

<b>MEDIA RELATIONS</b>	<b>Public Engagement and Communications I-PH4-021300-001</b>
<b>Approver(s)</b>	<b>Ron Johnson, CEO (Interim) Signed by Ron Johnson Dated: January 30, 2026</b>
<b>Portfolio/Program/Department of Administrative Responsibility</b>	Public Engagement and Communications Communications Department
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<b>Level</b>	Level One (I)
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## Purpose

To protect the privacy and confidentiality of patients, organizational representatives, and affiliated partners in accordance with the Access to Information and Protection of Privacy Act, 2015 and the Personal Health Information Act; to ensure these protections are upheld during all media interactions through consistent adherence to policy requirements; and to provide clear direction to employees on managing media requests in a manner that supports accurate, timely communication and strengthens public trust in Newfoundland and Labrador Health Services (NL Health Services).

## Scope

<b>This document applies to:</b>	<input checked="" type="checkbox"/> Provincial	<input type="checkbox"/> Labrador-Grenfell	<input type="checkbox"/> Western	<input type="checkbox"/> Central
	<input type="checkbox"/> Eastern Rural	<input type="checkbox"/> Eastern Urban	<input type="checkbox"/> Other (as specified below)	

This policy applies to all NL Health Services organizational representatives affiliated directly or indirectly with NL Health Services.

This policy applies to all media inquiries—formal, informal, or ad hoc—received via telephone, email, social media, or in-person conversation.

## Definitions & Acronyms

<b>Terms / Acronyms</b>	<b>Definitions / Descriptions</b>
<b>ATIPPA</b>	Access to Information and Protection of Privacy Act, 2015
<b>Access to Information Request(s)</b>	Requests made for a right of access to records held by a public body, exercised in accordance with disclosure requirements and/or exceptions under ATIPPA.
<b>Business Information</b>	<p>Proprietary, commercially sensitive and other information in any format with respect to NL Health Services' business that is not generally disclosed publicly by the organization. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• legal matters involving the organization;</li> <li>• financial information that is not available in the annual report;</li> <li>• information about intellectual property such as development of new technology or treatments or unpublished reports; and</li> <li>• information pertaining to NL Health Services' information technology access and security system.</li> </ul>
<b>Communications Plan</b>	A written document, developed in consultation with Communications and a NL Health Services program, which outlines step-by-step processes to ensure that the intended message is received, understood, and acted upon by the recipient. It involves determining the objectives, identifying the audience(s), and selecting appropriate channels and tactics to reach them.
<b>Condition Code</b>	A one-word definition of the current health state of an individual as determined by an appropriate designate for a care team. A condition code is not routinely released and is only disclosed with the consent of the patient, family spokesperson or substitute decision maker, if relevant, and in compliance with this policy.
<b>Confidentiality</b>	The duty to protect, respect and maintain the privacy of personal information, personal health information and business information; the obligation to refrain from using and/or disclosing personal information and/or personal health information unless authorized to do so; and the obligation to refrain from disclosing business information to others not involved with the use of the information in the normal course of their authorized work or to other third parties.
<b>Corporate Representative</b>	A person or entity authorized to act on behalf of a corporate client, vendor, or partner organization, including but not limited to an executive officer, legal counsel, or official contact as identified in contractual documentation.
<b>Individual Representative</b>	A person legally authorized to act on behalf of an individual, as outlined in Section 7 of PHIA.  <i>Source – Section 7 of PHIA</i>

<b>Media</b>	Reporters, journalists, writers, bloggers and other representatives from newspapers, magazines, social media, the Internet, television, podcast, radio or other means.
<b>Media Interview</b>	Any scheduled or impromptu interaction between a representative of NL Health Services and a member of the media, including journalists, reporters, bloggers, or other individuals with the intention of gathering information and disseminating news.
<b>Media Outlet</b>	Any organization that disseminates news or information to the public by way of newspapers, magazines, social media, the Internet, television, podcast, radio or other means.
<b>NL Health Services Facility</b>	Any site operated by NL Health Services where health-care services are delivered, including hospitals, health centres, community clinics, long-term care homes, and other locations providing patient, resident, or client care under the authority of NL Health Services. This also includes administrative sites.
<b>Organizational Representative</b>	Any employee, physician, volunteer, contractor or other individual affiliated directly or indirectly in an official capacity on behalf of NL Health Services. This term encompasses anyone representing the organization in interactions with external parties (e.g., media, government, or community partners) but who may not serve as an official spokesperson.
<b>Patient</b>	A person who receives services from NL Health Services.
<b>PHIA</b>	Personal Health Information Act
<b>Personal Health Information</b>	<p>Identifying information in oral or recorded form about an individual that relates to</p> <ul style="list-style-type: none"> <li>a) the physical or mental health of the individual, including information respecting the individual's health care status and history and the health history of the individual's family.</li> <li>b) the provision of health care to the individual, including information respecting the person providing health care.</li> <li>c) the donation by an individual of a body part or bodily substance, including information derived from the testing or examination of a body part or bodily substance.</li> <li>d) registration information.</li> <li>e) payments or eligibility for a health-care program or service in respect of the individual, including eligibility for coverage under insurance or payment arrangement with respect to health care.</li> <li>f) an individual's entitlement to benefits under or participation in a health care program or service.</li> <li>g) information about the individual that is collected in the course of, and is incidental to, the provision of a health-care program or service or payment for a health care program or service.</li> <li>h) a drug as defined in the <i>Pharmacy Act, 2024</i>, a health care aid, device, product, equipment or other item provided to an</li> </ul>

