Media and Communication Protocols
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1. Introduction

It is essential that the NSW public health system has in place an active response to media enquiries and a well-organised strategy to manage the communications aspects of major health issues as and when they arise.

These Media and Communications Liaison Protocols are for use by all public health organisations, Health Services, public hospitals and other health facilities administered by Health Services. All staff employed by the Health Service and related health facilities should adhere to the principles contained in this Protocol document.

Dictionary of Terms

Health Staff refers to clinical staff, a health care provider, clerical, administrative, technical or scientific worker, volunteer, student, consultant or other person working in the public health system.

Health Service Media Officer means the person, regardless of their business title, who is assigned responsibility by the Chief Executive of the public health organisation, Health Service or Statutory Health Corporation for the provision of timely, accurate and relevant information to the community in written or electronic form using print, electronic or web-based media outlets.

A Contentious Issue or Incident refers to any circumstances that have caused or may potentially cause a concern in the media or the community.

Media Unit refers to that of the NSW Department of Health.

Health Service includes public health organisations, Area Health Services, Statutory Health Corporations, Ambulance Service of NSW and Department of Health. Organisations included in Statutory Health Corporations are Children’s Hospital at Westmead, Justice Health, Health Support Services (HealthSupport, HealthTechnology and Health Infrastructure Office), Cancer Institute of NSW, and the Clinical Excellence Commission. Also Area Health Services include public hospitals and community health facilities, mental health services and dental clinics where public health care is provided to clients of these facilities.

Legislation

Service providers in NSW Health operate under strong confidentiality provisions, based on common law principles and statute. There are several specific provisions of Health legislation that restrict the circumstances in which any information held by NSW Health can be disclosed. See also “Privacy Management Plan – NSW Health” – (PD2005_554) and Privacy Manual PD 2005_593).

In addition, as public sector agencies, all NSW health services are also covered by the Privacy and Personal Information Protection Act 1998. This Act imposes strict rules on how agencies collect, hold, use and disclose personal information. Under the Act personal information means:

“information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion”.

The collection, use and disclosure of personal health information is regulated by the Health Records and Information Privacy Act 2002. Under this Act, personal health information means personal information about:

- The physical or mental health or a disability (at any time) of an individual;
- An individual’s express wishes about the future provision of health services;
- A health service provided, or to be provided, to an individual;
- Personal information collected to provide or in providing a health service;
- Personal information about an individual collected in connection with the donation, or intended donation, of an individual’s body parts, organs or body substances;
- Personal information that is genetic information about an individual arising from a health service provided to the individual in a form that is or could be predictive of the health of the individual or of any sibling, relative or descendant of the individual.
Personal information and health information should only be disclosed in accordance with the relevant privacy legislation.

Clause 13 of the Health Administration General Regulation 1995, states that it is not an offence to disclose information covered by section 22 if:

- The information is epidemiological data;
- The disclosure is made in accordance with the written approval of the Chief Health Officer;
- That approval describes the information that is authorised to be disclosed and names the person or body to whom disclosure is authorised.

Information covered by clause 13 and which identifies an individual may only be released by the Director-General, complying with the requirements set out in clause 13(3).

Both the Mental Health Act 1990 and the Public Health Act 1991 have similar confidentiality provisions.

The NSW Health Privacy Management Plan is the NSW Department of Health’s major policy document on information privacy. It covers:

- Legislation binding on employees of the public health system.
- Circumstances where disclosure of personal information is authorised.
- Informed consent for disclosure of information.
- General safeguards to be observed when dealing with personal information.
- Handling health records.
- Data collections and security.

The Plan consolidates relevant policies and procedures with the aim of improving awareness of and access to all policies dealing with information privacy.

The Privacy Management Plan seeks to:

- Ensure personal health information is collected, stored and used in accordance with Information Privacy Principles.
- Acknowledge and delineate the responsibility of the NSW public health system to ensure that the privacy of client/patient information is protected.
- Meet the need of health workers for clear rules on what is acceptable and what is not when dealing with personal health information in order to remove pressure and uncertainty from those who are involved in the day to day administration of such information.
- Constitute a benchmark which can be used for auditing performance.

