Te Whatu Ora
Health New Zealand

Use of Social Media Policy

Mā te kimi ka kite, Mā te kite ka mōhio, Mā te mōhio ka mārama.
Seek and discover. Discover and know. Know and become enlightened.

Purpose

1. The objective of the Use of Social Media Policy is to give clear guidance to our people on using social media, including:

   a) communicating on social media channels on behalf of Te Whatu Ora-Health New Zealand;

   b) using social media in a personal capacity; and

   c) how public comment by our people could impact on Te Whatu Ora or the government.

2. This Use of Social Media Policy supports the Health Sector Principles as set out in the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act).

Application

3. This policy applies to everyone in Te Whatu Ora National Office, including permanent, seconded, and temporary employees and contractors (referred to as our people).

4. For other parts of Te Whatu Ora, the corresponding policies that were in place before 1 July 2022 continue to apply until changed by the Board of Te Whatu Ora or its delegate.

Definitions

5. The following definitions are used for the purposes of this policy:

Social media	Social media/online communication channels accessible to the public including, but not limited to, blogs, Facebook, Twitter, YouTube, Instagram, Google+, LinkedIn, Wikipedia, comments on online articles, discussion forums, chatrooms
Te Whatu Ora National Office	a) Staff who are working in roles that would **not** have been District Health Board, Te Hiringa Hauora/Health Promotion Agency or Shared Services Agency roles under the previous health system (including all staff employed/engaged by Te Whatu Ora on or after 1 July 2022); and b) For operational policies other than employment policies, staff who are transferring from the Ministry of Health (MoH) under the Pae Ora Act.

Policy statement

6. All activity on social media on behalf of Te Whatu Ora will only be undertaken by designated people with authority to speak on behalf of Te Whatu Ora. Our people need to take care to have a clear separation between their role at Te Whatu Ora and their personal use of social media, subject to clause 14 of Schedule 1B Code of Good Faith for the Public Health Sector of the Employment Relations Act 2000.

Key Principles

7. Social media is a public forum that has a broad reach and can be highly interactive.

8. Given the level of expertise needed and the risks involved, Te Whatu Ora's social media accounts and posts will be managed by the Communications and Engagement team, and any of our people communicating on social media channels on behalf of Te Whatu Ora should have appropriate permission and follow best-practice procedures.

9. Any information posted by our people on social media channels on behalf of Te Whatu Ora is official information. Our people must comply with the requirements in the Official Information Act 1982 relating to the release of official information, and consider related guidance from the Office of the Ombudsman.

10. Our people, as public servants, are free to use social media in their private lives in the same way as other citizens. However, there must be a clear separation between public servants' work role and their personal use of media. The Public Service Commission [Standards of Integrity and Conduct](#) and [political neutrality obligations](#) apply.

11. Te Whatu Ora recognises our people's right to make public comment and engage in public debate in a private capacity on matters within their expertise and experiences as employees, subject to the guidance outlined in paragraph 10. Comments in relation to Te Whatu Ora's operations should first be raised with Te Whatu Ora, and reasonable opportunity provided to respond. Where matters remain unresolved, people must make it clear they are speaking in a personal capacity or on behalf of a union with its authority to do so, and not on behalf of Te Whatu Ora.

Guidance for personal use of social media

Social media in a personal capacity

12. In line with the Public Service Commission's [guidance for public servants' personal use of social media](#):

    "State servants are free to use social media in their private lives, in the same way as other citizens. The [Standards of Integrity and Conduct](#), [political neutrality obligations](#) and your agency policies apply to all media communications outside work as with other forms of communication. There must be a clear separation between State servants' work role and their personal use of media."

13. We expect our people to exercise good judgment when using social media and to take reasonable care that their social media communications do not undermine the political

neutrality of Te Whatu Ora, as referred to in the Public Service Commission's <u>guidance for State Servants' personal use of social media</u>:

"While some aspects of social media may be outside a user's control, State servants are expected to take reasonable care that their social media communications do not undermine the political neutrality of the State services. Maintaining political neutrality in a work role means separating personal political comments in any media, including on social media, from work life. For example, State servants must not link their personal political comments to their LinkedIn work profile."

Privacy

14. Staff using social media in a personal capacity or to communicate with colleagues must not share any customer, staff or other personal information obtained via their work in any form. This applies even if the information has been anonymised or if the sharing is only with other Te Whatu Ora staff members.

Public Comment

15. Staff using social media in a personal capacity should be aware of the potential impact on their role at Te Whatu Ora, as referred to in the Public Service Commission's <u>guidance on public servants' personal use of social media</u>:

    "There must be a clear separation between State servants' work role and their personal use of media."

16. The Public Service Commission <u>Standards of Integrity and Conduct</u> also says:

    "We must avoid any activities, work or non-work, which may harm the reputation of our organisation or of the State Services."

17. Our people should also adhere to Te Whatu Ora's Information Security and Acceptable Use Policy.

Employee Advocacy

18. Those staff authorised to speak with media on Te Whatu Ora's behalf (as set out in the Media Policy) may also make comment in a work capacity on their personal social media accounts, where that comment is consistent with the Media Policy, as well as Te Whatu Ora-approved media comment or published Te Whatu Ora information.

