

# Communicating and Health Monitoring Following the Salisbury Nerve Agent Attack

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# The Importance of Effective Communication

- Public responses can impact the effectiveness of our emergency response plans and procedures.
  - 1995 Tokyo Sarin attacks (500 injured, 7 dead, 5,510 psychological casualties)
  - Radioactive incident in Goiânia, Brazil (1987)
    - 112,000 sought examination/Reality = 4 deaths/260 contaminations
  - More recently: Low uptake of positive health behaviours in response to Swine Flu (2009), Litvenenko (2006), and more.
- The success of government interventions before, during, and after an extreme event relies on the cooperation of the public.

(Becker, 2004; Gray & Ropeik, 2002; Henderson et al., 2004; Rubin *et al.*, 2007; Sheppard et al., 2006; Vonderford, 2004; Wray & Jupka, 2004,)



When the emergency services arrive on scene, they will position their equipment according to a series of zones which they will identify depending on the location and surroundings of the area affected by any contamination. The **HOT ZONE** (red in the picture above) is the area where the contamination has been released. Emergency responders will move people out of this area as soon as possible, into the **WARM ZONE** (yellow in the picture). The warm zone is the area in which responders will direct you to remove contaminated clothing and decontamination will be performed. The **COLD ZONE** (green in the picture) is an area unaffected by contamination and you will move into this area after decontamination.



Responders wearing this protective clothing belong to **ambulance and/or fire services**. They are responsible for running the decontamination units and helping people in the warm zone.

Responders who wear this protective clothing are either specially-trained members of the **ambulance service or fire service**. They are able to go into the hot zone. Responders wearing this clothing provide medical treatment for the casualties who have been worst affected.

This protective clothing could be worn by members of specially-trained **ambulance or fire services**. Members of ambulance services wear a green helmet and the fire service wear a yellow helmet. These responders work around the fire equipment and help people in the warm zone.

These are **police officers**. The clothing worn here enables these officers to enter the hot zone. However, they are more likely to be working in the warm zone. Their role is to support the fire service and ambulance service in the organisation of the response. You will probably notice them supporting people who have been affected by the incident.

## Previous Experience: The Poisoning of Alexander Litvinenko in November 2006

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- The spread of contamination “(...)Provided the public health community with a scenario approximating a large-scale RDD event” (Nemhauser , 2010, p. 356).
- The HPA generated strict criteria to identify likelihood of contamination. Laboratory screening was made available for those identified as more likely to have been contaminated.
- Rubin et al. (2007) studied public perceptions of the risk to health and information needs of 1000 cross-sectional survey participants and 86 potentially exposed members of the public (interviews).



## Previous Experience: The Poisoning of Alexander Litvinenko in November 2006 (Rubin et al., 2007)

- The general public response was muted (11.7% of the survey sample perceived their health to be at risk).
- Qualitative interviews took place across four groups of potentially exposed members of the public:
  - 1) People in the sushi restaurant on 1<sup>st</sup> November who had contacted NHS direct.

People in the hotel bar between 31<sup>st</sup> October and 2<sup>nd</sup> November who had:

  - 2) accepted the offer of urine testing;
  - 3) refused the offer of urine testing; or
  - 4) failed to reply to the HPA after being told that they were eligible for testing.
- Potentially exposed participants were generally satisfied, though they desired more information about personal risk of exposure, urine test outcomes, and long-term health implications.
- No risk to health if not in contaminated areas (71%)
- Espionage vs terrorism





## The Salisbury and Amesbury Nerve Agent Poisoning (Gent, 2019):

### Salisbury (4<sup>th</sup> March 2018):

- Sergei Skripal and his daughter Yulia Skripal were poisoned with a nerve agent known as Novichok (A-234).
- D.S. Bailey admitted to Salisbury District Hospital. A 4<sup>th</sup> individual was monitored as an outpatient.
- All three patients were eventually discharged.
- 65 individuals presented at NHS hospitals for advice about the incident. All were assessed and discharged.

### Amesbury (30<sup>th</sup> June 2018):

- Dawn Sturgess and Charlie Rowley were admitted to Salisbury district hospital.
- Initially treated for the effects of drug overdoses. Subsequently treated for nerve agent exposure.
- Dawn Sturgess died on 8<sup>th</sup> July. Charlie Rowley was discharged on 20<sup>th</sup> July.
- 29 people presented at the Salisbury Foundation Trust hospital for advice in relation to the incident. All were assessed and discharged.