Another key objective of the Plan is to protect the privacy of clients/patients by ensuring that only demographic information which is necessary to provide care or services is collected. For instance, in the case of a client/patient attending a public health organisation for a routine procedure, collection of name and date of birth would generally be considered justifiable; collection of information that is irrelevant to the planned procedure, such as marital status, should be regarded as unwarranted.

2. Media Liaison Principles - Confidentiality

Duty to Provide Information

All public health organisations, Health Services and Statutory Health Corporations have a duty to provide meaningful, accurate and helpful advice to the community about important public health issues. Print, radio and television media are important vehicles to help distribute such information, as is the public health organisation’s website.

Access

Local media should be advised by the public health organisation, Health Services & Statutory Health Corporations of the name and contact details of the duty Health Media Officer (HMO) or Executive to whom all media inquiries should be directed. That Officer must be available and accessible by the media in a timely manner to meet media deadlines. An after-hours service should also be provided by
Privacy and Confidentiality
The privacy and dignity of patients and their families must be paramount in the provision of information to the community through the media. All health employees have a duty to respect the confidential nature of information about patients as well as legal and ethical restrictions.

All NSW public health services are covered by the Privacy and Personal Information Protection Act 1998. This Act imposes strict rules on how agencies collect, hold, use and disclose personal information. Under the Act personal information means:

"information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information or opinion".

From 1 July 2004, the collection, use and disclosure of personal health information is regulated by the Health Records and Information Privacy Act 2002. Please see Legislation outlined at page 3.

Personal information and health information should only be disclosed in accordance with the relevant privacy legislation.

A patient’s personal information should only be given to media outlets once the patient, guardian or next of kin provides consent. Such information should be provided, only after consent is approved, by the appointed Health Media Officer or his/her delegate or another person authorised by the Chief Executive to provide such information.

Personal information means not only identifying information, but also information from which an individual’s identity “is apparent or can be reasonably ascertained”.

In a report to the NSW Parliament in 2002, the NSW Privacy Commissioner said that a person had been constructively identified by the publication of information that did not include the subject’s name. Care must be taken where information provided to the media includes anonymous information. It is sometimes possible to constructively identify an individual by identifying their circumstances.

Information about patients that is de-identified (ie it includes information only about patient sex, age and condition) may be provided at the discretion of the health care facility, provided the Health Media Officer is satisfied that no particular patient can be identified by the public release of this information (see Appendix 2).

3. Responsibilities
Health Services
Health Service Chief Executives will nominate the person who will be the Health Media Officer for the Health Service and provide this advice to the NSW Department of Health Media Unit and the office of the Minister for Health. This information shall be kept current at all times. Arrangements to cover annual or sick leave by Health Media Officers should also be reported.

Where key staff have been identified by the Health Media Officer to speak with the media, it is the responsibility of the Health Media Officer to advise and seek authorisation from the Chief Executive.

Health Service Media Officer (Health Media Officer)
A Health Service Media Officer for each Health Service or Statutory Health Corporation will be available at all times – including after hours - to respond to enquiries from the media and from the Department’s Media Unit and the office of the Health Minister. The Health Service will provide all reasonable resources to Health Media Officers to ensure that they are able to respond adequately to all media enquiries. All Health Media Officers names and contact details should be provided to the Department of Health’s Media Unit and the office of the Health Minister.

A major function of the Health Media Officer is to generate community awareness of public health issues, the achievements of health care facilities and the Department of Health. Promoting good health is an important part of all media liaison. The Health Media Officer will advise the Department’s Media Unit when preparing and distributing media announcements, and also the Minister’s Office.
The Department of Health
In the NSW Department of Health it is the responsibility of the Media Officer to advise the Director, Media & Communications and seek appropriate approvals for Departmental staff to speak to the media with the authority of the Director General or relevant Deputy Director General.