19. Our people may tag, follow Te Whatu Ora social media accounts or share authorised posts from Te Whatu Ora official social media accounts. When doing this, our people should take care to ensure comments are:

    a) fair and respectful – this means it should be unlikely to be seen as being disrespectful to the communities we serve, damaging to the reputation of Te Whatu Ora, or abusive towards others;

    b) factual, accurate and unclassified – this means reasonable steps have been taken to ensure the accuracy, timeliness and sensitivity of the information; and

c) adheres to their core responsibilities under the [Standards of Integrity and Conduct](#) and [Political Neutrality Guidance](#).

20. Our people are encouraged to discuss any concerns or areas that they are not clear on with their manager or their People and Capability representative.

Guidance for using social media channels on Te Whatu Ora's behalf

21. Te Whatu Ora uses social media for a variety of reasons, including to:

   a) keep the public and key stakeholder audiences informed about its work and functions, changes in the health system, public health campaigns, and other relevant issues of the day;

   b) engage with the community and other key audiences; and

   c) listen and be responsive to individual views and needs.

22. All social media posting undertaken by staff on behalf of Te Whatu Ora must comply with:

   a) core responsibilities under the [Standards of Integrity and Conduct](#) and [Political Neutrality Guidance](#) that underpin how they should use social media in an official capacity;

   b) obligations under Te Whatu Ora's Information Security and Acceptable Use Policy to keep our information safe and secure by ensuring the confidentiality, integrity and availability of official information; and

   c) obligations under the [Privacy Act 2020](#) to respect and protect people's personal information on social media.

Posting or sharing content

23. Generally, staff using social media channels on Te Whatu Ora's behalf should only post or share content on social media where there is a clear business purpose for doing so that is linked to Te Whatu Ora's role and functions and covered in an applicable Te Whatu Ora communications plan (be that national or regional).

24. Any content shared on social media by staff using social media channels on Te Whatu Ora's behalf must be:

   a) *Impartial and politically neutral* – this means it should be unlikely to be seen as being biased towards, or affecting how we work with, current and future governments. Careful consideration should also be given to any association with individuals, businesses and organisations. Content relating to Government policy must explain, rather than justify or endorse, the policy. Justifying or endorsing Government policy is the role of Ministers; and

   b) *Factual and accurate* – this means reasonable steps have been taken to ensure its accuracy, timing and sensitivity. In particular, where Te Whatu Ora is

providing information about Government policy, this should be factual rather than opinion based.

25. If staff using social media channels on Te Whatu Ora's behalf share content that is or could be considered to be advertising, this must be consistent with the DPMC's Guidelines for Government Advertising. Decisions to pay for advertising on social media should be explicitly and carefully considered and made only where there is a clear business purpose for doing so that is linked to Te Whatu Ora's role and functions and covered in an applicable Te Whatu Ora communications plan (be that national or regional).

Following and interacting with other social media accounts

26. Staff using social media channels on Te Whatu Ora's behalf must consider how those channels' interactions with other social media accounts could be perceived. Following another social media account, 'liking' or reposting content from another account, or linking to content from another source online is very likely to be perceived as an endorsement. Generally, this should only be done where there is a clear business purpose for doing so that is linked to Te Whatu Ora's role and functions and covered in an applicable Te Whatu Ora communications plan (be that national or regional).

Moderating and response to comments

27. Staff using social media channels on Te Whatu Ora's behalf have a responsibility to manage Te Whatu Ora's social media platforms and ensure these are impartial, politically neutral, safe and accessible for people to use. Replying to comments made by members of the public can be an effective way to engage directly with them and provide them with relevant information.

28. Staff using social media channels on Te Whatu Ora's behalf have a right to moderate comments on our social media platforms and hide or delete them if they are offensive, irrelevant, share an individual's personal information or could negatively impact perceptions of Te Whatu Ora's political neutrality.

29. Te Whatu Ora's Social Media Transparency Statement clearly sets out the considerations to be used when moderating and deleting comments and managing and responding to any private or direct messages on Te Whatu Ora's social media platforms.

Privacy

30. Staff using social media channels on Te Whatu Ora's behalf must ensure they respect and protect people's personal information and must have considered the privacy implications of any information being shared in line with obligations under the Privacy Act 2020 and Health Information Privacy Code 2020. If they are sharing any information or content on social media that relates to an identifiable individual (whether they are a member of the public or a public servant), that person must have given consent for the information to be shared.

Roles and Responsibilities

31. Our Communications and Engagement staff:

    a) communicate using social media on behalf of Te Whatu Ora;

b) create and manage social plans and content;

c) manage social media accounts (including moderation of third-party posts and comments);

d) report on social media use and engagement; and

e) give advice and support to Te Whatu Ora staff planning communications using social media.

32. Our people should comply with the guidance set out in this policy.

Non-compliance with policy

33. Failure by staff to fully comply with this policy may result in Te Whatu Ora taking disciplinary action in accordance with the Code of Conduct.

