

## 1. Statement

This standard ensures that best practice for media relations in the government setting is applied to all interactions between the Department of Health and the media.

This standard outlines the mandatory steps for media relations for Queensland Health.

## 2. Scope

This standard applies to all employees, contractors and consultants within the Department of Health divisions and commercialised business units.

It also applies to all organisations and individuals acting as an agent for the Department of Health (including visiting medical officers and other partners, contractors, consultants and volunteers).

This policy does not apply to requests under the *Right to Information Act 2009*.

Compliance with this standard is mandatory.

## 3. Requirements

### 3.1 Providing information or comment to media

#### 3.1.1 Approval to provide information or comment

- Department of Health staff must only provide comment to the media in their capacity as a Queensland Health staff member with prior authorisation from the Integrated Communication's Media Unit.
- Department of Health media officers must seek departmental and Ministerial approval of media releases, responses and interviews as required.
- All media releases, media responses and interviews must be prepared in association with the Integrated Communication's Media Unit.

#### 3.1.2 Media strategy development

- Media strategy is developed by the Media Unit under the direction of the Media Manager or the Senior Director, Integrated Communication. Media strategies must be approved by the Senior Director or the Media Manager.

#### 3.1.3 Media events

- Media events must be arranged by the Media Unit and must be approved by the Media Manager or the Senior Director, Integrated Communication.

### **3.1.2 Information or comment requiring Ministerial approval**

- Ministerial approval must be obtained before providing any information or comment on Ministerial media issues.
- The Department of Health Media Unit coordinates approval of all media releases and media responses requiring Ministerial approval.

### **3.1.3 Responding to operational media issues**

- Hospital and Health Service public affairs officers, under the board's direction, have direct control over operational media issues.
- Hospital and Health Service public affairs officers should provide copies of operational media statements or releases to the Department of Health corporate media unit for information.

## **3.2 Interaction with media**

### **3.2.1 Providing official comment or information**

- Only an authorised spokesperson may comment on matters relating to the Department of Health.
- The *Code of Conduct for the Queensland Public Service* prohibits employees from publicly releasing information obtained in the course of their duties without appropriate clearance, except in prescribed circumstances.

### **3.2.2 Representing associations, unions or other organisations**

- Employees or agents who represent associations, unions or other organisations as a nominated spokesperson, must not use information obtained as a result of their employment with the Department of Health when speaking to the media on behalf of other organisations.

### **3.2.3 Speaking in a private capacity**

- Employees are entitled to express their personal views as private citizens. When commenting as a private citizen, they must take all reasonable steps to ensure that it is understood the comment represents their personal views only. Such comment must not include information obtained through official duties.

### **3.2.4 Matters before the court**

- No Department of Health employee will provide information to the media on matters that are before the court. This includes matters being heard in the Coroner's Court.

## **3.3 Engaging consultants**

- Public relations consultants and media consultants should not be engaged by any area within the Department of Health unless prior approval has been given by the Senior Director, Integrated Communication.

## **3.4 Media requests for patient information or interviews**

### **3.4.1 Patient consent**

- Staff must ensure a patient or their delegated authority (parent/s or legal guardian for persons under 18 years of age) has given written consent using the patient/client media consent form as evidence of agreement to be interviewed, photographed, or filmed prior to providing information on the patient to the media or providing media access to the patient and/or their medical record.
- The patient/client media consent form must be signed in the presence of a senior member of staff or delegate, or a media officer or a clinician who is satisfied the patient is giving informed consent to the release of information.

## **3.5 Media entry into Queensland Health facilities**

### **3.5.1 Approval to enter facilities**

- Media representatives do not have automatic right-of-entry into Queensland Health facilities.
- Media must seek permission from the relevant director or delegate to enter Department of Health facilities for any undertaking, including researching, filming or interviewing patients.
- Where permission is granted to media to enter a facility, all media activity will be restricted to prearranged areas and patients will be advised accordingly.
- While on Department of Health property, media representatives must be accompanied at all times by a media officer or a person authorised by the relevant director or delegate.

