health departments.</td>
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<td>June</td>
<td>1. Establish a CA-MRSA training protocol</td>
<td>Message Coordinator</td>
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<td>2. Generate CA-MRSA training sessions for 24 Hour Fitness employees and managers.</td>
<td>and Background Research Officer</td>
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<td></td>
<td>3. Prepare fact sheets.</td>
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<td></td>
<td>4. Prepare message maps.</td>
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<td></td>
<td>4. Find reliable websites with more CA-MRSA information.</td>
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<td>July</td>
<td>1. Create a CA-MRSA hotline.</td>
<td>Message Coordinator</td>
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<td></td>
<td>2. Develop an official CA-MRSA website.</td>
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<td></td>
<td>4. Draft responses to anticipated questions (through the hotline, website, and press conferences).</td>
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<td>August</td>
<td>1. Prepare Memorandum of Understanding and sign with partnering agencies.</td>
<td>Public Information Officer</td>
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<td>September</td>
<td>1. Finalize message maps, fact sheets, press releases, media advisories and translate them into different languages if needed.</td>
<td>Message Coordinator</td>
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<td>Research Officer</td>
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<td>October</td>
<td>1. Update media contact lists with current information.</td>
<td>Chief Strategist, Media Coordinator, Public Information Officer</td>
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<td></td>
<td>2. Update partnering agency lists with current information.</td>
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<td></td>
<td>3. Finalize and distribute the CA-MRSA crisis communications plan to partners.</td>
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<td>November</td>
<td>1. Plan deadlines and activities for evaluation of the CA-MRSA crisis communications plan.</td>
<td>Chief Strategist, Message Coordinator, Media Coordinator</td>
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<td>2. Identify and train spokesperson as well as staff for the hotline and website maintenance.</td>
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Measurement:

This section will help 24 Hour Fitness headquarters measure the success and limitations of CA-MRSA crisis communications plan after CA-MRSA outbreak. The measurements used will be compared to the original goals and objectives set up by 24 Hour Fitness before the emergence of CA-MRSA outbreak. The evaluation of crisis communications plan will assess the direct use of the plan and its implementation through:

1. The amount of media coverage (A record of the number of press conferences and radio lives will be kept)

2. The quality of media coverage (Assess message delivery during press conferences with message maps, fact sheets, research articles used by viewing recorded press conferences. In addition, a record of newspaper print retractions will be maintained.)

3. The number of calls received to the CA-MRSA hotline and 24 Hour Fitness toll-free-number (A log of the date/time of each call will be automatically generated.)

4. The number of visits/hits to the 24 Hour Fitness website with CA-MRSA updates (A log of the date/time of each visit will be automatically generated.)

5. The frequency of updates to the 24 Hour Fitness website (A log of the date/time of each new update will be automatically generated.)

6. The number of communications with partners and stakeholders (A log of the number of meeting and minutes from each meeting will be kept to assess the quality of communications)

7. Documented feedback from the target audience and 24 Hour Fitness patrons will be obtained using paper or web-base questionnaires about the quantity and quality of communications they received during the CA-MRSA outbreak.

8. An evaluation of hygiene protocol will be conducted at 24 Hour Fitness Gyms in the Los Angeles County area. We will evaluate the number of bottles of disinfectant used, the frequency of cleaning activities at the gym, and the number of violations of cleaning policy that were witnessed.

9. An evaluation of the CA-MRSA outbreak will be conducted in conjunction with the Center for Disease Control and local public health affiliates and hospitals. We will determine how many cases of CA-MRSA were identified and record the date and location of the patient.

10. Interviews with patients diagnosed with CA-MRSA to determine any possible association with the 24 Hour Fitness Gyms.
References:

### Message Map

**Stakeholders:** Gym managers and staff  
**Question:** How to protect yourself from community-associated Methicillin Resistant Staphylococcus Aureus (MRSA)?