Related Legislation, Policies and Procedures

- Employment Relations Act 2000
- Official Information Act 1982
- Privacy Act 2020
- Health Information Privacy Code 2020
- Code of Conduct
- Media Policy
- Information Security and Acceptable Use Policy
- Social Media Transparency Statement
- Public Service Commission: Standards of Integrity and Conduct
- Department of Prime Minister and Cabinet: Guidelines for Government Advertising

OWNER: Communications and Engagement

CONTACT: Helen Mexted

ENDORSED: July 2022

TO BE REVIEWED: June 2023

Te Whatu Ora
Health New Zealand
Te Tai Tokerau

Social Media

Purpose

This policy provides clear requirements, guidelines and an understanding of Te Whatu Ora - Health New Zealand Te Tai Tokerau (Te Whatu Ora) expectations of employees (see Scope below) when using social media in a personal capacity.

Scope

Applies to all Te Whatu Ora employees, volunteers, locums, students, contractors and consultants (all referred to in this policy as employees) and covers all social media platforms including, but not limited to, Facebook, Instagram, Twitter, You Tube, blogs and online forums.

Principle(s)

- Te Whatu Ora respects the right of employees to use social media to connect, engage and share. While employees have the same rights of free speech and independence in the conduct of their private affairs as other members of the public, Te Whatu Ora wants to protect employees from inadvertently damaging the organisation's reputation or divulging private, confidential or sensitive information

- Posting on a publically-available social media site on behalf of Te Whatu Ora for work reasons must be authorised by a member of the Communications team. See Te Whatu Ora Media Policy.

- Te Whatu Ora reserves the right to remove inappropriate posts or comments on its social media channels. It also has the right to request the withdrawal of a social media post or comment made by an employee on any other social media channel, such as a community page or group on Facebook.

Overview

- **Be responsible**: There is a difference in speaking 'on behalf of' Te Whatu Ora and speaking 'about' Te Whatu Ora. Exercise common sense and sound judgement when posting or commenting. If in doubt, don't do it

- **Be mindful**: Remember that the internet is permanent. You have little control over the use of your content once published online, regardless of whether you edit or delete it. Whatever you say online becomes public, even when you are speaking in your personal social media account, as posts intended for just friends and family can still be forwarded and on-forwarded

- **Be an ambassador**: Whenever you see a post from a Te Whatu Ora social media account, please 'share' it (with or without 'reacting' or 'commenting') to help extend the post's reach

- **Be a watchdog**: You are a key resource for monitoring the social media landscape. If you see a negative post or comments about Te Whatu Ora, please inform the Communications team and resist temptation to respond yourself. Screenshot or copy/paste the post and send it with details of 'where and when' to communications@northlanddhb.org.nz

Te Whatu Ora Te Tai Tokerau		
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- **Be neutral**: Do not take positions about an issue online that are contrary to Te Whatu Ora's position or policies or Government legislation

- **Be in the right place**: Use the appropriate communications channels to discuss, share or report workplace or employment issues, instead of airing them publicly online.

Policy requirements

1. You have agreed to obligations outlined in the Code of Conduct.

- You are obliged to observe the terms of the Code of Conduct

- The expectations are as a Te Whatu Ora employee you:

  o Behave with professionalism and integrity

  o Do not do anything that might bring Te Whatu Ora into disrepute through your private activities and do not compromise security.

2. The Code addresses two other issues about expectations around employee behaviour particularly relevant to the use of social media:

- Media statements: only authorised employees can comment on Te Whatu Ora matters to the media. It does not matter if the media is the New Zealand Herald, a church newsletter or your own social media site. It is still media accessible to the public, and the policy applies

- Individual comment: as an individual, refrain from comment or criticism of the organisations policies with which you might be associated in an official capacity, or where the news media might imply some such association.

3. Protect your privacy, your reputation and your security.

- Don't post anything that would embarrass you later. It's easy to think that only your friends are looking at your profile page, but it may be that anyone can see it. Do not post a photo or information you wouldn't want to see as part of a story about you or the organisation on TV news or the front page of the New Zealand Herald

- Be careful how you talk about your work. If your job involves security or money,do **not** identify your job specifically. It's ok to say you work for Te Whatu Ora but you should **not** give the area you work in

- Do not make derogatory comments about your day at work or matters relating to your work, work colleagues or employer

- Be wary of publishing any identifying information about yourself – this includes phone numbers, your address and pictures of your workplace or home. This ensures that you:

  o Protect your reputation

  o Protect yourself from the possibilities of identity theft

  o Protect yourself from being in a position where you might be placed under pressure

  o If you are identified as an employee on line you should act responsibly and uphold the reputation of your profession

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- Learn how to use the site. Use the privacy features on the site you use to restrict strangers' access. Be guarded about who you let join your network control

- If a patient/consumer requests you as a friend on a social networking site it is advisable not to establish this contact.

4. Respect patients/consumers' privacy and confidentiality

- Maintain confidentiality and privacy of patients/consumers by not discussing them or practice issues in public places which include social media. Even when names are not used a patient/consumer may be identified

- Any patient/consumer health information learned by Te Whatu Ora employees during the course of health care must be safeguarded.

5. Respect your colleagues to best meet patients/consumers' needs

- Be respectful to your employer, colleagues and other health providers in all communications or posts.