	individual under a prescription or other authorization issued by a health-care professional; or i) the identity of an individual's person's Representative. Source – Section 5 and 7 of PHIA
<b>Personal Information</b>	Recorded information about an identifiable individual, including: <ul style="list-style-type: none"> <li>a) the individual's name, address, or telephone number,</li> <li>b) the individual's race, national or ethnic origin, colour, or religious or political beliefs or associations,</li> <li>c) the individual's age, sex, sexual orientation, marital status, or family status,</li> <li>d) an identifying number, symbol or other particular assigned to the individual,</li> <li>e) the individual's fingerprints, blood type or inheritable characteristics,</li> <li>f) information about the individual's health care status or history, including a physical or mental disability,</li> <li>g) information about the individual's educational, financial, criminal or employment status or history,</li> <li>h) the opinions of a person about the individual, and</li> <li>i) the individual's personal views or opinions.</li> </ul> <i>ATIPPA, 2015 Section 2 (u)</i>
<b>Privacy</b>	The right of individuals, within limits, to determine when, how and to what extent personal information is collected, used and disclosed about themselves.
<b>Recording</b>	Refers to audio recordings, photographic, or video images.
<b>Spokesperson</b>	A designated or authorized individual who speaks on behalf of NL Health Services.
<b>SDM</b>	Substitute decision maker

## Policy Statements

NL Health Services recognizes the vital role of the media in informing the public. NL Health Services will work with the media by being open, accountable, transparent, and responsive with timely and accurate information.

NL Health Services will ensure the privacy and confidentiality of all patients, clients, residents, organizational representatives, and corporate clients or partners are protected in all media communications, in accordance with applicable legislation, including the Access to Information and Protection of Privacy Act, 2015 (ATIPPA) and the Personal Health Information Act (PHIA).

NL Health Services will cooperate in a constructive manner while ensuring compliance with all legal and ethical related to privacy and confidentiality.

NL Health Services aims to provide equal access to all members of the media within this policy and cannot guarantee exclusivity of a story.

NL Health Services and its designated spokespersons must not speak publicly about specific patient cases, issues before the courts, internal HR matters, or information protected by legislation.

Organizational representatives will not provide individual medical advice through the media.

Organizational representatives must ensure that their personal communications and public statements are not perceived as representing NL Health Services. This includes discussions of workplace matters unrelated to collective bargaining or union activity. NL Health Services recognizes the right of employees to engage in legitimate labour or professional advocacy; however, they must clearly indicate that they are not speaking on behalf of NL Health Services.

Media Interviews with organizational representatives are for general information purposes only and are not intended to replace direct consultations with a health-care professional or to provide medical advice, diagnosis or treatment.

At NL Health Services, members of the public and Media may request information in the custody or control of NL Health Services through an ATIPP Request.

Organizational representatives must not disclose sensitive or confidential information about NL Health Services, including business information, operational, or contractual matters, unless authorized under applicable legislation, policy, or agreement.

Breaches of this policy will be assessed and addressed on a case-by-case basis by appropriate leadership.

## **Procedures and Accountabilities**

### **Media requests**

1. Direct all media inquiries to the Communications department during business hours (Monday to Friday, 8:30 a.m. to 5:00 p.m.). This includes requests for Media Interviews with patients, clients, residents, staff, volunteers and physicians. The list of media contacts and contact information can be found here: [Media Contacts](#).
2. In emergency or crisis situations outside of regular business hours, Communications staff will respond to media requests on a priority basis. Media requests during evenings, weekends and holidays involving matters deemed routine or operational by Communications will be deferred until the next business day.
3. Notify Communications immediately if patients, clients, residents or their relatives or individual representatives wish to talk to the media regarding a matter relating to NL Health Services.

4. Organizational Representatives who would like to contact the Media for any reason related to the work of NL Health Services must request facilitation through Communications, such as promoting an event, highlighting an achievement, or discussing a program.

