Run an emergency helpline

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Telephone helplines are an effective way of dealing with health related incidents in which large numbers of people need personal counselling or information for reassurance or case finding. Helplines often have to be set up at short notice, which is labour intensive and makes recruitment of appropriate staff difficult. They should ideally be part of local emergency planning resources. Doctors need to be included in the team organising the helpline to ensure that staff are properly briefed, to determine what data need to be collected, and to deal with specialised queries.

Telephone helplines are an increasingly common part of communication in health care and often have to be set up at short notice. They have recently been used in Britain after the discovery of healthcare workers infected with HIV or hepatitis B virus and technical problems on cervical screening programmes. If information can be adequately transmitted by the media a helpline should not be needed, but helplines are valuable when personal counselling or information needs to be provided.

Emergency telephone helplines are usually established as part of the early management of an incident. The decision to set up a helpline will be taken by the main incident team, taking into account the likely costs and benefits, but organisation and planning of the helpline should be delegated to a subgroup. The group should include a public health physician; a person with the managerial power to make and implement financial decisions; a person with knowledge of telecommunications; a middle manager or administrator to whom organisation tasks can be delegated; and a person who has access to the type of staff likely to be needed on the line. Early liaison with clinical specialists with knowledge of the main incident is essential.

Planning

The time available for planning will depend on the circumstances of the incident and may be several weeks or less than 24 hours. Below we list the issues that need to be tackled whatever the length of the planning period.

The purpose of the helpline must be explicitly defined—is it to supply general information or personal details or counselling to relevant individuals? If the helpline is providing only general information do you require a mechanism for calling people back with complex queries?

Good briefing notes for helpline workers are essential to ensure that everyone is aware of what information is to be supplied or withheld. One person should be responsible for production of the notes. They should include the background to the incident; responses to expected questions; procedures for dealing with unexpected or difficult queries; guidelines on confidentiality; details of other resources (for example, telephone numbers of other helplines or counselling services); routes of access for formal complaints; and procedures for dealing with obscene, silent, or threatening calls.

One member of the team should be made responsible for designing a data collection form and collecting information to monitor the helpline. Helplines that respond to individual queries need more elaborate forms than those that offer general advice or information. The basic information should include date and time of call; sex, age, and postcode of caller; and the appropriateness of the call—for example, was the individual in the affected group of patients? Other data from callers such as changes of address or of general practitioner may be important in case finding.

The media can be used to publicise the helpline and will often give the helpline's number in news bulletins and newspapers after a press release or press conference. Give information about the helpline to other switchboards which may be contacted by callers (for example, health centres). Special needs of ethnic minorities and the hearing impaired need to be considered at the planning stage.

Models for telephone helplines

Miniswitchboard system—all calls taken by experienced switchboard operator, who allocates them to appropriate helpline workers

Follow on system—incoming calls go to the first telephone in the row; if it is busy the call is diverted to the next phone, continuing until a non-occupied line is reached

Multitier system—calls are dealt with by a group of first line workers who can pass complex calls on to specialised workers if required

Telecommunications equipment

It can be difficult to estimate the number of telephone lines required. The United Kingdom HIV-infected healthcare worker guidelines suggest up to 40 lines for a helpline,[1] but many incidents will require fewer, even if sufficient people are available to staff more lines. It is important to have the maximum number of lines available as close to the start of an incident as possible since most calls arrive in the first few days, with a rapid fall off. It is better to have too many lines, which can be quickly closed down, than to have to wait an extra 24 hours for lines to be added. The helpline must not go through a main hospital or department switchboard as the volume of calls can block normal communications.

The structure of the helpline will decide what telecommunications arrangements are required. There are three basic models to choose from (box). These models can be combined, and the exact system will depend on the purpose of the helpline—for example, is it an information or a counselling line? Will you need to take details, check case notes, and return the call?

British Telecom can often (but not always) install lines within 24 hours in an emergency. If forewarned it can also provide daily information on the number of calls which fail to get through to a freephone number (an estimate of unmet need). Helpline workers usually need their hands free to make notes or use computer terminals so headsets, which are also more comfortable, should be used instead of handsets if possible.

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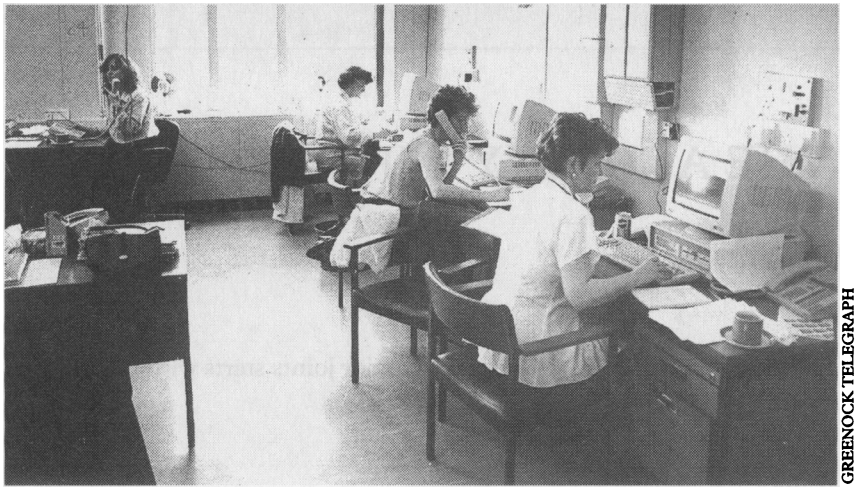
BMJ 1994;309:44-5