All employees who are authorised to make public comments on behalf of the public health system should undertake a media training program. Media training services are available.

The Department’s Media Unit can be contacted on telephone 02 9391 9121 during business hours. After hours, the Duty Media Officer can be contacted via the 24-hour media pager at 02 9962 9890.

The Media
Under guidelines / principles issued separately by the Media, Entertainment and Arts Alliance (MEAA) and the Australian Press Council, journalists and media publications have clear responsibilities. These include:

- To obtain material and to report honestly, fairly and responsibly.
- To give a fair opportunity to reply.
- To attribute information to sources.
- To publish what is true and has been checked as accurate.
- To respect the privacy and sensibility of individuals, without preventing the publication of matters of public record or of significant public interest.
- To publish matters in good taste and without emphasis on personal characteristics (including race, ethnicity, nationality, gender, age, sexual orientation, family relationships, religious beliefs or physical or intellectual disability).
- To achieve fair correction of errors.
- To distinguish between fact and opinion.
- To avoid misrepresentation or suppression of facts.


Health Workers
All health workers of the NSW Health system should advise their respective Health Media Officer when contacted by, or prior to contacting, members of the media. Such instances include where staff are invited to provide comment, or when an approach is made to a media outlet on behalf of NSW Health (media releases, letters to the editor, etc). Health Media Officers are experienced in assisting the media and will ensure all information supplied is accurate and in the public interest.

Contact with Professional Journals
Members of staff who receive enquiries from professional specialist journals on general professional issues should also advise their local media team. Copies of articles accepted for publication should be sent to the Department of Health or the Health Service media officers before the expected publication date. This will ensure that media officers are prepared if there are follow-up media enquiries. A spokesperson should be identified at this time. Reporting of innovative and excellent work with the Health Service or individual facilities in local and specialist publications is welcomed.

Public Comment
Although health workers have the right as private citizens to express personal views through public comment on political and social issues they must not make statements on behalf of the NSW Department of Health or Health Services without prior approval. Nor should staff use the facility letterhead, or their facility title or other means that would indicate that their comment was authorised by the Health Service or facility management. Approved comment on any media issue on behalf of the Health Service or Statutory Health Corporation is to be coordinated by the Health Service Media Officer with the approval of the Chief Executive.

Public comment includes public speaking engagements (not including seminars and conferences), comments in the media, views expressed in letters to newspapers, online services (such as Internet bulletin boards and blogs) or in publications.
Health workers may make an official comment when authorised to do so or when giving evidence in court. The Department’s Media and Communications Protocols (this document) must be followed in any dealings with the media.

Health workers must not access, use, disclose or release any internal departmental or area health service documents or privileged information unless they need to do so in the course of their work or are authorised to do so. Health workers must protect the privacy of client information as required by the Department of Health’s Privacy Management Plan.

Providing submissions to Parliament inquiries
Where officers of the Department of Health or Health Services are invited to make official submissions or appear in an official capacity before a Parliamentary inquiry, including but not restricted to NSW Parliamentary Committees and Federal Government Senate Committees, contact should be made with the Parliament & Cabinet Unit in the Department on 02 9391 9328 or by email to pacmail@doh.health.nsw.gov.au.

In instances where an official submission is made, a single response representing the consolidated views of NSW Health, will be provided. This response, depending on the issues involved, will be coordinated by either the Department or by a nominated Health Service and lodged with the inquiry via the Department’s Parliament & Cabinet Unit.

Expert Opinion on Health Matters
The Department acknowledges the responsibility of health care professionals to properly inform the public on health matters within their area of specific expertise. In regard to media requests for expert medical knowledge, the Department of Health / Health Service / health care facility should seek to assist in providing information on a broad range of health matters wherever possible providing that:

- The health professional is in agreement and feels comfortable with the arrangement.
- Requirements in regard to confidentiality and privacy of patient / survey respondents contained in the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002 must be complied with.