## Public Health Concerns (Gent, 2019):

### **Public Health Concerns:**

- What constitutes public risk?
  - Who is at risk?
  - Where might risks exist?
  - What type of risk might be present?
- Transferability of agent
  - Bioavailability of agent
  - Quantity of agent likely to give risk of harm
  - Potential contamination of public transport systems (Aeroflot flights, London Underground, buses, trains, transit links)
  - Contamination of the hotel room used by the suspects (guest and hotel staff)
  - Any as yet undiscovered PPE or devices
  - Acute injury
  - Short-term/one-off low-level contact
  - Long-term effects


## Health Surveillance (Gent, 2019):

- High levels of confidence in the toxicology led to the decision not to have follow-up for the affected population.
- 3 x Important principles for assessing risk:
  - This material does not transfer easily in quantities that cause acute illness.
  - There are no long-term health risks from short-term or one-off contact with low-levels of this agents.
  - No overt illness after exposure = not at risk of long-term health problems.
- Probability of contact was low but consequence is high.
- Public messaging balance between improbability of contact and concern about abandoned material.



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### If you didn't drop it, don't pick it up

Following recent events in the Amesbury and Salisbury area involving the nerve agent Novichok, our current advice is that the risk to the public is **low**.

As a precaution and in the interest of your own safety, we're advising everyone in this area not to pick up any foreign objects that don't belong to them and could have contained liquid or gel.

This includes containers, lids, syringes, needles, cosmetics or similar objects, made of materials such as metal, plastic or glass.

If you're a parent, guardian or carer, please ensure your children follow this advice, particularly with school holidays approaching.

We will keep this assessment under constant review as further information becomes known.

For more information see [www.gov.uk/phe](http://www.gov.uk/phe) or call the Wiltshire Police helpline on Freephone 0800 092 0410 or 0207 158 0124



# Variations in Official and Media Communication:

## Amesbury nerve agent incident: Answering your frequently asked questions

Blog Editor, 6 July 2018 - Health Protection



We understand that the recent incidents in Amesbury and Salisbury involving nerve agent Novichok will cause concern about possible health risks. This blog will answer the questions we are getting asked the most and provide you with our most up-to-date advice.

Our full statement and precautionary advice for people who live in, have visited or will visit the areas affected can be found [online here](#) and will be continually monitored and updated when necessary.

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The official blog of Public Health England, providing expert insight on the organisation's work and all aspects of public health. [More about this blog.](#)

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## Salisbury declared decontaminated after Novichok poisoning

1 March 2019

Russian spy poisoning

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for 50 years if it  
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no forensic link had  
wn Sturgess and  
per Russian spy  
e a scientific link is

gn in Search The Guardian  
More

OVER 900,000 OFFER SEATS available during 2019  
Pack more in - sail by ferry.

The Pap  
Newspaper head  
camera  
By BBC News  
Staff  
15 September 2018

The naming of the tw  
in Salisbury is the lea  
appear widely on the

For the Daily Express I  
Putin.

The Daily Mail describ  
Daily Mirror calls the

Salisbury has been declared free from the nerve agent Novichok almost a year after the Sergei Skripal poisoning.

Salisbury nerve agent poisoning: The police cordoned off the Salisbury home of Dawn Sturgess, who, with partner Charlie Royle, was one of the first to be evacuated from the area. Photograph: Neil Hall/PA

A short walk from Salisbury's medieval cathedral and narrow lanes of boutique shops, a group of restless homeless people are gathering outside the city's only remaining hotel in the searing heat of the sun.

Josh Harris has little more than his tracksuit bottoms and his beloved dog. Everything else he owns is inside the John Baker House hotel, which was

But the Guardian says there is no prospect of either ever returning to British soil.



# Conclusions:

- Public health communication from each incident addressed many of the concerns of potentially affected populations, though there are areas for improvement.
- Lags in sharing specific, targeted health advice with the public at the start of each event need to be addressed.
- The development of effective pre-event communication enables response organisations to communicate about public health impacts and monitoring procedures while further assessment takes place.
- Public health communication throughout the lifecycle of the events can also be targeted to:
  - Provide reassurance but not at cost of detailed, actionable guidance
  - Provide guidance via multiple modes of communication
  - Be explicit about protective behaviours AND behaviours to avoid
  - Take into consideration perceived response costs associated with following advice (Pearce et al., 2012; Rogers & Pearce , 2013):).