### **Designation and Roles of Spokespersons**

The Communications Department is responsible for determining the appropriate spokesperson and coordinating the organization's response to media inquiries. This will be done in consultation with the relevant program or area to ensure consistent, accurate, and timely communication.

Depending on the nature of the inquiry, spokesperson responsibilities may be fulfilled by different roles within NL Health Services, as outlined below.

**Chief Executive Officer (CEO):** The CEO is the official spokesperson for the organization. They may defer to a Chief Operating Officer (COO), Vice President (VP) or other appropriate spokesperson to speak to the Media. The CEO will speak to high level organizational issues and VPs, COOs and/or Senior Directors may act as alternates for the CEO as required and/or speak to issues within their portfolios.

**Professional Staff:** (i.e. medical officers of health, physicians, nurses and other professionals) – may provide information about specific areas of expertise, specific public health information and initiatives and background detail on more technical health matters.

**Communications Leadership:** The Chief – Public Engagement and Communications, Senior Director – Provincial Public Affairs, Media Relations Manager, or Zonal Directors of Communications provide responses from NL Health Services to basic inquiries about operations, issues, announcements, contact information, etc., or act as a conduit for written statements from subject matter experts.

**Designated Organizational Representatives:** will make every effort possible to accommodate the inquiry in a timely and efficient manner. An employee from Communications may be present during Media Interviews.

**Non-Designated Organizational Representatives:** shall clearly identify the role in which they are speaking to Media. When speaking in another capacity (for example, in a personal capacity or representing a union, professional association, or other organization), they must advise Media that they are not speaking on behalf of NL Health Services. In these cases, comments should not be attributed to NL Health Services.

Spokespersons for NL Health Services shall clearly communicate their affiliation and title and should ask Media to identify them as such in their reporting.

### **Emergency and crisis communications**

1. During an emergency or crisis situation, Communications will coordinate media requests, identify appointed Spokespersons, establish and build credibility for



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Spokespersons, participate in crisis communications, and facilitate media training for relevant organizational representatives as needed.

2. Communications will review essential information with other relevant agencies and organizations.
3. Media briefing sites may be established and identified in each region as part of NL Health Services' All Hazards Management Plan. In some cases, access to NL Health Services Facilities may be restricted or denied depending on the crisis situation.
4. The CEO or appointed designate (e.g. incident commander) is the primary Spokesperson for the organization during an emergency or crisis situation. In emergent situations all Media requests must continue to go to Communications. Only those designated will act as Spokespersons for the organization.
5. A crisis communication plan will be followed, if necessary, at the call of the Chief – Public Engagement and Communications.

### **Release of patient information**

Neither Communications nor any other organizational representatives will release to media any information about a patient, client or resident.

Condition Codes may be released with consent from the patient or family. It should be noted that Condition Codes are temporary and subject to change.

The Condition Codes are:

- Good: Vital signs such as pulse, temperature and blood pressure are stable and within normal limits. Patient is conscious and comfortable. Outlook for recovery is good or excellent.
- Fair: Vital signs are stable and within normal limits. Patient is conscious but is uncomfortable or may have minor complications. Favorable outlook.
- Serious: Acutely ill with questionable outlook. Vital signs are unstable or not within normal limits. A chance for improved outlook.
- Critical: Questionable outlook. Vital signs are unstable or not within normal limits. There are major complications and death may be imminent.
- Stable: The term stable may be used in conjunction with the above definitions if the patient's vital signs are considered to be stable. The term stable is not to be used alone as a condition (i.e., serious but stable condition).
- Treated and released: Patient examined, treated and discharged.

### **Site Visits**

1. All site visits by media (including access to patient rooms, parking garages, clinics, office spaces, etc.) to NL Health Services Facilities must be authorized by Communications.



2. An organizational representative will escort all journalists, photographers, videographers or any other news media personnel acting in an official capacity while they are at an NL Health Services Facility and will also be present during all interviews and/or filming or photography sessions.
3. Members of the Media are expected to clearly identify themselves to NL Health Services Organizational Representatives when they are acting in an official, professional capacity as a member of the Media, whether in person, on the telephone or through electronic communications.
4. If a member(s) of the media is observed unaccompanied in any NL Health Services facility, NL Health Services staff or security personnel must ask the reporter/photographer to confirm what program or department authorized the visit. If the visit has not been authorized, Media will be directed to contact Communications and may be asked to leave the NL Health Services Facility.
5. For the health, safety and privacy of patients, media interviews will not be permitted in critical care areas (for example, emergency departments, operating rooms and intensive care units).
6. Media must abide by federal regulations around helipads/heliports. Rotor downwash from a helicopter can cause a safety hazard to people and equipment and Transport Canada require that the area be kept clear of all obstacles except for those required for air navigation purposes. Media are not permitted within fenced areas or in areas designated by security personnel near helipads. If filming or photographing a helicopter arrival, media must remain outside of the fenced or designated area, follow the safety direction of security personnel, and ensure respect for patient privacy by not capturing identifiable images or video.
7. In the event media are not complying with any NL Health Services policy or safety protocol, Security Services must be contacted, and the media personnel shall be removed from the NL Health Services Facility.