In some instances, the media may directly contact a medical specialist or other health professional. In these cases, the Health Media Officer should be informed. Additionally, the media should be advised they must obtain approval from the Health Media Officer before entering a health care facility to film, photograph or conduct interviews.

Health workers who are asked to provide media comment in another capacity (ie as a member of an external organisation such as a university or as a spokesperson for a college or other professional organisation), do so in the understanding that any media comment must not be associated with their employment with a Health Service or health facility. Permission is not required from the Department / Health Service under these circumstances. The professional’s appropriate title in relation to the external organisation they are representing should be used, for example, Professor of Surgery, University of NSW. Permission must be sought from the health care facility before any filming or photography takes place within a health facility.

Communicating with the NSW Department of Health’s Media Unit
Any contact from mainstream media must be notified to the Department’s Media Unit. This includes but is not limited to: metropolitan daily and weekend newspapers (Sydney Morning Herald, Daily Telegraph, The Australian, Australian Financial Review, Sun Herald, Sunday Telegraph, Illawarra Mercury and Newcastle Herald); major television stations (Nine, Seven, Ten, ABC, Prime, NBN or SBS networks) and major radio news network stations (ABC, 2GB, 2SM & 2UE).

The NSW Department of Health’s Media Unit should be advised when a Health Service or Statutory Health Corporation receives a media query of a significant nature or when a major issue is raised in the media without warning. Some of these issues have the potential to impact significantly across the health system. They include:

- Issues that may affect more than one Health Service (eg. Statewide matters, major disease...
Dealing with potentially contentious issues with statewide implications
All contentious or potentially contentious media issues should be communicated by the Chief Executive or Health Media Officers as soon as possible by telephone to NSW Health’s Media Unit and to the Minister’s Office. Do not rely on facsimile or email notifications.

Where issues have (or potentially may have) an impact on Government policy or have statewide implications across the health system, it is necessary to communicate these matters to the Department’s Media Unit and to the Minister’s Office. As soon as possible, a draft response to the issue should be forwarded to the Media Unit and Parliament & Cabinet Unit within the Director General’s Office. Such response should indicate the background, key points of the issue, suggested response and include the names and telephone numbers of Health Service staff or clinicians who can make a public response to the matter.

A decision on who will respond and how the issue is handled will be made following discussion between the Minister’s Office, Department of Health and the Health Service.

Where major stories are developing which involve statewide issues, the Department of Health will work with the relevant Health Service & Statutory Health Corporations to ensure that relevant spokespeople are identified and available. This is particularly important to ensure appropriate radio and television follow up after a published newspaper article. The identity of the proposed spokesperson and contact details need to be clearly communicated to the Department’s Media Unit and the Minister’s Office.

All potential announcements relating to the implementation of new services provided by Health Services and Statutory Health Corporations (including public hospitals and community health services, new capital expenditure, new equipment and new services etc) should be offered to the Minister’s Office and the NSW Health Media Unit.

A brief and draft media release should be forwarded to the Media Unit. Where approval is necessary, the NSW Department of Health will ensure a quick turnaround of all draft media releases.

4. Reportable Incidents Briefs
The NSW Department of Health has a key role in the appropriate management of incidents that have the potential to lead to legal action and in monitoring, managing and developing strategies to prevent adverse incidents from occurring throughout the NSW public health system. The Department also has a key role in providing timely advice to the Minister for Health on issues that may cause public concern or media and public attention.

Health Services and Statutory Health Corporations, Chief Executives must ensure that appropriate and effective Reportable Incident Brief (RIB) procedures are in place. Chief Executives or their delegates are to authorise material sent to the Department. This will provide Chief Executives with an opportunity to determine whether it is appropriate to refer the incident to the Department.

Confidentiality
Clinical incident RIBs and any documents created for or by the Reportable Incident Review Committee (RIRC) are created for the purpose of authorised investigation and research and are privileged under the NSW Health Administration Act 1982. The authorisation has the effect of protecting clinical RIBs by statutory privilege under Section 23 of the Health Administration Act. Copying or distribution of
clinical incident RIBs or any documents created for or by the RIRC without express Ministerial approval is prohibited. For authorised use and disclosure see PD 2006_058 (issued 28 July 2006) and the RIRC protocol.