# Evidence-based Tools and Reports for Practitioners:

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Information for emergency responders about public responses to CBRN incidents

**Responding to emergencies involving chemical, biological, radiological and nuclear (CBRN) hazards**



Information for members of the public



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the behavioural impact of communications

...priorities.  
...resources, needs and appropriate communication strategies for groups who may be at an emergency.  
...ated at emergency communication and needs in relation to the general public. Relatively little has been seen as vulnerable. Our current work examines the needs of one such group, older adults, in detail. As and interviews with older adults, carers and charities to explore the impact of issues including social media on their needs and ability to engage with public health advice during a crisis. We are not viewing by. Instead we are using an approach which identifies the specific resources and networks that older adults have. This work will allow us to tailor advice to this group during a crisis, reducing health inequalities wherever possible. [Julia Pearce](#)

...considering how best to reduce the problem of widespread non-adherence to a crisis.  
...tars influencing adherence to prophylactic medication and in-depth interviews with members of the public. If experimental studies to assess whether particular messages might improve adherence. Messages will be if adherence and be capable of dissemination via electronic or SMS systems.



**Challenges for Effective Counterterrorism Communication: Practitioner Insights and Policy Implications for Preventing Radicalization, Disrupting Attack Planning, and Mitigating Terrorist Attacks**  
David Parker<sup>1,2</sup>, Julia M. Pearce<sup>3</sup>, Lasse Lindsköld<sup>4</sup>, and M. Brooke Rogers<sup>5</sup>  
<sup>1</sup>Department of War Studies, King's College London, London, UK; <sup>2</sup>Department of Political Science, Aarhus University, Aarhus, Denmark

**Abstract**  
Growing concerns about small-scale, low sophistication terrorist attacks, and the difficulties they present for security services, make public communication of security increasingly necessary. Communication to ensure that the public is aware of the role they can play in countering this threat, based on evidence with their expert practitioners, involves challenges associated with communication designed to prevent radicalization, disrupt attack planning and mitigate the impact of a terrorist attack in the United Kingdom and Denmark. The interplay between these challenges and the contemporary terrorist context are explored, highlighting that new, or adapted, communications and approaches may be necessary.

While remaining vigilant to 9/11 and 7/7 style large-scale attacks, security services across Europe are increasingly contending with smaller scale, low sophistication acts of terrorism. Attacks by lone actors or small, self-organized cells in Belgium, the United Kingdom, Denmark, Germany, and France testify to the growing relevance of this threat. Indeed, officials in countries including the United Kingdom and Germany have described future attacks of this nature as almost inevitable.<sup>1</sup> The unique features and challenges of the changing threat landscape,<sup>2</sup> and the active promotion of this attack style by terrorist groups such as Daesh and Al Qaeda,<sup>3</sup> present significant policy challenges. In particular, they make public communication of security increasingly necessary, by which we mean the active engagement of private citizens and key non-security stakeholders (e.g., teachers) in aiding authorities in detecting, assessing, and reporting risks of violent extremism. Communication, already recognized as a central element of counterterrorism strategy, is particularly important in this context, if the public(s) are to recognize the role they can play and be prepared (and able) to do so.<sup>4</sup>

Cooperation has informed a range of policy areas, from Neighborhood Watch to public service design, across different national and cultural contexts.<sup>5</sup> Safety and security are not

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## THE IMPACT OF COMMUNICATION MATERIALS ON PUBLIC RESPONSES TO A RADIOLOGICAL DISPERSAL DEVICE (RDD) ATTACK

M. Brooke Rogers, Richard Ambler, and G. James Rubin

It is a common assumption that, in the event of a chemical, biological, or nuclear (CBRN) attack, a well-prepared and informed public is more likely to follow official recommendations regarding the appropriate safety measures to take. We present findings from a UK study investigating the ability of crisis communication to influence perceptions of risk and behavioral intentions in the general public in response to CBRN scenarios. We conducted a focus group study involving a scenario presented in mock news broadcasts to explore levels of public knowledge, information needs, and intended behavioral reactions to an attack involving an on-site radiological dispersal device (RDD), or dirty bomb. We used the findings from these focus groups to design messages for the public that could be presented in a short video. We then tested the effect of the video on reactions to the same scenario in a further focus group. The impact of the video messages on levels of knowledge, information needs, and intended compliance with official recommendations was assessed. The provision of information increased the

## ORIGINAL RESEARCH Communicating Public Health Advice After a Chemical Spill: Results From National Surveys in the United Kingdom and Poland

Julia M. Pearce, PhD, G. James Rubin, PhD, Richard Ambler, PhD, Simon Wessely, PhD, M. Brooke Rogers, PhD

**Abstract**  
**Objective:** The aim of this study was to enhance public health preparedness for incidents that involve the large-scale release of a hazardous substance by examining factors likely to influence public responses to official guidance on how to limit their exposure.  
**Methods:** To collect demographically representative survey was conducted in the United Kingdom (n=501) and Poland (n=502) to test the strength of association of trust in authorities, anxiety, threat, and coping appraisal with the intention to comply with advice to shelter in place following a hypothetical chemical spill. The impact of ease of compliance and style of message presentation were also examined.  
**Results:** Participants were more likely to comply if at home when the incident happened, but message presentation had little impact. Coping appraisal and trust were key predictors of compliance, but trust appraisal was associated with noncompliance. Anxiety was seen to promote behavioral change. UK participants were more likely to comply than Polish participants.  
**Conclusions:** Successful crisis communication during an emergency should aim to influence perceptions regarding the efficacy of recommended behavior, the difficulties people may have in following advice, and perceptions about the cost of following recommended behavior. Generic principles of crisis communication may need adaptation for national contexts.  
**Key Words:** communications, disasters, behavior, trust