GREENOCK TELEGRAPH

It helps to have identified sources of staff with knowledge and communication skills before the need arises

Location

The number of lines required will influence where the helpline is set up. Permanent helplines use cubicles to cut down noise but these are difficult to organise in an emergency. If a switchboard system is used, the telephonists and helpline workers should be in the same room. Fans may be needed to reduce the heat, particularly if computer terminals are being used. In larger rooms telephone cables can often be dropped from the ceiling to allow for desks in the centre and avoid trailing cables. Separate rooms are needed for briefings and administration. Staff toilets should be nearby. Catering arrangements will need to be organised, including facilities for making tea and coffee. You should also consider security and privacy, especially if the incident is likely to produce considerable media attention.

Staffing

Ideally, the people who staff the helpline should have an appropriate knowledge of the subject and sufficient communication skills to deal with callers effectively and sympathetically. It can be difficult to recruit enough appropriate workers, particularly at short notice. It helps greatly if the health authority has previously identified sources of workers, if not individuals, as part of its emergency planning resources. You may need to second workers from other duties or offer overtime payments, or both.

All staff should be given a careful group briefing on background information and new developments before the helpline opens. Instruction in use of telecommunications equipment such as headsets, completing data forms, and using computers will also be needed. A practice session is valuable but is often difficult to arrange.

At least the first week of the helpline rota should be arranged at the outset. Four hour shifts are generally used, although some workers may feel able to do two shifts. A shift supervisor is needed for each session. This person deals with briefings and administration and covers staff breaks so that the number telephone of lines in operation is not reduced. Another extra worker for each shift can provide cover for staff who do not appear and allow staff to take breaks with a colleague.

Operating the helpline

The hours that the helpline is open will depend on circumstances, but 8 am to 9 pm allows even those working shifts or with families to call. If publicity is expected on the late evening news in the first few days of the incident helplines may need to open until midnight. An answering machine with a recorded message should be available overnight, giving the opening hours of the line and, if possible, the number of an appropriate more general helpline.

Workers should assemble in a separate room for briefing and debriefing. The main incident team must keep the helpline staff fully aware of changes in the situation, and a whiteboard in the helpline room is useful for displaying new information. In particular, action may be required to deal with anxieties arising from misleading or inaccurate press coverage. Debriefing allows information gathered during the shift to be shared and can often be used to clarify issues for press briefings. In addition, if the helpline is stressful for the operators formal debriefing can help to diffuse tension and allow experiences to be shared. The shift supervisor should be available at all times to answer staff queries and must have a complete list of telephone numbers (including home numbers) for sources of specialist advice.

Larger helplines will require administrative or clerical help—for example, people to distribute and collect forms, post leaflets or further information to callers, and help with data entry. If data from the helpline need to be collated and used at the time. rather than used as a retrospective description of events, computer and staff time must be allocated for this. Collation can often be done overnight, allowing feedback the next morning on the previous day's calls. Helplines may require other resources, such as records staff and clinical staff to locate case notes and respond to a particular query, and it is best to make formal arrangements for this. A failsafe data flow system should be designed to keep track of the processing of queries and responses. Some queries could need to be passed directly to a legal office.

In a major incident the media are likely to want access to the helpline. Although good media coverage is valuable, a visit inevitably causes some disruption. It is probably best to offer all press organisations access at the same time. A health authority press officer should be present and portering or security staff available. Helpline staff should be asked whether they are willing to participate. Make it clear to the press that recording of sound is not allowed in the helpline room and get an agreement not to record any confidential information or to attempt to speak to any callers. Remove or conceal any data that could identify callers; helpline workers may prefer to remove their name badges. Access should be allowed only by prearrangement.

After the helpline

Deciding when to close the helpline can be difficult. The decision will depend on the number of incoming calls and press interest in the incident. The helpline should be reviewed as soon as possible after its closure. A formal final debriefing of the staff is valuable if it is held in a supportive and non-critical atmosphere—lessons learnt can be recorded for the future and there is a clear end point for staff. It is courteous to circulate statistical analyses of calls to those who worked on the helpline and to ensure prompt payment for overtime. A formal report should be prepared for the health authority and appropriate national bodies. This helps with organisation of future helplines and allows local and national guidelines to be updated in the light of your experience.

We thank workers on the Inverclyde cervical cytology helpline and the Communicable Diseases (Scotland) Unit HIV infected healthcare worker helpline for their feedback.

1 United Kingdom Departments of Health. *AIDS-HIV infected health care workers: practical guidance on notifying patients.* London: HMSO, 1993.

(Accepted 16 December 1993)