6. Protection for employees from social media exposure at work

- It is expected that the general public gain consent from employees, visitors or other patients/ consumers prior to taking photos/videos on their personal electronic devices (See Appendix A)

References and associated documents

- Social media and the nursing profession: a guide to online professionalism for nurses and nursing students. A joint resource developed by NZNO; NETS; NZSU
- Guidelines social media and electronic communication. Nursing Council of New Zealand https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx

- Social media and the medical profession: A guide to online professionalism for medical practitioners and medical students. A joint resource developed by AMA; NZMA;NZSMA; AMSA Northland DHB: Code of Conduct. * Northland DHB: Media

- Health Information Privacy Code 1994 https://privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-incl.-amendments-revised-commentary-edit.pdf
- District Health Boards Social Media Guide – February 2014

Appendices

Appendix A – General Guidance about taking Photgraphs and Video in Hospital

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General Guidance about taking Photographs and Video in Hospital

Te Whatu Ora Te Tai Tokerau recognises that on special occasion's patients and their families may wish to take photographs or video of themselves while in hospital e.g. the birth of a baby.

As far as possible we would like to accommodate those wishes, but in doing so we must take into consideration the needs and feelings of other patients and employees in that clinical area or ward.

Please adhere to the following advice:-

1. It is important that the senior employee on duty gives permission for the images to be taken;

2. Take images only of yourself or your relative. Be aware of other patients/visitors/employees who may appear in the background. They need to agree to their photograph or video being taken;

3. If permission has been given for a video with sound to be made, it will record all the sounds in that area and we advise that where possible, this should be undertaken in an area away from the ward or clinic;

4. Employees must be asked for their permission to be recorded and their wishes must be adhered to;

5. The use of images or sounds against Te Whatu Ora Te Tai Tokerau's advice or without the appropriate consent may be in breach of the Privacy Act 1993.

The above advice applies to all image capture devices including mobile phones.

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Te Whatu Ora
Health New Zealand
Waitematā

Waitematā Social Media Policy

Management
Communications

Social Media

Contents

1.   Introduction

This document establishes the policy relating to Social Media Usage within Te Whatu Ora Health NZ - Waitematā (Te Whatu Ora - Waitematā).

Purpose

Te Whatu Ora - Waitematā's social media use enables engagement and conversation around improved, patient-centred care and services, the dissemination of public health information and is part of a talent attraction strategy for recruiting staff.

If used inappropriately, the same technology and resources may pose significant confidentiality and privacy risks to both the organisation and its employees and patients.

Social media can blur the boundaries between professional accountability and personal life. Not only is information posted online permanently archived, but once posted, it is out of individual control and can be easily shared with millions of people. Individuals need to know how to use these powerful digital tools responsibly and appropriately.

The purpose of this policy (the "Policy") is to define acceptable conduct and practices for staff and affiliated partners, including contractors and consultants, using social media.

Due to the evolving nature of social media, Te Whatu Ora - Waitematā may review this policy at any time in order to mitigate risk.

The intention of this policy is to promote positive use of social media and prevent the risk of individuals inadvertently damaging the organisation's brand or divulging confidential information. In the same vein, the district does not want to restrict people's freedom of speech or inhibit social media dialogue.

This policy identifies for Te Whatu Ora - Waitematā, its employees and contractors the expectations associated with using social media in and outside the workplace.

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Social Media

Scope

This social media policy is intended to guide individuals, such as Te Whatu Ora - Waitematā staff members or Te Whatu Ora - Waitematā affiliates (e.g. physician, student, researcher, volunteer, etc.) on how to interact with social media in a way that reflects and coincides with professional expectations.

The policy (and associated rules and documents) applies to:

- All individuals affiliated with Te Whatu Ora - Waitematā, including, but not limited to staff, physicians, researchers, students, volunteers, patients, residents, family members, or members of the public.
- All types of social media websites, sharing of digital content, or means of mass communication, including, but not limited to the following:
  Email, blogs, vlogs, Twitter, Facebook, LinkedIn, Flicker, YouTube, Instagram, Foursquare, Vimeo, Pinterest, SnapChat, online forums, wikis, text messaging platforms such as Whatsapp and podcasts.
- Te Whatu Ora - Waitematā's own official social media accounts including Facebook, Instagram and Twitter.

This policy maintains the following principles:

- Promote positive and supportive health communication and collaboration focused on connection, interaction and communication between individuals.
- Promote appropriate social media usage which does not jeopardise the trust, public confidence in, or reputation of Te Whatu Ora or Te Whatu Ora - Waitematā, healthcare professionals, staff or individuals associated with Te Whatu Ora or Te Whatu Ora - Waitematā.
- Ensure that social media policy conform to industry, professional colleges and commonly accepted standards and best practices.
- Ensure appropriate and responsible use of social media in accordance with existing Te Whatu Ora - Waitematā policies (see policies listed in this document) and New Zealand legislation protecting privacy, governing publicly funded health and disability services, and digital communications.