Chief Executives are to ensure that staff responsible for preparing clinical incident RIBs are aware of and observe all relevant privilege, privacy and confidentiality requirements.

5. In Briefs (self initiated)

NSW Health communicates information in a variety of ways, including the routine provision of data, Reportable Incident Briefs (RIBs), and requests for briefs from the Minister for Health and the Director-General of Health.

At times, Health Services wish to inform the Director-General or Minister of Health of contentious issues not covered by the RIB system.

These briefs are sometimes e-mailed to various parts of the Department and the Minister’s Office with the potential for them to be delayed or inappropriately managed.

The system of In Briefs is designed to capture this information.

An In Brief is a brief initiated by public health organisations, Health Services, the Ambulance Service of New South Wales, The Children’s Hospital at Westmead, or Justice Health:

- because the Minister’s Office has requested it directly and a copy is being provided to the Department for information;
- the Health Service believes the Minister’s Office or the Director-General should know about the matter, either as an early warning or because it is a potentially contentious issue.

It is not the responsibility of Healthy Media Officers to prepare In Briefs. However, where a Health Media Officer is advised that an In Brief is being prepared, it is their responsibility to advise the Department of Health’s Media Unit and the office of the Minister for Health, providing an outline of the issue and the name of a spokesperson who will be available to do follow up media.

6. Public Health Advice

Where it is considered useful for the protection of public health, a Public Health Advice should be made available as soon as possible after the confirmation of a case of a communicable disease is confirmed.

**PLEASE NOTE:** At no time, should Public Health Advice (health alert) be issued as an embargoed media release or statement.

For example, where a case of meningococcal disease is identified, it is useful to issue a public reminder about the importance of early treatment of cases.

A decision as to the need for Public Health Advice (health alert) should be made after discussion between the Health Service public health and media staff. Further advice may be sought from the Department’s Communicable Diseases Branch or the Department’s Media Unit. In the majority of cases, the Health Service Media Officer should take responsibility for drafting media releases or statements about meningococcal cases or other communicable diseases where a patient or patients are treated locally or there may be a need to undertake contact tracing.

In preparing the media statement, Health Service Media Officers are required to identify an appropriate clinician or public health unit director as spokesperson. This strategy provides an opportunity to remind the community of the symptoms and signs of meningococcal disease or any other communicable disease and to provide a reminder to seek immediate medical care if any of the symptoms are present.

Acknowledging that sometimes confirmation of meningococcal and other communicable diseases can take some time to be finalised Health Services should consider, where it is considered useful to protect public health, the release of public health advice as soon as information is confirmed. Public Health Advice may be made available by:
• issuing a media release / statement;
• identifying an expert who is available for media comment. This will be a Public Health Unit Director or a clinician ie emergency department or treating clinician; and
• posting information on the Department of Health or Health Services websites under a Public Health Advice button.

The NSW Health website www.health.nsw.gov.au has a Public Health Advice button on its front page which has links to a range of information about communicable diseases.

7. Access to Health Facilities

Media Access
All involvement with the media must have regard to upholding the privacy and dignity of patients or staff of the relevant facility. No unauthorised photography or filming is to take place during a media visit to a health facility.

All requests by television stations or film production companies to film TV series, documentaries, promotional videos and other such material may need special conditions. These matters must be referred to the Director, Media & Communications, NSW Health, in the first instance.

At all times, the provisions of the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002 should be complied with (refer pages 3 and 4). All other filming requests should be managed in accordance with the draft NSW Health Protocol for the Film & Television Industry.

Media Representatives/Outlets
Journalists, photographers, television crews and local media representatives are expected, as a matter of courtesy, to advise the Department’s Media Unit or the local Health Media Officer or Executive (Senior Manager), of their wish to film/photograph/interview patients or film/photograph other areas inside a health care facility. Any request for access should be received prior to the media arriving at the health care facility.