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
<th>Key Message 4</th>
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<tr>
<td>MRSA is a bacteria that lives on skin surfaces.</td>
<td>MRSA can move back and forth between skin and gym equipment.</td>
<td>MRSA can survive for weeks on gym equipment.</td>
<td>Use environmental sanitation to keep gym equipment free of MRSA and break transmission cycle.</td>
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**Supporting Fact 1-1**  
MRSA is a bacteria that lives on the skin of some individuals.

**Supporting Fact 2-1**  
MRSA is spread by touching items or people with MRSA.

**Supporting Fact 3-1**  
MRSA bacteria can be found on vinyl, metal, plastic, and wood.

**Supporting Fact 4-1**  
Gym equipment should be meticulously cleaned on a daily basis by staff.

**Supporting Fact 1-2**  
MRSA can live on skin without causing any signs of infection.

**Supporting Fact 2-2**  
It is not possible to see MRSA on skin or objects with the naked eye.

**Supporting Fact 3-2**  
MRSA bacteria survive on vinyl surfaces particularly well.

**Supporting Fact 4-2**  
Cleaning should be done with a 1:100 chlorine bleach solution.

**Supporting Fact 1-3**  
MRSA is a type of bacteria that is difficult to treat with traditional antibiotics.

**Supporting Fact 2-3**  
MRSA can be picked up after only a few seconds of contact with an infected surface.

**Supporting Fact 3-3**  
MRSA can potentially live without food or water for up to 1 month

**Supporting Fact 4-3**  
A clean towel or shirt is a recommended barrier while using shared exercise equipment.

**Supporting Fact 1-4**  
MRSA is treatable with newer antibiotics.

**Supporting Fact 2-4**  
Gyms have been implicated in outbreaks of MRSA.

**Supporting Fact 3-4**  
Gym related MRSA cases have been linked to contact with unsanitized gym equipment

**Supporting Fact 4-4**  
Customers should be encouraged to clean up the equipment after use with sterile wipes.
What is Staphylococcus aureus?
- Staphylococcus aureus, often referred to simply as "Staph," are bacteria commonly carried on the skin or in the nose of healthy people.
- Approximately 25% of all individuals have Staph living on their skin, even though the majority of these people do not have any infections.

What sort of problems can Staph cause?
- Staph can cause skin infections which may require treatment with antibiotics.
- Rarely, Staph can cause serious infections involving the lungs and blood.

What is CA-MRSA (Community-associated Methicillin-Resistant Staphylococcus aureus)?
- Some Staph found in the community cannot be killed by commonly used antibiotics, and they are called CA-MRSA.
- In the past ten years, CA-MRSA infections have become much more common.

How common are Staph and CA-MRSA infections?
- The majority of skin infections are caused by Staph bacteria, some of which is the CA-MRSA type.
- CA-MRSA infections are common making up 50% of all Staph infections.

How do CA-MRSA infections spread?
- Direct skin-to-skin contact with individuals with CA-MRSA, the majority of whom may not have any infections
- Direct skin contact with environmental surfaces that have CA-MRSA living on them.
- CA-MRSA can survive for weeks on environmental surfaces without food or water

Are certain people at increased risk for CA-MRSA infections?
- Clusters of CA-MRSA infections have been found among athletes and members of community gyms.
What are the consequences of having a gym-based CA-MRSA outbreak?

- The Center for Disease Control and state and local departments of public health actively investigate outbreaks of CA-MRSA.

- Public health departments have the authority to close down any establishment (including gym facilities) that is thought to be responsible for CA-MRSA outbreaks.

- Media outlets commonly report on outbreaks of disease and generate negative publicity to local branches and to the franchise.

What are the costs of having a CA-MRSA outbreak?

- Loss of revenue from local branches being closed down during outbreak investigations

- Loss of market strength due to negative publicity from the media reporting on outbreaks of CA-MRSA

How can gyms help prevent Staph or MRSA skin infections?

