



## **BOARD OF DIRECTORS**

**POLICY NO. 7**

### **PRESS ATTENDANCE AT BOARD MEETINGS**

The Renfrew Victoria Hospital Board of Directors meets on a bi-monthly basis except for the months of July, August and December. These meetings are open to the public and the press.

The press will be provided with an agenda and appropriate information.

Matters dealing with labour relations, salaries, confidential patient and medical staff data will be deferred to a closed session.

Press code for media enquiries refer to General Administrative Policy No. 8.

#### **AMENDMENT**

This policy may be amended by the Board.

**APPROVED BY: BOARD OF DIRECTORS**

**DATE: JANUARY 24, 199; REVISED MAY 25, 2006; REVIEWED MAY 2017;  
MARCH 2021**



## **ADMINISTRATIVE POLICY**

### **GENERAL POLICY NO. 8**

#### **PRESS CODE FOR RENFREW VICTORIA HOSPITAL**

Two of the most vital institutions in any community are its hospital and its news media. Co-operation between them should be strong and consistent, with understanding of each other's special needs.

Hospital representatives shall recognize the legal and ethical restrictions on the extent and type of information which may be released and will realize that the needs of the patient comes ahead of all others.

This news media code is a working guide for most institutions and will help to ensure an efficient working relationship between the Hospital and the news media.

The guidelines outlined here are appropriate whether the Hospital is responding to enquiries or initiating contact with the media.

#### **CONFIDENTIALITY**

Clinical records of a patient are classified "confidential" and cannot be divulged unless proper authorization from the patient or the President and Chief Executive Officer has been obtained.

Information acquired by employees, in the performance of their duties, regarding patients and their families must be held in strict confidence. Breaches of confidence or release of information by unauthorized personnel will result in disciplinary action. Information regarding the patient or family is NEVER given to the press or unauthorized persons. Such requests must be referred to the President and Chief Executive Officer or the Nursing Co-ordinator. Even the most innocent disclosure of information is an invasion of the privacy of patients and their families.

#### **AUTHORIZED HOSPITAL SPOKES PERSONS FOR MEDIA ENQUIRIES**

If it is decided that the information requested may be given by telephone, it is necessary to verify the enquirer's name and phone number by calling back.

##### **a) Police and Accident Cases of Public Record**

Cases which have been reported, or are reportable, to public authorities, such as police or fire departments. This would include cases of accidents occurring on the street or in other public places, or where a patient has been conveyed to Hospital by police or fire department transportation. Nursing Co-ordinator (in consultation with the investigating police force). (see Appendix A for procedural guidelines).

##### **b) Cases Other Than Those of Public Record**

Prominent personalities, deaths that may become coroner's cases. Nursing Co-ordinator unless specifically changed by the Chief Executive Officer in certain individual cases. (See Appendix B for procedural guidelines)

**c) General News Coverage**

All media enquiries of a general nature should be referred to the President & Chief Executive Officer, or designate. Normally, enquiries of a general nature fall within the following categories:

- i) Board Policy Statements - Spokesperson: Chief Executive Officer (or delegate)
- ii) General Hospital News - Spokesperson: Chief Executive Officer (or delegate)
- iii) Departmental Function and Medical Activities - Procedure: Clearance by the Chief Executive Officer;  
Spokesperson: Vice-President or Department Head.
- iv) Contributions/Donations - Spokesperson: Chief Executive Officer (or delegate)

In all cases of media enquiries by telephone under "General News Coverage", these are best handled by written statement or a pre-arranged personal interview.

**PHOTOGRAPHS AND INTERVIEWS OF PATIENTS**

No interviews or photographs of patients in Hospital by media representatives can take place without the written consent of the patient or guardian and without authorization of the President and Chief Executive Director or the Nursing Co-ordinator. Pictures may not be taken of unconscious patients. Police cases related photographs and interviews are co-ordinated by the President and Executive Director or Nursing Co-ordinator.

**GUIDELINES FOR PHYSICIANS IN THEIR RELATIONS WITH THE MEDIA**

The College's position is that physicians are expected to comply with all of their existing professional expectations, including those set out in relevant legislation, codes of ethics, and College policies, when engaging in the use of social media platforms and technologies. The College of Physicians and Surgeons has formulated the following guidelines to be used by physicians.

These obligations are not unique to social media, but apply to medical practice in general, and must be met by all physicians. They are as follows:

- Comply with all legal and professional obligations to maintain patient privacy and confidentiality.
- Maintain appropriate professional boundaries with patients and those close to them.
- Maintain professional and respectful relationships with patients, colleagues, and other members of the health-care team.
- Comply with relevant legislation with respect to physician advertising.
- Comply with the law related to defamation, copyright, and plagiarism when posting content online.
- Avoid conflicts of interest.