Filming/photography/interviewing may take place within a health care facility, but only with permission from the Health Media Officer or an appropriate Health Service Manager.

Media are not allowed into the health care facility unless the Health Media Officer or nominated delegate is in attendance at all times.

Public Relations or Marketing Companies

From time to time, public relations or marketing companies involved in the launch or promotion of a range of health care, medical or pharmaceutical products seek approval to use NSW public hospitals or health care facilities.

Where approaches are made directly to hospitals, health facility management or Health Media Officers by companies seeking to promote goods, products or services, the Department of Health must be advised before local permission is granted for such activities.

The Department, Health Services and Statutory Health Corporations should be aware of the potential impact of bias that may arise as a result of supporting the promotion of health-care, medical or pharmaceutical products. All approaches for these types of activities must be notified to the Department’s Media Unit, where appropriate consideration will be given before approval is granted.

Non-media filming and photography

Requests for filming or photography by film-makers or commercial/ private organisations or companies should be coordinated by the Health Service’s communications team. It will be necessary for the Health Service or health facility to have in place standardised filming and location agreements.

• A Filming Licence should be used for television series or documentaries.
• A Location Agreement should be used for shorter, one-off filming including television commercials, advertising and photographic shoots.

Examples of such agreements exist in some Health Services.

Matters requiring local decision-making may include:

• Identify location
• Confirm filming time and duration
• Prepare location and / or filming agreement
• Determine costs
• Raise invoice
• Organise security and supervision as required
• Liaise with site management regarding security and parking arrangements
• Ensure proof of public liability insurance is obtained
• Organise funds transfer to hospital
• Ensure patient and staff consent is obtained (as required).

The local Health Service’s communication team may also:

• Identify facility cost centre for provision of revenue
• Use revenue raised from filming projects for the development of health promotion and publicity projects for the benefit of the Health Service’s facilities and services
• Advise NSW Health of filming as appropriate
• Manage all approvals and vetting of footage prior to publication, in line with the Filming Licence provisions (as appropriate)
• Provide on-site and on-call support in line with the provisions of the Filming Licence (as appropriate).

Examples of Filming Licences and Location Agreements are available at some Health Services. However, it is recommended that independent legal advice be sought in relation to local agreements.

Patient Consent
Before filming, photography or interviewing is permitted, the Health Media Officer must:

• Arrange for the treating health professional to make a proper assessment of a patient’s condition in order to decide if the person is fit to be interviewed or filmed.
• Consult with health care workers to ensure the interests of other patients who may be affected by the filming are protected.
• Make it subject to appropriate conditions if there is a concern that the filming is not in the best interests of the patient or the health care facility.
• Require the media to gain patient consent if the treating practitioner and management are satisfied that the filming can take place.

Patient consent must be obtained in advance before filming takes place. The Health Media Officer or Executive should act on behalf of the patient in negotiating consent with the media. If a person is incapable of giving informed consent, filming should not take place.

The media organisation will be responsible for ensuring these consents are obtained in accordance with a sample consent form. (see Appendix One).

Patient Confidentiality
A patient’s medical details, name and personal information may only be released with the consent of the patient. Where the patient is a child, the consent of the parent/guardian must be obtained. Where consent is given on the condition that other information is not provided, these conditions must be strictly adhered to by the media.

If patient consent is obtained, the Health Media Officer will ensure that the consent form is also signed by the Executive of the facility to indicate their permission for filming to take place.
To ensure that the health care facility is in a position to fulfil its duty of care to patients, the management has the right to stop the filming of any sequence and/or withdraw footage if it is considered it may breach that duty. The Health Media Officer will ensure that the media is aware of this right when permission is given to film, photograph or interview and the Consent Form will contain a statement to this effect.

**Health Worker Consent/Identification**

When acting as an official spokesperson, health workers must be prepared to be identified in all interviews or media requests for information.