- Gym equipment should be cleaned on a daily basis using a 1:100 dilution of chlorine bleach solution

- Gyms should encourage members to wash hands before and after use of exercise equipment

- Gyms should encourage members to use a clean towel or shirt as a barrier while using exercise equipment

- Gyms should encourage members to clean hands and wipe surfaces of exercise equipment before and after use with alcohol-based sterile wipes

- Individuals with open wounds, cuts, or scrapes should only be allowed to use gym equipment with the affected areas covered up with a clean bandage.

Where can more information about CA-MRSA be found?

- CDC website
  http://www.cdc.gov/ncidod/dhqp/ar_MRSA_ca_public.html

- California State Health Department website
  http://www.dhs.ca.gov
COMMUNITY-ASSOCIATED METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) GENERAL PUBLIC FACT SHEET

What is Staphylococcus aureus?
- Staphylococcus aureus, often referred to as "Staph," are bacteria commonly carried on the skin or in the nose of healthy people.

- Approximately 25% of all individuals have Staph living on their skin, even though the majority of these people do not have any infections.

What is MRSA?
- Type of Staph infection found in the community that cannot by killed by commonly used antibiotics.

- MRSA infections make up 50% of all Staph infections.

Who gets MRSA?
- Anyone can get MRSA.

What do MRSA infections look like?
- Skin infections look like a pimple, boil, or spider bite and can be red, swollen, painful, or have pus or other drainage.

- MRSA skin infections are often misdiagnosed as spider or insect bites.

- Minor MRSA infections can develop serious complications like abscesses, blood, bone, or heart infections.

How is MRSA spread?
- Direct skin-to-skin contact with individuals with MRSA.

- Direct skin contact with environmental surfaces that have MRSA living on them, e.g. door knobs, light switches, keyboards, toys.

- Sharing objects such as towels or athletic equipment with someone who has MRSA.

- MRSA can survive for weeks on objects and surfaces without food or water.

In what settings do MRSA skin infections occur?
- MRSA skin infections can occur anywhere.

- The most common locations are hospitals, gyms, daycare centers, jails, households, and schools.
Practice good hygiene to prevent MRSA. Contact health provider if you think you have MRSA.

How is MRSA treated?
- Skin infections should be examined by health care providers for correct treatment.
- MRSA is resistant to many traditional antibiotics and can be hard to treat.
- Newer antibiotics can be more successful in treating MRSA.
- It is especially important to take the full dose of antibiotics even if the infection gets better.

How can MRSA be prevented?
- Wash hands thoroughly and frequently with soap and water for at least 15 seconds. Use alcohol based hand sanitizers when there is no soap and water.
- Shower immediately after working out.
- Keep any skin cuts or scrapes clean and covered with bandages until healed.
- Avoid sharing any personal hygiene items (towels, uniforms) that have direct contact with your body. Use a barrier (e.g. towel) when using shared sports equipment.
- Clean objects and surfaces with chlorine bleach solution or other disinfecting wipes or sprays.

What to do if you think you have MRSA?
- Consult a doctor or a healthcare provider.
- Early treatment can prevent infections from getting worse.

Where can more information about MRSA be found?
- Centers for Disease Control and Prevention website http://www.cdc.gov/ncidod/dhqp/ar_MRSA_ca_public.html
- California State Health Department website http://www.dhs.ca.gov
- Los Angeles County Department of Public Health website http://www.lapublichealth.org/acd/MRSA.htm
GOOD HYGIENE AT GYMS PREVENTS COMMUNITY ASSOCIATED METHICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (CA-MRSA)

UCLA Center for Public Health and Disasters joins with LA County Public Health to urge gym managers to maintain excellent hygiene standards to prevent transmission of CA-MRSA infections

Los Angeles, CA (May 14th, 2009) – The UCLA Center for Public Health and Disasters has joined efforts with LA County Public Health to assist gym managers and employees in preventing transmission of community associated Methicillin resistant *Staphylococcus aureus* (CA-MRSA). In the past few years, CA-MRSA has become a more common cause of infections in the community. Thus treatment and prevention of CA-MRSA infections has become a public health priority, particularly in community settings where CA-MRSA is known to survive.