2. Definitions: Terms and abbreviations

Term/ Abbreviation	Description
Social Media	The use of web-based and mobile technologies that allow people to connect, communicate and interact in real time to share and exchange information / interactive dialogue Social media sites include the following: (but is not limited to) • Social networking sites (e.g. Linkedin, Facebook, and Google Plus etc.) • Social sharing sites (e.g. YouTube, SlideShare, Flickr, Instagram, SnapChat, Vimeo etc.) • Forums and discussion boards • Blogs • Microblogging sites (e.g. Twitter etc.)
Te Whatu Ora - Waitematā	Te Whatu Ora - Waitematā– including all remote sites and services.
hA	healthAlliance – including all sites and services.
Internet	The term "Internet" refers to the global network of publicly accessible computers linked using the Internet Protocol standard.
World Wide Web (WWW or Web)	The terms "World Wide Web" and "Web" refer to Internet servers accessed via the Hyper Text Transfer Protocol (HTTP)
Email	An electronic message transmitted via the internet
IS	Information Services (also known as IT or hA IS)
Spam	Unsolicited bulk email
Staff	All officers, directors, employees, contractors, consultants, physicians,

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	healthcare professionals (e.g. nurses, physiotherapists, occupational therapists, respiratory therapists), students, volunteers and other service providers engaged by the organisation.
Confidential information	Includes information and data, in any form or medium, relating to Te Whatu Ora or Te Whatu Ora - Waitematā, its business, operations, activities, planning, patients, personnel, labour relations, suppliers and finances that is not generally available to the public and information that is identified as Confidential Information in accordance with district policies.
Personal Information	Any recorded information about an identifiable individual (including, but not limited to patients, residents, tenants, volunteers, students, staff, physicians or members of the public), but it does not include business contact information (business contact information is information such as a person's title, business telephone number, business address, email or facsimile number).
Identifiers	Any information including, but not limited to name, date of birth, phone/fax number, email address, social security number, National Health Index (NHI) number, health plan beneficiary number, account numbers, certificate/license numbers, vehicle identifiers and serial numbers including license plate numbers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers including finger and voice prints, full face/partial photographic images, or any other unique identifying number, characteristic or code.
Publish	This refers to posting, commenting and sharing information online. When you hit "Enter" your message will be published in the digital world. Even after it is deleted, it is still traceable.
Offensive material	Any material (including but not limited to images, graphics, videos, sound files, texts, documents or emails) that are or could be deemed offensive or inappropriate. Including but not limited to: • Pornographic / sexual explicit material • Sexist material • Insulting material • Homophobic material • Racist or religiously intolerant material • Harassing, bullying or threatening material of any kind.

Authorised spokespeople and affiliated accounts

- Staff interested in participating in social media for work-related purposes must have platforms and engagements on behalf of the district approved by the Te Whatu Ora - Waitematā Communications Department.
- Official social media platforms must visibly display the Te Whatu Ora - Waitematā logo in the "About" or "Information" sections on the platform.
- Te Whatu Ora - Waitematā reserves the right to monitor, edit and remove inappropriate information or contributions to corporate social media or any content that breaches the stated terms and conditions of the profile.
- Using social media for work purposes should form part of a larger communications plan including a benefit and risk assessment, appropriate resourcing and commitment.
- Please consult with the Te Whatu Ora - Waitematā Communications Department if you have questions regarding social media or have content for the corporate channels.

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Social Media

3. Responsibilities

3.1 Organisation

The organisation is responsible for:

- Defining, approving and updating social media policies.
- Ensuring privacy compliance is defined for monitoring and auditing usage.
- Ensuring that appropriate promotion of the policy is undertaken to increase awareness of professional expectations.
- Ensuring complaints about content on any Te Whatu Ora – Waitematā social media profile or websites are managed in compliance with the Harmful Digital Communications Act.

3.2 Staff

Staff, contractors and consultants are responsible for:

- Knowing and following Te Whatu Ora - Waitematā's social media policy and understanding expectations of acceptable and unacceptable online behaviour related to social media use during work hours and outside of work hours.
- Understanding confidentiality, privacy and acceptable use policies.
- Being responsible for protecting their accounts or mobile devices; changing passwords frequently, never sharing them with anyone, and remembering to log-out after use.
- Ensuring that information provided about Te Whatu Ora or Te Whatu Ora - Waitematā or its affiliated partners is factual, respects obligations to patient privacy and done so with appropriate authorisation outlined in this policy.
- Being clear that it is your opinion when stating comments or opinions and not claiming or implying to speak on behalf of Te Whatu Ora or the district or in your capacity as a Te Whatu Ora - Waitematā employee.
- Contacting the Communication Department if you see content that questions Te Whatu Ora's or the district's credibility or that breaches privacy and confidentiality.
- Maintaining productivity if accessing social media at work. Individuals must prioritise time for patients and district-business to maintain a high level of safe, quality patient-centred care.
- Being honest and thoughtful before posting, and respecting the online community.
- Being aware that individuals may ask for medical advice if you identify yourself as a health care professional online. Do not give medical advice, or comment on/reveal client/patient personal information online. Refer the individual to the appropriate resource.

4. Prohibited activity

Staff, contractors and consultants are not permitted to:

- Use social media on the Te Whatu Ora or the districts behalf for personal or monetary gain.
- Express personal views that conflict with Te Whatu Ora - Waitematā policies or government legislation.
- Defy any government legislation e.g. Harmful Digital Communications Act, Copyright Act, Privacy Act etc.
- Express derogatory, inflammatory or offensive remarks.
- Distribute offensive material or images of patients or visitors who have not given their written consent.
- Disclose confidential patient or partner information.
- Start an account on behalf of Te Whatu Ora or any district or an individual department which could lead the public to believe it is an official Te Whatu Ora or Te Whatu Ora - Waitematā channel.

