

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

NEWS MEDIA

Effective Date:	06/1993	Policy No:	PR05
Cross Referenced:		Origin:	Public Relations
Reviewed Date:	02/96, 04/98, 02/05, 02/11	Authority:	Executive Director
Revised Date:		Page:	1 of 5

PURPOSE

To set up guidelines for release of information to the news media.

POLICY

Guidelines:

No one in Hackettstown Regional Medical Center, without the knowledge of the Public Relations Manager, Administrative Director for Planning and Marketing or Administrator-on-Call, may release information to the news media unless the request is for information on a patient's general condition. The Nursing Supervisor may provide general patient information following this policy's guidelines.

Any other questions from the news media about a patient, or the hospital, should be referred to the Public Relations Office. If closed, the telephone operator will try to locate the Manager of Public Relations or appropriate administrative personnel.

1. Should the Manager of Public Relations be unavailable in cases of emergency, notify the Administrative Director for Planning and Marketing or the Administrator-on Call.
2. If none of the above are available, the press will be advised with regrets that there can be no information released until an official spokesman can be reached.

The fact that a patient has been treated or admitted to the hospital, as well as his or her general condition, may be given only if the reason for the patient being taken to the hospital is a matter of public record as defined later in these guidelines. This is general and limited information may be released by the healthcare facility provided the media inquiry specifically contains the patient's name.

- In matters of public record (where the reporter already had the patient's name), the following information may be confirmed at the hospital's discretion: city or town of residence, occupation, sex, age and time of admission or discharge. This information may be confirmed, but not volunteered to media.
- No information should be given about psychiatric patients, HIV/AIDS or patients who are intoxicated on alcohol or drugs. State law strictly forbids disclosure of any information from police or public records. It is recommended that all inquiries be answered, "We cannot, under state law, comment on this case."

When releasing information regarding a patient's general condition to one of the above, the following patient status guidelines should be followed (only a physician may discuss the patient's prognosis):

1. Under Evaluation – Patient is undergoing physician assessment.

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2. Good – Vital signs such as pulse, temperature and blood pressure are stable and within normal limits. Patient is conscious and comfortable. His/her outlook for recovery is good or excellent.
3. Fair – Vital signs are stable and within normal limits. Patient is conscious. He/she may be uncomfortable or may have minor complications. Favorable prognosis.
4. Serious – Patient is acutely ill with questionable outlook. Vital signs may be unstable and not within normal limits. Indicators are questionable.
5. Critical – Vital signs are unstable and not within normal limits. There are major complications and death may be imminent. Patient may be unconscious.
Note: The term stable should not be used as a condition.

Public Figures

A person whose activity is a matter of public interest or whose livelihood or success depends upon his being kept in the public eye, forfeits, to an indefinable degree, the right of privacy generally ascribed to a less prominent person. This also applies to patients who become well known through the nature of their hospitalization.

Admission of public figures or VIP's may result in special requests for information from the media. The hospital should work with the public figure to answer these inquiries with minimal disruption for all concerned and to provide the fullest reasonable cooperation with the media. If the VIP patient is uncooperative, the hospital should provide only the routine information releasable for all patients.

Matters of Public Record

Matters of public record refer to those situations, which by law are reportable to public authorities, such as police, coroner or the public health officer.

Examples are:

- Persons under arrest or held under police surveillance.
- Any person brought to the hospital by the fire department or any law enforcement agency.
- Cases such as shooting, stabbing, poisoning, injury by automobile, dog bites, battered children or any other causes which are reportable to governmental agencies regardless of the mode of transportation to the hospital.
- Diseases reportable to the Public Health Department.

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Deaths

Announcement of death is not routinely made by the hospital. However, news of the death of a patient is public information after the family has been notified, or after all reasonable efforts have been made to provide such notification. Information regarding the cause of death must come from the patient's physician and its release must be approved by a member of the immediate family (when available.)

Interview or Media Photos

Public Relations will obtain permission and a signed release from the patient prior to any interview or photograph taken for publication by the media. No pictures of unconscious or minor patients may be done without written consent of guardian. However, any family member may take pictures as long as it does not interfere with hospital operations. A note is to be written in the nursing clinical record that the picture is being done with the consent of the patient.

Accident or Police Cases

In accident and/or police cases, only information of a general nature may be released by the Public Relations Manager, Administrative Director or Administrative Coordinator. This information can only be confirmed, not volunteered.

Public Relations or the Administrative Director or Administrative Coordinator **may not** disclose the following:

1. Description of the event that caused the injury.
2. If injuries were result of assault, attempted suicide or accident.
3. If patient was intoxicated.
4. Patient was poisoned either deliberately or accidentally.
5. Patient is suspected of being a drug abuser.
6. Circumstances under which a patient was shot or stabbed.
7. Circumstances relating to an automobile accident.

Disaster or Major News Story

In the event of a disaster or major news story occurring on weeknights or weekends, the Public Relations Manager should be alerted to open the Public Relations Office or other designated area and handle the calls. In the meantime, no information should be given to the press. See the hospital Disaster Plan.

The patient has the right to request that no information be given out about his condition. The Public

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Relations Manager, Administrative Director or Administrative Coordinator should relay this information to the Administrative Coordinator or Public Relations.

Coroner's Case

Generally, in accordance with state law, the hospital must provide the coroner with information in any of the following circumstances:

***Nature of Accident or Injury**

The hospital spokesperson may give out only limited information about various kinds of accidents or injuries in order to protect the privacy of the patient.

Battered Children - The spokesperson may not discuss possible child abuse. However, the injuries sustained by the child may be described as indicated below.

Burns - The spokesperson may state that the patient is burned, but the severity and degree of burns may be released only after a physician's diagnosis.

Fractures - The spokesperson may provide information on the location of the fracture only if a limb is involved and may say whether the fracture is simple or compound.

Head Injuries - The spokesperson may state that the injuries are of the head. It may not state that the skull is fractured until this fact has been definitely determined by a physician.

Internal Injuries - The spokesperson may state that there are internal injuries, but no information may be given as to the location of the injuries until a physician has made a diagnosis.

Intoxication or Drug Abuse - The spokesperson may not provide information that the patient was intoxicated or had abused drugs or characterize the patient as an abuser. The spokesperson should be wary of indicating a diagnosis that might imply substance abuse; for example, saying that a patient had cirrhosis could indicate alcohol abuse.

Poisoning - The spokesperson may state only that the patient is being treated for suspected poisoning. No statement may be made concerning either motivation or circumstance surrounding a patient's poisoning. The suspected poisonous compound may be identified only by the patient's physician.

Sexual Assault - The spokesperson may not say that the patient has been sexually assaulted nor provide information regarding the nature of the sexual assault or injuries. Only the condition of the patient may be given.

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Shooting or Stabbing - The spokesperson may provide the number of wounds and the location if these facts have been definitely determined by a physician. No statement may be made as to how the shooting or stabbing occurred.

Suicide or Attempted Suicide - The spokesperson may not provide any statement that there was a suicide or attempted suicide.

Transplant Recipients and Organ Donors - The spokesperson may release information regarding the nature of the transplant and the condition, age and sex of the recipient. However, the release of the names of the recipient and/or the donor requires prior consent. If the donor is deceased, the name may not be given out without consent of the legal next of kin.