On May 1st, 2009, a Cedars Sinai Medical Center study reported that CA-MRSA bacteria causing skin infections can survive on vinyl cloth, and when brought into contact with skin, can transmit the infection for over two months. Outbreaks of CA-MRSA infections have been reported at gym facilities, and this may be explained by the prolonged survival and transmission of CA-MRSA on vinyl cloth, which covers many of the exercise machines. Taking specific steps to ensure good hygiene in gym facilities is crucial in reducing the number of new infections.

“Cleaning vinyl surfaces in gym facilities with a 1:100 dilution of bleach solution on a daily basis kills CA-MRSA within 15 seconds,” said Dr. Rishi Desai, Senior Program Manager for the UCLA Center for Public Health and Disasters. He added, “Gyms need to encourage patrons to perform good hand-washing, clean gym equipment with sterile wipes before and after use, and avoid using communal equipment if they have open wounds or sores.”

If you would like more information on ways to prevent transmission of CA-MRSA, please contact Dr. Steven Rottman at (310) 794-0864 or refer to Centers for Disease Control and Prevention website: [http://www.cdc.gov/ncidod/dhqp/ar_MRSA_ca_public.html](http://www.cdc.gov/ncidod/dhqp/ar_MRSA_ca_public.html)

End
APPENDIX D

Media List
Use this resource sheet to identify the media serving your community. Keep in mind that, as California is a diverse state, ethnic media may be an excellent source of reaching your audience. Be cognizant that it may be helpful to have a liaison from each community and/or translation assistance to make sure that your messages are as effective as possible. Be aware that media contacts change frequently, so be sure to update this list on an ongoing basis.

People in the media you may contact during an emergency or crisis situation:

*Newspapers*

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APPENDIX E

Media Interview Question and Answers

Use these worksheets to anticipate potential questions and to develop appropriate answers that can be used either as responses included in an FAQ, or as an Internal Q&A (sound bites for spokespersons taking part in a media interview.) Be sure to reference your key messages as often as possible. Remember that practice now will make your messages easier to deliver during a crisis moment.

**Question:** What happened? (Examples: How much damage was caused? Who was involved?)

**Response for Public (FAQ):**

**Sound bite for Media (Q&A):**

**Question:** Who was affected? (Examples: Was anyone injured or killed? What are their names?)

**Response for Public (FAQ):**

**Sound bite for Media (Q&A):**

**Question:** When did it happen?

**Response for Public (FAQ):**

**Sound bite for Media (Q&A):**
**Question:** Where did it happen? (Examples: What areas are affected? Is there danger outside of the immediate crisis area?)
**Response for Public (FAQ):**

**Sound bite for Media (Q&A):**

**Question:** Why did it happen? (Examples: What was the cause? Who is to blame? Could it have been prevented? Has this ever happened before?)
**Response for Public (FAQ):**

**Sound bite for Media (Q&A):**

**Question:** What’s next? (Example: Is there danger now? What are you going to do about it? What are the long-term consequences?)
**Response for Public (FAQ):**

**Sound bite for Media (Q&A):**
APPENDIX F

Media Advisory

Please retype and customize all information on 24 Hour Fitness letterhead.