In some circumstances, such as issues of a particularly controversial or contentious nature, it may be appropriate to obtain written consent from staff involved. This can be modelled on the Patient Consent Form at Appendix One. The Health Media Officer is responsible for obtaining such consent and the form must also be signed by the Executive of the facility.

**Filming Patients Using Block-Out (Black-out) Techniques**

Filming patients and their families who have not given consent (but whose faces it is proposed be obscured at a later stage in the media editing process and prior to publication) should not occur because of the potential for patients to be identified by error or at some later time.

**Bedside Court Hearings**

A bedside court hearing may take place within a hospital when a person is charged with an offence and is deemed too ill to attend the courthouse in person.

Members of the court, legal representatives and police may be required to attend.

Members of the media are permitted to attend a bedside court hearing, at the discretion of the Court. Health Media Officers should be advised by the management of the health care facility where this is proposed to occur.

**8. Members of Parliament**

**Premier’s Circular 2006 - 46** reinforces earlier Circulars (2003-09, 2002–20, 1996-4 and 1992-32). Circular 2006-46 re-enforces that “it is accepted practice in NSW that Members of Parliament and / or their staff contact the appropriate Minister or Minister’s staff when seeking information on particular issues. Alternatively, a written request is made to the head of the agency concerned”.

Requests by Members of Parliament to undertake inspections of Government organisations or facilities such as hospitals, jails or schools should be the subject of an official approach to the relevant Minister or the Minister’s staff.

Requests for information made direct to an agency by a Member of Parliament or a non-elected political candidate, irrespective of their political affiliation, should be relayed to the Minister's Office, which will contact the Member or candidate. Responses to oral and written requests for information should also be channelled through the Minister's Office.

The requirements outlined above do not apply to a Member of Parliament in respect of their Electorate. Members may communicate direct with branches or agencies located within their electorate. The same exemption however is not extended to non-elected candidates. All non-elected candidates, irrespective of their political affiliations, are required to direct any inquiries or requests to visit facilities through the appropriate Minister’s office.

If a Member of Parliament wishes to visit a facility or obtain information from a Health Service or facility outside their electorate they should be advised to make an official approach to the Minister’s Office.

Members of Parliament are welcome at health service facilities in their electorates when:

- The visit is convenient Health Service / hospital management and patients.
- Individual patients’ rights to privacy are respected.
- Patients are not photographed without their specific consent.
- Health Services ensure that the visits are properly managed so as not to disrupt the normal
activities of health facilities.

The media should not accompany Members of Parliament without the express permission of the Minister’s Office. Media conferences should not be held in hospital grounds without the express permission of the Minister’s Office.

Any incidents or contentious issues arising from visits by Members of Parliament should be reported immediately to the NSW Department of Health’s Media Unit and to the Director-General who will ensure that the Minister’s Office is aware of the issue.

9. Media Reporting Guidelines on suspected suicide deaths

Most members of the media report suicide and mental illness responsibly and the media industry has been actively involved in helping to reduce suicide rates and addressing stigma and discrimination associated with mental illness.

Advice to the media for consideration when reporting suspected suicide deaths

Why should I run the story?
Consider whether the story needs to be run at all, and how many suicide stories have been run in the last month. A succession of stories can promote a dose response factor and normalise suicidal behaviour as an acceptable option.

Language
Check the language used does not glamorise or sensationalise suicide, or present suicide as a solution to problems - eg. consider using 'non-fatal' not 'unsuccessful', 'increasing rates' rather than 'suicide epidemic'. Use 'died by suicide' or 'experienced depression' rather than describing the person as a 'suicide' or a 'depressive'. Use the term 'suicide' sparingly.

Don't be explicit about method
Most members of the media follow a code - written or unwritten - that the method and location of suicide is not described, displayed or photographed. A step-by-step description can prompt some vulnerable people to act.

Celebrity suicide
Celebrity suicide is often reported where it is considered to be in the public interest. Coverage of celebrity suicide can glamorise or prompt imitation suicide. Avoid descriptions of the method of suicide and seek comment on the wastefulness of the act.

