

Media Relations and Communications

Reviewed Date		Number	PR0101
Revised Date	January 28, 2026	Approved Date	December 1, 1990

Introduction

The local media, including television, radio, and print and online newspapers, can play a vital role in protecting health, preventing disease, and promoting well-being. The health unit uses this communication tool to provide information and advice about health issues in a way that will enhance the public's ability to make informed health choices and to position the health unit as a credible source of health information. It is also a vital tool for communicating critical health information in the event of a public health emergency. Providing accurate, reliable, and timely information in a coordinated and consistent fashion is the key to using this communication tool effectively.

Purpose

The purpose of this policy is to inform Simcoe Muskoka District Health Unit (SMDHU) Board of Health members, employees, students, and volunteers of the processes the agency has put in place to promote consistency and coordination in all health unit relations and communications with the media.

Legislative Authority

- Health Protection and Promotion Act R.S.O. 1990
- Municipal Freedom of Information and Protection of Privacy Act R.S.O.1990
- Personal Health Information Protection Act R.S.O. 2004
- Regulated Health Professions Act R.S.O. 1990

Policy Definitions and Interpretation

For the purpose of this policy statement:

**“Communications staff”** applies to employees of the Communications, Health Assessment, Surveillance and Equity Program who hold professional responsibility for communications and media relations tasks or who have been designated to do so by their program manager.

**“Media conferences”** applies to a formal scheduled event where designated spokespersons provide public statements or announcements to the media and respond to questions. These gatherings are typically scheduled to convey important updates, clarify complex issues, or manage public relations on specific topics. Most often conducted in-person but can be coordinated virtually.

**“Media briefings”** are structured sessions with the media to ensure timely dissemination of accurate information and may include questions, but its primary purpose is to support understanding rather than to make major announcements. May be conducted in-person or virtually.

**“Institution”** applies to health care settings and residences including hospitals and long - term care settings, schools and educational institutions, and establishments such as restaurants and other commercial/industrial/municipal establishments or buildings.

Policy

Communication with, and through, the media will meet agency standards, and be in line with the health unit’s vision, mission, and goals. Communications staff will facilitate the exchange

of information between health unit staff and the media to ensure consistency and coordination in health unit media relations.

Identifying information on individuals, and/or information that is part of a legal investigation is deemed confidential and will not be released to the media unless it is necessary to protect and promote the health of the public. This decision will be made in consultation with the Medical Officer of Health, Associate Medical Officers of Health, or designate.

The Medical Officer of Health (MOH), Associate Medical Officer of Health (AMOH), the Department Vice President (VP) or designate will assign staff to interact with the media regarding specific topics and programs and will establish processes for the approval of information to be released to the media. Staff not normally assigned to interact with the media must seek the approval of the MOH, AMOH, their Department VP or designate before initiating contact with the media or providing information or position statements on behalf of the health unit.

Media conferences and media briefings will be approved by the MOH or designate.

Media communications will be guided by established principles of risk communication, particularly in situations involving public health risks, uncertainty, emergencies, or issues of heightened public concern. These principles include providing information that is timely, accurate, transparent, and evidence-informed; acknowledging uncertainty when it exists; expressing empathy and respect for public concerns; clearly explaining risks and protective actions; and maintaining consistency and coordination across messages and spokespersons.

Communications staff will support the application of these principles to ensure public trust, understanding, and informed decision-making.

Media communications, when used as part of a coalition, will not use the health unit's branding unless approved by senior management, and staff participating as coalition partners speak on behalf of the coalition rather than the health unit.

As a member of the public, a health unit employee may wish to make a public statement or send a letter to the editor related to issues of public interest. Employees are not permitted to use their position or title to imply in any way that the Simcoe Muskoka District Health Unit or the Board of Health supports or condones their comment or statement.

## **Procedures**

### **1) Media requests for statements or information that is not confidential**

Directing and responding to a media request:

- a) All media requests are to be directed to [mediainquiry@smdhu.org](mailto:mediainquiry@smdhu.org) or the agency's media line for follow-up and referral by communications staff.
  - i) Communications staff are responsible for liaising with the requesting media contact, the same day or within one working day. Communications staff will work with the MOH, AMOH, VP, or designate to determine responsibility for response, type of response (i.e. written statement, taped or live interview) and timing of response.
  - ii) Communications staff are responsible for the coordination of all media responses and the preparation and support of spokespersons during the drafting and delivery of a media response by MOH, AMOH, VP, or designate.

### **2) Release of Sensitive information**

- a) When the release of information about individuals and institutions that is not routinely shared through public reporting is deemed necessary to protect and promote the health of members of the public:
  - i) Employees in consultation with their manager, and VP will inform the MOH, AMOH or designate and communications staff when they become aware of information that should be considered for release to members of the public for the protection and promotion of their health.