The health effects of incidents that involve the large-scale release of a hazardous substance can be reduced if people follow official guidance on how to limit their exposure. Unfortunately, compliance with official guidance is often poor.<sup>1</sup> Although it is not fully understood why members of the public do not comply with official advice during a major public health incident, a number of factors likely to influence behavior have been identified. For example, studies of public responses to the 2002 outbreak of severe



## The Insider threat: Behavioral indicators and factors influencing likelihood of intervention

Alison J. Bell<sup>1,2</sup>, M. Brooke Rogers<sup>1,3</sup>, Julia M. Pearce<sup>4</sup>

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## DISPATCHES

## Perceptions and Reactions with Regard to Pneumonic Plague

G. James Rubin, Richard Ambler, M. Brooke Rogers, Ian Hall, Steve Leash, John Simpson, and Simon Wessely

We assessed perceptions and (a) reactions of 1,025 UK adults to a hypothetical terrorist attack involving pneumonic plague. (b) Likely compliance with official recommendations ranged from poor (38%) to good (62%). (c) Poor (38%) to good (62%) compliance with official recommendations ranged from poor (38%) to good (62%).

The full interview (including several questions not analyzed for this article) and results are in online Technical Appendix 1 (available from [www.cdc.gov/eid/content/16/12/Dispatch.pdf](http://www.cdc.gov/eid/content/16/12/Dispatch.pdf)). The survey was conducted in 4 stages. In stage 1, we asked 7 questions concerning perceptions about pneumonic plague. In stage 2, we asked participants to imagine that 1 person from their area had received a diagnosis of pneumonic plague. To test whether the extent of an individual's efforts responses, 102 participants were also told that police suggested interventions. This manipulation had no effect on most responses. In stage 3, we informed participants that it was now several days later, that the source of the outbreak had been discovered to be a container deliberately hidden at a train station, and that >100 persons had received a diagnosis of plague. In stage 4, we told participants about a specific public health strategy that was being considered. We informed 502 randomly selected participants about the setting up of mass treatment centers for persons who had been at the train station and told the other 502 that persons who had been at the train station were being asked to stay home for 7 days and to phone a help line if symptoms developed.

In stages 2 and 3, we asked participants whether they intended to undertake specific spontaneous precautionary behavior (questions 12–15 in online Technical Appendix 1). An item item in stage 2 asked whether participants would be willing to take prophylactic antimicrobial drugs if asked to (question 21 in online Technical Appendix 1). In stage 4, we asked participants how likely they would be to comply with advice relating to the public health interventions (questions 41–46 in online Technical Appendix 1). Before analysis, all responses were weighted according to participant age, sex, work status, region, and social grade.

As expected, precautionary behavior was more likely to be taken in the stage 3 scenario (Tables 1, 2). In terms of likely compliance with official recommendations, 83 (7.9%) participants responded being very or fairly likely to take antimicrobial drugs if asked to. When asked to imagine that they had been to the different mass station, 179 (17.5%) participants reported that they would visit the treatment center immediately if asymptomatic, slightly fewer (151, 14.8%) reported that they would go immediately if they also had influenza-like symptoms. This difference appeared to be because participants reported that they would likely

September 14–24, 2007, a UK market researcher, Ipsos MORI, conducted a random-digit telephone survey of a sample of the adult population in Britain to assess their intended behavior in the event of an outbreak of pneumonic plague. The survey was conducted in 4 stages. In stage 1, we asked 7 questions concerning perceptions about pneumonic plague. In stage 2, we asked participants to imagine that 1 person from their area had received a diagnosis of pneumonic plague. To test whether the extent of an individual's efforts responses, 102 participants were also told that police suggested interventions. This manipulation had no effect on most responses. In stage 3, we informed participants that it was now several days later, that the source of the outbreak had been discovered to be a container deliberately hidden at a train station, and that >100 persons had received a diagnosis of plague. In stage 4, we told participants about a specific public health strategy that was being considered. We informed 502 randomly selected participants about the setting up of mass treatment centers for persons who had been at the train station and told the other 502 that persons who had been at the train station were being asked to stay home for 7 days and to phone a help line if symptoms developed.

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Thank you!

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