Positioning the story
Some evidence suggests a link between prominent placement of suicide stories and copycat suicide. Position the story on the inside pages of a paper, magazine or journal, in the second or third break of TV news, or further down the order of radio reports.

Interviewing the bereaved
The bereaved are often at risk of suicide themselves. Follow media codes of practice on privacy, grief and trauma when reporting personal tragedy.

Place the story in context
Many people who die by suicide have a mental health disorder or a drug-related illness. Reporting the underlying causes of suicide can help dispel myths that suicide is not related to a person’s mental state.

Include helpline contacts
Include phone numbers and contact details for support services. This provides immediate support for those who may have been distressed, or prompted to act, by your story.

Further information on mental health and suicide can be obtained at:

1 Reporting suicide and mental illness – a resource for media professionals – Commonwealth of Australia 2004
APPENDIX ONE

Area Health Service logo
(SAMPLE)

MEDIA CONSENT FORM

Health care facilities should use a consent form similar to the one printed below, when obtaining consent from patients for media interviews, photography and/or filming. This form should be signed first by the patient or staff member, and then counter-signed by the Executive.

PATIENT’S NAME___________________________________________________.

MRN: _______________________________________________________________

WARD:______________________________________________________________

ADDRESS: __________________________________________________________

MEDIA INVOLVED: NEWSPAPER / MAGAZINE / TELEVISION / RADIO / FILM  
___________________________________________________________________

REASON:_____________________________________________________________

I, ____________________________________________give my permission for:
(a) the filming/photography in which I appear and /or
(b) contents of the interview given by me
I details in relation to my medical condition (delete where necessary)
to be used by the media organisation named above.

I accept that I do not have to participate in any media-related activity if I choose and agree to comply with any request made by the Executive, Health Media Officer or Security.

Signed: ____________________________________________________________

Address: ___________________________________________________________

Date: _____ / _____ / _____

Witness: _____________________________________________________________

_________________________________    _____________________________
Media Representative     Health Media Officer

I ___________________________ give permission for the media-related activity to take place. The Management of the facility reserves the right to stop any media-related activity at any time in order to protect the health of any patient and the provision of health care services.

Signed ___________________________    _____________________________
Executive     Media organisation
APPENDIX TWO

PATIENT CONDITION REPORTS
(SAMPLE)

If a patient (or relative) does not agree to the release of information, or the patient is unable to give consent and relatives are unavailable to give consent, the following applies:

Patient's Name:  Is not to be released
Patient's Age:  May be released
Patient's Sex:  May be released
Patient's Address / Suburb or town of residence:  Is not to be released

Patient Condition:

A general classification of the patient's condition may be given, as follows:

**Satisfactory:**
When the patient's condition is stable and controlled.

**Serious:**
When the patient’s condition necessitates considerable medical and nursing support. (This condition may be sub-classified as stable, if appropriate).

**Critical:**
When the patient requires intensive treatment and/or survival is doubtful.
Photograph release consent

I (print full name) ___________________________________________

give my consent to allow the whole of:

☐ NSW Health

OR the following services:

☐ NSW Government
☐ NSW Department of Health
☐ NSW Area Health Service at _______________________________
☐ Children's Hospital at Westmead
☐ Justice Health
☐ Ambulance Service of NSW

to use photographic images of me or my child or ward under 18, (print full name of child/ward):

__________________________________________ for promotional purposes in:

☐ All the following media, or only:
☐ publications ☐ posters/brochures ☐ websites
☐ the specific publication/poster/brochure/website: ________________________________

I also approve the use of the following text to be used to describe me or my child or ward under 18 in the photograph.

________________________________________________________________________

________________________________________________________________________

I understand that:

• these photographic images will remain the property of NSW Health
• the images will be approved for use by NSW Health only
• this approval will remain current for three years.

signed ____________________________________________

date _____/_____/_____

witness ___________________________________________