### **Photography and Film Requests**

1. Communications will facilitate authorization and/or approval of all photographs and filming requests, medical or non-medical, to be released to the Media or other agencies.
2. Upon Communications approval, written consent is required before any photography or filming is permitted. This consent must be documented using the consent form provided by the communications department. Once appropriate program staff obtain signed consent forms, Media may photograph and/or film in the approved areas of the NL Health Services Facilities.
3. Hidden recording devices (e.g., digital cameras, tablets and smartphones, etc.) are prohibited inside an NL Health Services Facility.
4. An organizational representative, determined by Communications, must be present with media for all photography and videography to make sure this policy is respected,

including considerations around patient privacy and escorting media in and out of the facilities.

5. Organizational representatives are responsible for ensuring that patients, residents, clients, visitors, and staff are not photographed or recorded within NL Health Services Facilities in a manner that allows them to be identified, unless written consent has been obtained from the individual—or, where applicable, a parent, substitute decision maker (SDM), or other authorized individual representative—using the consent form provided by the Communications department. .
6. A consent form provided by the Communications department, signed by the patient, guardian of a patient or SDM, is required for all photography and filming requests involving patients and staff in NL Health Services Facilities.
7. Media must ensure that any individual participating in a Media Interview does so voluntarily and with informed consent.
8. Media Outlets may film or photograph in public areas outside of NL Health Services Facilities, such as sidewalks, parking lots, and other open grounds, without approval from NL Health Services, provided they comply with applicable laws, including AIPPA and Privacy Act, and there are no safety concerns.
9. While NL Health Services does not authorize or oversee Media activity in these public spaces, organizational representatives should:
  - Refrain from engaging with media unless they are designated to do so.
  - Notify the Communications Department and Security Services if Media activity is observed adjacent to an NL Health Services Facility.
  - Report any safety or privacy concerns related to Media presence to their manager/supervisor and Communications immediately.
  - Discourage Media from filming or photographing entrances or other areas where patients, residents, clients or staff could be readily identified entering or leaving a NL Health Services Facility.

#### **Use of Drones near NL Health Services Facilities**

1. All drone operations, including by Media, must comply with Transport Canada regulations and obtain prior authorization from the appropriate authorities.
2. Drone operators are required to notify Communications at least 24 hours in advance of operations so that security personnel and other staff can be made aware.
3. All operators must respect the privacy and confidentiality of patients, visitors and staff within the health-care facility and its surrounding areas and comply with all applicable laws, including, but not limited to, the Privacy Act. Operators must prioritize safety and adhere to professional conduct standards.

## Referenced and Sourced Materials

- [Personal Health Information Act](#)
- [RSNL 1990 CHAPTER P-22 - PRIVACY ACT](#)

## Related Resources

- I-PH4-2003-010 Audio, Video, And Photographic Recordings by Patients, Residents, Clients, Or Visitors in NLHS Facilities
- [Transport Canada regulations](#)

## Key Words

Media, Confidentiality, privacy, Personal Information, Personal Health Information, filming, photography, media relations, news, reporter, interviews

## Cross-Reference

Health Organization	Document Reference	Document Name	Date Rescinded / Archived / NA
Central Health	COM-0350	Release of Information to Media	Rescinded: February 3, 2026
Central Health	3-10	Media Relations	Rescinded: February 3, 2026
Central Health	3-20	Media Relations for Communication Staff	Rescinded: February 3, 2026
Central Health	3-30	Media Access to Central Health Property	Rescinded: February 3, 2026
Central Health	3-40	Media Inquiries & Interviews	Rescinded: February 3, 2026
Centre for Health Information	GA-05	Media Relations	Rescinded: February 3, 2026
Eastern Health	COM-075	Media Relations	Rescinded: February 3, 2026
Eastern Health	3541(AIR)-COM-040	Providing of Information to Media	Rescinded: February 3, 2026
Eastern Health	3546(MCC)-PDS-150	Media Information	Rescinded: February 3, 2026
Labrador-Grenfell Health	CO-2-20	Media Request for Patient Information	Rescinded: February 3, 2026
Western Health	5-01-10	Media Policy – Western Health	Rescinded: February 3, 2026