***[Replace this text with your organization’s identifier.]***

EXTERNAL COMMUNICATIONS PLAN

| **We Will Need:**  *(check all that apply)* | **Languages** | **Who** | **Due** | **Done** | **Tools** |
| --- | --- | --- | --- | --- | --- |
| * Telephone line for calls from parents/guardians and the public (it can be recorded or live) |  |  |  |  |  |
| * Initial letter to all students/parents/ guardians informing them of the TB exposure at the school |  |  |  |  | *4.1 FYI Letter to Parents/ Guardians* |
| * + Initial letter to staff about the TB exposure at the school |  |  |  |  | *4.2 FYI Letter to Staff* |
| * Mailing labels for all students, parents/ guardians and staff. Determine best method for communicating (online or U.S. mail) |  |  |  |  |  |
| * Letter to identified student contacts addressed to the parents/guardians; include the consent form; health questionnaire; TB fact sheet; Option for Private Provider TB Testing form; Private Provider TB Evaluation |  |  |  |  | *5.1a&b Letter to Parents/ Guardians of Contacts*  *5.2a&b Parent/ Guardian Consent Form*  *5.3 Health Questionnaire (Student)*  *2.3 TB Fact Sheet*  *5.9a Option for Private Provider TB Testing Form*  *5.10 Private Provider TB Evaluation form* |
| * Mailing labels for parents of identified contacts. Determine best method for communicating (online or U.S. mail) |  |  |  |  |  |
| * Letter to non-contact students/parents/ guardians |  |  |  |  | *5.7 FYI Letter to Parents/ Guardians of Non-Contacts*  *2.3 TB fact sheet* |
| * Mailing labels for  non-contact parents/ guardians |  |  |  |  |  |
| * Letter to identified staff contacts; include the consent form; health questionnaire; TB fact sheet; Option for Private Provider TB Testing form; Private Provider TB Evaluation form |  |  |  |  | *5.4a&b Letter to Staff Contacts*  *5.5a&b Staff Consent Form*  *5.6 Health Questionnaire (Staff)*  *2.3 TB Fact Sheet*  *5.9b Option for Private Provider TB Testing Form (Staff)*  *5.10 Private Provider TB Evaluation form* |
| * Letter to staff who are non-contacts |  |  |  |  | *5.8 FYI Letter to Staff Non-Contacts*  *2.3 TB Fact Sheet* |
| * Media spokesperson |  |  |  |  |  |
| * Press release on TB exposure and upcoming testing |  |  |  |  | *4.4 Sample Press Release* |
| * Press conference |  |  |  |  |  |
| * Informational meeting for parents/guardians, staff and public |  |  |  |  | *4.5 Flyer for Parent/ Guardian and School Staff Meeting  4.6 Agenda for Parent/ Guardian and School Staff Meeting* |
| * TB fact sheet |  |  |  |  | 2.3 TB Fact Sheet |
| * Letter for individual results |  |  |  |  | *7.2a Negative TST Result Letter (Student) 7.2b Negative TST Result Letter (Staff) 7.3a Positive TST Result & CXR Referral Letter (Student)  7.3b Positive TST Result & CXR Referral Letter (Staff)*  *7.4a Negative IGRA Result Letter (Student)  7.4b Negative IGRA Result Letter (Staff)*  *7.5a Positive IGRA Result & CXR Referral Letter (Student) 7.5b Positive IGRA Result & CXR Referral Letter (Staff)  (See Step 7 tools)* |
| * Letter providing overall results of testing to parents/guardians, staff and media |  |  |  |  | *Results Letter; Sample Press Release: Report of Results* |