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Doing so will be considered serious misconduct and may result in disciplinary consequences including termination in appropriate cases. For more on actions relating to breach of policy see appropriate section at end of this document.

Te Whatu Ora - Waitematā reserves the right to request that certain subjects are avoided, or withdraw, or require the withdrawal of, certain posts, and remove inappropriate comments on official platforms. Content submitted for posting to official platforms that is deemed not suitable by the Communications Department will be withheld.

Ethical and legal considerations

- Staff have a professional and ethical obligation to protect the public as outlined by their respective association or college's standards of practice.
- Staff members have a legal obligation to protect confidential and personal information as per the Health Information Privacy Code, Privacy Act and employment agreements.
- Staff members are legally responsible for their online postings. Individuals need to be aware of legal considerations and risks regarding content, copyright infringements, intellectual property, disclosure laws, fair use, inaccurate information, defamation, victimisation, discrimination, harassment, or any other applicable law.
- Staff must not post confidential or copyrighted data.
- Beware of copyright infringements when posting content.

5.   Security and confidentiality

- Te Whatu Ora - Waitematā staff or affiliated partners, including contractors and consultants, are not permitted to share work-related, commercially or clinically-sensitive material or information through any web page, internet site, 'blog' page or social media tool.
- For security reasons, staff, contractors and consultants are not permitted to post photos of ID badges where names and ID numbers are visible.
- Posting photographs and videos taken inside Te Whatu Ora - Waitematā wards, offices and other facilities is not permitted unless approval has been sought and received in advance from the Communications Department.
- All new employees sign a confidentiality agreement when starting employment with Te Whatu Ora - Waitematā. This is kept on file. This confidentiality agreement applies to all professionally-related activity and information including conversations and engagement online.
- Internet postings must not disclose any information that is confidential or proprietary to Te Whatu Ora or to Te Whatu Ora - Waitematā or to any third party that has disclosed information to Te Whatu Ora.
- Do not post comments or pictures with identifiers, such as names, contact information, diagnosis, history, vital signs, medications etc., or any other such information that would allow a specific person to be identified.
- Details or pictures about a patient, resident, or family can be released to social media only with the signed consent from the individual or adult guardian.
- Staff interviewed or photographed inside a Te Whatu Ora - Waitematā facility for social media purposes should be made aware he or she is being interviewed or photographed for this purpose and given the opportunity to formally consent or decline.

5.1   Privacy

- The same privacy rules apply for social media as in the workplace.
- Consider how your use of social media could affect your relationship with your patients.
- Privacy for yourself – be aware and protect your own private information online.

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Social Media

- Do not use or post Te Whatu Ora or Te Whatu Ora - Waitematā emails on social media, and do not use Te Whatu Ora email accounts to create online accounts, unless approved by the organisation as official district accounts.
- Ensure that privacy settings on your private social media accounts are set to a personal or high level, and only add contacts that you personally know.
- Organise your contacts appropriately. Some individuals are better suited for professional groups, (e.g. LinkedIn), whereas others for social groups, (e.g. Facebook).
- Do not 'friend' patients on social networks. Staff in patient care roles should not initiate or accept friend requests.
- There is no such thing as "private" social media – posted content can be copied, pasted or forwarded to anybody.

5.2   Viewing Patients' Social Media

- In general, staff must not review the social media accounts of patients as part of their treatment/management unless they have informed the patient prior to viewing.
- Even though social media accounts may be publicly available, viewing a patient's social media as part of their treatment/management without informing them first may be considered an unfair manner of collection of health information under the Health Information Privacy Code 2020 and amount to a breach of privacy – if they are not informed first. It may also erode trust between patients and staff.
- If staff believe viewing a patient's social media is necessary to provide adequate care, the patient should be informed that their social media will be viewed and given the reasons why.
- Even when a patient has been informed that staff will be monitoring their social media, staff should still be aware that information contained on social media accounts may be outdated and unreliable. They should check with the patient to ensure the information is accurate before relying on it.
If the safety or life of a patient or other person is seriously threatened, staff may check the patient's social media accounts without informing the patient first if there are reasonable grounds to believe that checking social media may help to reduce or eliminate the threat. This should generally be a last resort and used only if checking directly with the patient themselves and utilising other ways of reducing or eliminating the threat have not reduced or eliminated the threat.

6.   Credibility and Accuracy

- Be able to support yourself by double-checking information and sources before posting online. This is easier than issuing a retraction for misinformation later, and maintains professional credibility.
- If you are uncertain about how to address a professionally-related question posed to you, it's best to say that you're not sure, and refer to your manager or a member of the Communications Department for assistance.
- As a general principle, speak with authority about the things that you are knowledgeable about and avoid those you are not.

7.   Monitoring and Disclosure

- Social media access may be provided as a business tool – Te Whatu Ora - Waitematā is entitled to access and monitor all information about use, and any material, or information about material, generated or accessed by their employees on Te Whatu Ora - Waitematā systems.
- Te Whatu Ora - Waitematā can be required to disclose information to law enforcement, regulatory agencies, under Official Information Act 1982 requests, and discovery actions in litigation. Please note that Official Information Act and e-discovery laws and policies apply to social media content and therefore content must be managed, stored and retrieved to comply with these laws.