- ii) When such information is identified the MOH, AMOH or designate in consultation with the VP, manager and team will determine the means of transmitting this information to those who need to know for health protection and promotion, using methods that prevent the transmission of this information to others who do not need it.
  - iii) The information transmitted will only have content that is necessary to protect and promote health. This will contain the minimum personal or confidential information as is necessary to protect and promote the public's health.
  - iv) In situations where it is determined to be necessary to use the media to transmit information to protect and promote the health of members of the public (i.e. other methods are deemed to be insufficient to reach those requiring the information), the restrictions in 2a) iii apply.
  - v) In situations where transmitted information could lead to the identification of an institution or individual, the situation will be discussed in advance with the parties involved and where feasible their approval will be sought.
- b) When the media has approached the health unit seeking information on institutions and/or individuals that is not routinely shared through public reporting, health unit employees will notify communications staff and applicable managers, VPs, and MOH/AMOH. The following considerations are applied when determining what information is released to the media in this situation:
- i) Information that is part of a legal investigation is confidential unless it conforms to the guidelines in section 2a. However, once a legal issue is in the public domain (through the court system), the VP may, in consultation with the MOH, AMOH deem it to be in the best interest of the program mandate to discuss some details of the situation (e.g., information on charges laid against a tobacco retailer to deter other retail sales to minors).
  - ii) Information that could lead to the identification of individuals is confidential and will not be released unless required to protect and promote the public's health.
  - iii) General information on the broader topic of interest to the media (e.g., institutional influenza outbreaks and SMDHU's role and approaches in managing them; food premises and SMDHU's role in food safety inspections) can be released as a means of responding to the request for confidential information. This can include collated statistical information on SMDHU's district as a whole (e.g., the number of institutional influenza outbreaks in the district to date in the present year and past years).
- c) In health promotion campaigns, individuals may volunteer their personal information and permit the health unit to use this information to illustrate important health promotion, prevention, or protection messages (e.g., a smoker trying to quit or a person identifying the need for community supports for continuation of breastfeeding).
- i) Communications staff will ensure that the strategy is approved by the program manager.
  - ii) Staff will ensure that these individuals agree in writing using the Media Use Consent Form PR0101 to have their names, photographs and related health information used in association with media stories within clearly defined parameters.

### **3) News and information releases (including public service announcements, columns/op-eds, and letters to the editor)**

- a) Communications staff, in consultation with the MOH, AMOH, VP or designated staff, prepares health unit news and information for release to the media.
- b) Communications staff ensures material for release is approved in accordance with the procedures outlined by the department.
- c) When a letter to the editor is required to address public health issues in the media (e.g., to acknowledge, clarify, or correct information), communications staff, in consultation with the MOH, AMOH, VP, will work with the designated program manager to have a letter drafted. It will be reviewed by communications staff, approved by the appropriate program manager, VP and AMOH/MOH before being

sent to the relevant media outlet(s) as determined by communications staff. Letters to the editor are not posted on the health unit's website.

- d) The Administrative Assistant to the Office of the Medical Officer of Health distributes approved news and information releases to the appropriate media as determined by the CHASE program manager then posts it on the [News](#) page of the health unit's website for staff and public reference.

Communications staff save electronic copies of all news and information releases to the S: drive for agency access, and these records are designated for permanent retention.

#### 4) Media Conferences and Media Briefings

Major events or emergencies will necessitate timely communication to all pertinent news media. These events often attract intense attention from news media and/or demand more time from agency staff. News conferences can be an effective strategy for providing key messages and information to the public and community partners.

Media conferences and media briefings will be conducted in accordance with principles of risk communication, including clarity, transparency, empathy, consistency, and timely updates as new information becomes available.

- a) Communications staff will assume the lead responsibility in the media conference and media briefing preparations.
- b) In the case of an emergency, media conferences or media briefings may be held once daily or multiple times daily over the length of the emergency. Depending on the nature of the emergency, the health unit may hold a media conference in conjunction with the involved Emergency Operations Group (local, county or district level).

#### 5) Coalitions and other Funded Programs

The health unit can enter into partnerships with community agencies, coalitions or non-government organizations to carry out mandated programs. These partnerships have emerged in a variety of forms, including but not limited to the following:

- The health unit creates and runs a coalition, acts as lead agency or flow-through funding body.
  - The health unit sits on a coalition but does the majority of the work including media.
  - The health unit sits on a coalition and other organization does media.
  - The health Unit sits on a coalition and individuals do media work
  - A major partner funds or dictates the program, but health unit staff do the work or are involved in some aspect of it.
- a) When the health unit is asked to support a partnership with public communication, the procedures will be guided by the relationship with the partners, as per the above list. The relationship will dictate whether the health unit acts as spokesperson, "ghost writer", communications planner, disseminator, or simple copy editor. Managerial approval of text will be required.
  - b) Media communications that are produced for distribution from a coalition do not carry the health unit's branding and identity unless approved by senior management. When health unit staff are involved in communications as partners in a coalition, they speak on behalf of the coalition, and not on behalf of the health unit.

#### **Related Forms**

PR0101(F1) Media Use Consent

#### **Related Policies**

IM0101 – Information Privacy – Principles

**Final Approval Signature:** \_\_\_\_\_

#### **Review/Revision History**

December 19, 1990

June 26, 1996  
September 2010 Policy re-numbered, previous number C1.020  
January 2026 Policy updated to reflect staff roles and responsibilities