In order to satisfy the above professional expectations while engaging in social media, it is recommended that physicians:

1. Assume that all content on the Internet is public and accessible to all.
2. Exercise caution when posting information online that relates to an actual patient, in order to ensure compliance with legal and professional obligations to maintain privacy and confidentiality. Bear in mind that an unnamed patient may still be identified through a range of other information, such as a description of their clinical condition, or area of residence

3. Refrain from providing clinical advice to specific patients through social media. It is acceptable, however, to use social media to disseminate generic medical or health information for educational or information sharing purposes.
4. Protect their own reputation, the reputation of the profession, and the public trust by not posting content that could be viewed as unprofessional.
5. Be mindful of their Internet presence, and be proactive in removing content posted by themselves or others which may be viewed as unprofessional.
6. Refrain from establishing personal connections with patients or persons closely associated with them online, as this may not allow physicians to maintain appropriate professional boundaries and may compromise physicians' objectivity. It is acceptable to create an online connection with patients for professional purposes only.
7. Refrain from seeking out patient information that may be available online without prior consent.
8. Read, understand, and apply the strictest privacy settings necessary to maintain control over access to their personal information, and social media presence undertaken for personal purposes only.
9. Remember that social media platforms are constantly evolving, and be proactive in considering how professional expectations apply in any given set of circumstances.

**RESOLUTION**

**THIS POLICY ACCEPTED BY THE MEDICAL ADVISORY COMMITTEE OCTOBER, 1994, ESTABLISHED BY MANAGEMENT COMMITTEE JULY 1984, REVIEWED JUNE 1991, AUGUST 2001, OCTOBER 2011, JANUARY 2017, FEBRUARY 2021.**



Julia Boudreau, President & Chief Executive Officer

**POLICE AND ACCIDENT CASES OF PUBLIC RECORD**

*NOTE: The following guidelines are to be followed for release of information in consultation with the investigating police force.*

Provided the next-of-kin **have been notified**, the Hospital may release to the press the following information **without the consent** of the patient or guardian, except in the case of:

- sexual assault
- abortion
- drug addiction
- psychiatric problems
- emergency maternity cases

In these cases, the **general condition only** may be stated. **No identifying information** may be given.

1. **General Information**, if possible to obtain: address, age, time of arrival, sex, occupation
2. **General Condition, etc.**
  - **Good** – vital signs are stable; patient is conscious and comfortable – prognosis is either good or excellent
  - **Fair** – vital signs within normal limits; patient is conscious and may be uncomfortable – may have minor complications
  - **Serious** – acutely ill with questionable prognosis – vital signs may be unstable or not within normal limits.
  - **Critical** – questionable prognosis – there are major complications and death may be imminent.
3. **Nature of Accident** i.e. automobile, fire, fall may be stated if known – no comment will be made regarding the **cause**.
4. **Nature of Injury or Illness**
  - **Unconscious** - - May be stated if so, but no cause be given
  - **Fractures** - If confirmed may be described as left or right, arm or leg, simple or compound. If not confirmed, state "injuries" not "suspected fractures".
  - **Internal Injuries** - It may be stated that there are internal injuries, e.g., ruptured spleen, but not the nature of, unless confirmed by physician.
  - **Head Injuries** - If fracture of skull definite, this may be stated, otherwise state "undetermined injuries to head". Do not state severity of prognosis.
  - **Poisoning** - In case of accidental poisoning, it may be stated that a patient is being treated for symptoms of food poisoning, carbon monoxide poisoning, etc., if confirmed by physician. No cause as to how it occurred may be given.
  - **Burns** - It may be stated that the patient is suffering from burns and the parts and percentage of the body involved. The degree of burns may be stated, if physician agrees. The type of accident may be stated, if established.

- **Shooting and/or Stabbing** - It may be stated that there is a gunshot or stab wound and the area affected, if agreed by physician. No cause may be given.

If, in addition to injury or illness, there is suspicion or proof of intoxication by either alcohol or drugs, no mention may be made of this fact, especially if there is a possibility of legal proceedings.

5. **Name of the attending physician**

May be provided only after the consent of the physician has been obtained (this consent may be provided verbally).

6. **Any additional information sought by media** should be referred to the President & Chief Executive Officer.



***PROCEDURAL GUIDELINES OTHER THAN POLICE AND ACCIDENT CASES***

***APPENDIX B***

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1. **BIRTHS AND DEATHS**

Permission to announce any birth should first be obtained by the Hospital from the mother.

In non-police cases, the attending physician is responsible for notifying the next-of-kin of a patient's death. When this has been done, the Hospital may, if requested by the press, confirm the fact of death.

**Coroner's Cases:** In cases where a death has been, or should be, reported to a coroner (including deaths resulting from accidents that may result in court cases), press enquiries as to the cause of death are referred to the coroner's office.

2. **PROMINENT PERSONALITIES AND CASES OF PUBLIC INTEREST**

If a patient is admitted to the Hospital, who is a prominent personality, specific steps will be taken to ensure privacy and confidentiality.

In such cases, the usual patient information will not be available at the Main Reception desk or in the Admitting Office, and no information will be released from the nursing unit.

Consent will be obtained from the family for the release of information to the press in accordance with the restrictions regarding police and accident cases (See Appendix A).

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