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- Te Whatu Ora - Waitematā Senior Management and HR can request any information about an individual employee. Internal requests for security, internet or email usage investigations should be submitted to IS utilising the Security Investigation process and form.
- No employee should have any expectation of privacy as to his or her social media usage within the districts premises and using Te Whatu Ora owned computers or other hardware. IS staff may review activity and analyse usage patterns, and they may choose to pass this information to the appropriate management to ensure that resources are being used appropriately at all times. Te Whatu Ora - Waitematā reserves the right to monitor use of social media within the workplace and work time and when accessed using district-owned resources.
- Te Whatu Ora - Waitematā has moderators (based in the Communications Department) that monitor and respond to social media commentary as appropriate. In this manner, the organisation may become aware of personal social media use that conflicts with staff policy act accordingly.
- Te Whatu Ora - Waitematā requires that social media content be recorded and archived when a social media transaction:
    - is required to support a legal, compliance or regulatory request or defence
    - relates to a distressed user
    - relates to a direct and formal complaint
    - relates to a breach in social media policy, with potential legal liability stemming from the misuse of social media

8. Professional expectations

Regulating Agencies have clear codes of conduct in relation to social media. Professionals should also comply with these expectations, including:

- Knowing and following Te Whatu Ora – Waitematā's social media policy and understanding expectations of acceptable and unacceptable online behaviour related to social media use during work hours and outside of work hours.
- Understanding confidentiality, privacy and acceptable use policies.
- Being personally responsible for content posted online and using social media appropriately and at personal discretion.
- Being responsible for protecting your accounts or mobile devices; changing passwords frequently, never sharing them with anyone, and remembering to log-out after use.
- Ensuring that information provided about Te Whatu Ora - Waitematā or its affiliated partners is informed, factual and with due authorisation.
- Keeping online communications brief, factual and objective.
- Reiterating that it is your opinion when stating comments or opinions and not claiming or implying that you are speaking on behalf of Te Whatu Ora or the district.
- Contacting the Communications Department if you see content that questions Te Whatu Ora's or the districts's credibility or that breaches privacy and confidentiality.
- Using suitable communications channels for discussing, sharing, or reporting workplace issues, instead of publicly online.
- Maintaining productivity if accessing social media at work. Individuals must prioritise time for patients and district-business to maintain a high level of safe, quality patient-centred care.
- Being considered and thoughtful before posting, and respecting the online community.
- Being aware that individuals may ask for medical advice if you identify yourself as a healthcare professional online.
- Not giving medical advice, or commenting on/revealing client's personal information online. Refer individual to appropriate resource.
- Not using social media or electronic communication to build or pursue relationships with patients or service users.

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- Not discussing colleagues in public places or on social media. This caution applies to social networking sites, e.g. Facebook, blogs, emails, Twitter and other electronic communication mediums.
- Being aware of professional boundaries and ensuring communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.
- Maintaining a high standard of professional and personal behaviour when social media and electronic forms of communication are used. The way you conduct yourself, post and interact online affects the reputation, confidence and trust of your profession.
- Being smart – "Liking" or otherwise endorsing an individual's disrespectful comment can be viewed as the equivalent of posting the comment yourself.
- If engaging on a social/personal level with individuals, end professional responsibilities and communicate this fact.
- Exercising control and avoiding "reacting" immediately if you read something that angers you online. Content online is archived forever, even if you delete it.

9. Offensive material

- Employees must not download, view or post offensive, obscene, insulting, harassing, sexist, pornographic or otherwise inappropriate messages, content, files or pictures when using Te Whatu Ora owned resources or when clearly identified as a Te Whatu Ora - Waitematā employee or are acting in their capacity as an employee of Te Whatu Ora - Waitematā and using resources owned by Te Whatu Ora. This may be regarded as serious misconduct under Te Whatu Ora - Waitematā's Discipline and Dismissal policy.
- The display of any kind of offensive material on any Te Whatu Ora - Waitematā system constitutes a violation of organisational policy. In addition, sexually explicit material may not be archived, stored, distributed, edited or recorded using Te Whatu Ora or Te Whatu Ora - Waitematā networks or computing resources, including local drives.
- hA (in discussion with the Te Whatu Ora or Te Whatu Ora - Waitematā) reserves the right to block access to potentially inappropriate web sites.

10. Passwords and access

Refer Internet and Email policy

11. Harmful Digital Communications Act

Te Whatu Ora and Te Whatu Ora - Waitematā have obligations under the Safe Harbour provisions for content hosts under the Harmful Digital Communications Act 2015. The Act requires that all hosts of websites or apps that people can post to are legally responsible for the content posted by others unless the Safe Harbour provisions in the Act are followed. The Safe Harbour provisions provide that a host will not be liable for harmful material posted on its site if it has a clearly indicated process for people to complain about content and a process for managing complaints which ensures they are responded to within specified timeframes.

The moderator of any official Te Whatu Ora - Waitematā social media platform must complete the following steps if a complaint is received about content posted by either the district or by a third party:

1. When a complaint about harmful or illegal content is received on social media the moderator needs to:
    - remove the material immediately if it breaches the stated terms and conditions on the platform
    or:

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- take out the personal information, unless the person who made the complaint says the district can pass it on, and
- send a copy to the author of the content as soon as possible, within 48 hours of receiving it

2. Tell the author:
    - they have to respond within 48 hours if they want to send a counter-notice and
    - what information they need to put in a counter-notice
      https://www.justice.govt.nz/courts/civil/harmful-digital-communications/
    - if the district can't contact the author after making reasonable efforts to, the content will be removed within 48 hours of receiving the initial complaint.