### **3.5.2 Refusal of access or entry without permission**

- Access must be refused if the presence of media representatives could compromise or adversely affect the condition or treatment provided to any patient or create a significant disturbance to staff or work practices.
- The decision to grant or deny entry applies regardless of whether the patient has or has not agreed to speak with a media representative.
- When a media representative enters a Department of Health facility without permission, an appropriate senior staff member and a media officer (if available) must be advised immediately.
- In these instances the media must liaise with the media officer or directly with the chief executive or delegate for permission to remain on site.
- Security staff must be contacted and the appropriate authorities advised if members of the media refuse to leave a Department of Health facility when asked.

## 3.6 Operational arrangements

### 3.6.1 On-call arrangements

- The Department of Health will provide on call staff available to respond to urgent media queries 24 hours a day, 7 days a week, including weekdays, weekends and public holidays. These media inquiries should not be of a general nature which could be handled during normal working hours.
- Department of Health media staff will forward any inquiries that pertain to Hospital and Health Services to the relevant Hospital and Health Service for their action.

### 3.6.2 Ministerial media opportunities

- All Ministerial media opportunities—proposed by the Department of Health and Hospital and Health Services—are to be registered on Ministerial Media Opportunities Database.
- The Department of Health Media Unit will provide a collated report of the all media opportunities to the Minister's office for consideration.
- Feedback on media opportunities will be provided to the Hospital and Health Services via the Department of Health Media Unit.

## 4. Related legislation and documents

- Patient consent form—release of information to the media
- Australian Charter of Healthcare Rights
- *Hospital and Health Boards Act 2011*
- *Information Privacy Act 2009*
- *Right to Information Act 2009*
- Code of Conduct for the Queensland Public Service
- Information Standard 33: Information Access and Use

## 5. Definitions

| Term                     | Definition  |
|--------------------------|---|
| Media                    | Encompasses radio, television, newspapers, magazines and a range of electronic sources including news and community web sites, blogs, social media and podcasts.  |
| Ministerial media issues | <ul style="list-style-type: none"><li>• State Government policy</li><li>• Potential to invoke political comment</li><li>• Contentious issues</li><li>• Matters of significant funding or infrastructure delivery</li><li>• Announcement of new or reduced/ceased services to facilities/regions</li><li>• Medical intern intakes and new nurse graduates</li><li>• Statewide issues, initiatives or matters</li></ul> |

| Term                             | Definition  |
|----------------------------------|---|
| Operational media issues         | <ul style="list-style-type: none"> <li>• Standard operational matters, such as patient condition reports and patient interviews.</li> <li>• Responses to specific claims made by a patient about their treatment.</li> <li>• Response to compliment or criticism of service delivery.</li> <li>• Interviews with clinicians/other staff about their fields of expertise (where it does not comment on government policy).</li> <li>• Responses to queries about individual facility elective surgery and outpatient wait lists.</li> <li>• Responses to queries about bypass/ramping/access block at individual facilities.</li> <li>• Car parking issues surrounding hospitals.</li> <li>• Health promotion activities and public health messages (noting that these may be contentious)</li> <li>• Responses to requests for information on hospital activity for individual facilities.</li> <li>• Promotion of staff award wins, staff awards presentations.</li> </ul> |
| Spokesperson                     | A staff member authorised to speak to the media or make public comments on behalf of the Department of Health or a Hospital and Health Service.   |
| Media relations                  | Media relations involves working with various media for the purpose of informing the public of an organisation's mission, policies and practices in a positive, consistent and credible manner.   |
| Media unit                       | This is a collective term referring to staff in the Department of Health Media Unit.  |
| Public affairs officers          | These are staff members employed in Hospital and Health Services whose role includes media relations activities.  |
| Reportable death                 | Deaths that must be reported to the coroner under the <i>Coroner's Act 2003</i> , including, death in care, death in custody, suspicious circumstances, violent/unnatural death etc.  |
| General patient condition report | <p>A patient condition report based on the following statements:</p> <ul style="list-style-type: none"> <li>• good condition—vital signs are stable and within normal limits; patient is conscious and comfortable; indicators are excellent</li> <li>• stable—vital signs are stable and within normal limits; patient is conscious but may not be comfortable; indicators are favourable</li> <li>• serious—vital signs may be unstable and not within normal limits; patient is acutely ill; indicators are questionable</li> <li>• critical—vital signs are unstable and not within normal limits; patient may not be conscious; indicators are unfavourable.</li> </ul>  |

## Version control

| Version | Date        | Comments                                      |
|---------|-------------|---|
| 1       | 11 May 2015 | Policy Rationalisation Project – new document |