MEDIA ADVISORY

WHAT: (DESCRIBE OVERALL EVENT)

WHO: (LIST CELEBRITIES, COMMUNITY LEADERS, ETC. WHO WILL BE IN ATTENDANCE)

WHEN: (EVENT DATE AND TIME)

WHERE: (EVENT TITLE)
        (EVENT ADDRESS)
        (EVENT CROSS STREETS)
        (RELEVANT CONTACT TELEPHONE NUMBER)

VISUALS: (COMPONENTS OF EVENT WITH VISUAL APPEAL)

WHY: (REASON FOR EVENT; COMPELLING LOCAL OR STATEWIDE STATISTICS)

CONTACT: (PROGRAM DIRECTOR CONTACT NAME)
        (AREA CODE AND PHONE NUMBER)

    #    #    #
APPENDIX G

Conducting a News Conference

A news conference should be scheduled only when necessary - when the news is important enough to affect large populations, and when it is appropriate to disseminate urgent information to a group of reporters at one time. Consider the following items when planning and implementing your press conference.

Plan Date, Time and Location (It is advisable to plan the news conference two to four hours after a crisis has occurred, depending on the severity.)
- Have you given the media as much advance time as possible?
- Have you planned the news conference in a safe venue close to the site of the emergency?
- Is the venue safe for the media and does not interfere with recovery and evacuation efforts?

Invite Key Members of the Media to Attend By Sending Out a Media Advisory
- Have you made sure the media advisory gives the date, time and location of the conference, the subject to be discussed, the names of the people who will be speaking and a list of languages in which materials will be provided?
- Have you placed follow-up calls before the conference to remind reporters about the event?

Prepare the Room
- Have you made sure your news conference site includes staging, chairs, podium and microphones and checked to ensure all equipment is working properly?
- Have you rented a mult box from an audio/visual company for broadcast reporters to plug into to obtain clear sound? Be aware that mult boxes may not be needed in areas with more advanced technology.
- Have you arranged the room so that reporters can easily get their stories without having to move about?
- Is the CDHS logo clearly visible on the front of your podium or behind the speaker?
- Do you have a backup plan for possible glitches?

Provide Media Materials
- Have you prepared media kits including any news releases, speaker names or additional materials that will help reporters write their stories?

Be Prepared
- Have the main spokespersons rehearsed the key messages developed for the crisis and are they ready to answer questions?
- Have you made sure your spokespersons know what the most important information is and how to stay focused, even if asked questions that concern other issues?
- Have you discussed in advance which key points will be made by each spokesperson?
☐ Have you designated a moderator in advance of the news conference to keep the conference on schedule, establish ground rules and field reporters’ questions?
☐ Have you set a clear end time for the news conference?
☐ Have you made a Spanish or other appropriate language spokesperson available at the press conference and have you referenced that in your media materials?

Be Thorough
☐ Have you made sure all questions are answered during the news conference? If a spokesperson does not know the answer to a question, make sure a member of the communication team finds the answer after the news conference and makes it available to the reporter at a later date. If possible, allow spokespeople to be available one-on-one with reporters following the conference to answer questions.
☐ Have you designated someone to ask questions during the news conference that reporters may not raise?

Monitor Attendance
☐ Have you asked reporters to check-in? This will provide a list of who attended, and more importantly, who did not attend.
☐ For key media personnel who were not able to attend, have you offered them a phone interview with the spokespersons?
APPENDIX H

**Media Contact Log**

It is important to track all the media inquiries you receive. During a crisis, make additional copies of this form so you can use one form for every call.

Deadline:

- 2 hours
- Today a.m.
- Today p.m.
- ASAP
- Other

Media Outlet:
- Local
- Regional
- National

TV
Daily/Wire
Radio
Magazine
Other

Caller’s Name: ______________________________________________________
Organization: ______________________________________________________
Caller’s contact information: Phone(s): _______________________________
Fax: _______________________________
E-mail: ___________________________________

Action Needed: Action Completed:
- Return call expected from press officer
- Date and time
- Return call with E-mail or fax
- Date and time
- Other _______________________________
- Date and time

No action needed; call closed by:
- Question answered
- Date and time
- Referred to Internet
- Referred to subject matter experts
- Other _______________________________

Comments: ______________________________________________________
_______________________________________________________________
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Taken by: _______________________________
Time: a.m. ___________ p.m. ___________
Date: _______________________________