3. If the author responds within 48 hours of receiving the complaint notice, and says they agree to the content being removed the district is required to remove it as soon as possible.

4. If the author doesn't agree to the content coming down, the district must decide whether to remove it anyway.

5. If the content remains online, the district must advise the person who made the complaint what the author decided.

6. If the author doesn't respond, the district has to remove the content 48 hours after sending the author a copy of the complaint.

Details about the safe harbour provision and the complaints handling process are outlined in sections 23 to 25 in the Harmful Digital Communications Act 2015

12. Comment policy

Authorisation to comment

Employees, contractors and consultants should neither claim nor imply that they are commenting on any social media platform on Te Whatu Ora's or the Te Whatu Ora – Waitematā's behalf unless authorised to do so by their General Manager and the Communications Department. The district reserves the right to request that certain subjects are avoided, the withdrawal of certain posts and removal of inappropriate comments when made by persons claiming to be and clearly identified as employees of the district.

Staff should consider whether it is appropriate to identify as Te Whatu Ora - Waitematā employees or contractors/consultants on their personal social media profiles to avoid their social media comments or activity being associated with the organsiation.

Social media postings should not include Te Whatu Ora or Te Whatu Ora - Waitematā logos or trademarks unless permission is granted by the Communications Department.

Capacity to comment

Members of staff who are spokespeople for professional or employee associations or groups may make statements to express the views of their organisations. In doing so however, they must clearly state that they are communicating in the capacity of those associations and groups and not as employees of Te Whatu Ora - Waitematā, nor may they associate Te Whatu Ora or Te Whatu Ora - Waitematā with them.

Individual rights and care of association

Te Whatu Ora, as a state-owned organisation, must remain and be seen to be apolitical.

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While Te Whatu Ora - Waitematā affirms the right of any staff member to be a member of any professional, political or employee organisation in their own time and to speak on their own behalf, they should take care not to associate Te Whatu Ora or Te Whatu Ora - Waitematā with their individual views on social media.

Commenting on official Te Whatu Ora and Te Whatu Ora - Waitematā social media pages

Te Whatu Ora - Waitematā social media pages (such as LinkedIn, Facebook, and Twitter) have been created to encourage open discussion about issues important to our population. Everyone who posts in their capacity as an employee of Te Whatu Ora - Waitematā must honour the following terms of use when commenting on these platforms.

- No foul, discriminatory, defamatory, libellous or threatening language.
- No invasion of privacy; no racially, ethnically, homophobic or otherwise objectionable language.
- Do not post material in violation of trademark or copyright laws or other laws.
- Comments should be relevant to the post.
- Attacks that identify individuals, companies, unions or other organisations.
- No spam, flooding, advertisements or solicitations.
- That posts adhere to the site owner's terms and conditions of use.
- Failure to adhere to these terms of use will result in access being blocked from posting on the Te Whatu Ora - Waitematā social media profiles administered by the district.
- When contributing to blogs or other social media pages Te Whatu Ora - Waitematā employees, students, volunteers, locums and contractors should not make comments which could bring them, their profession or the organsiation into disrepute.

Our participation terms of use as posted on our social media accounts:
This is a place to discuss Te Whatu Ora - Waitematā - our initiatives, services, culture, and news – and to foster our growing online community and for you to share your views. We welcome you to leave comments, images, videos and links and to share our content.

We understand that many people are passionate about healthcare – a passion we share. We expect that participants post content and commentary that is constructive, relevant and respectful - and reserve the right to moderate any posts that don't meet our terms of use and to exclude anyone who violates them.

The following terms of use are in place to promote a quality online environment for people that engage with us online.

We do not tolerate the following content:
- *Profane, defamatory, offensive or violent language*
- *'Trolling', or posting deliberately disruptive statements meant to throw comment threads and discussions off-track*
- *No attacks that identify individuals, companies, unions or other organisations*
- *Any comments meant to harass, threaten or abuse an individual*
- *Discriminatory comments regarding race, ethnicity, religion, gender, disability, sexual orientation or political beliefs*
- *Spam or link baiting (embedding a link in your post to draw traffic to your own site)*
- *Violations of copyright or intellectual property rights*
- *Content that relates to confidential or business information*
- *Content determined to be inappropriate, in poor taste, or otherwise contrary to the purposes of our page*
- *Personal promotion or the promotion of commercial products, services or brands*

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- *Any content which breaches the confidentiality of our patients, their relatives, staff or other individuals.*

*If you would like to share your experience of our services we recommend contacting our customer feedback team on **feedback@waitematadhb.govt.nz***

If you would like to complain about content you have seen on this page please send us a direct message via Facebook, Instagram or Twitter and we will respond within 48 hours.

Postings or external links to our page do not necessarily reflect the opinions of Te Whatu Ora - Waitematā.

13. Breach of policy

Any breach or suspected breach of this policy or any of its components must be reported to the relevant Human Resources Manager who will liaise with the hA IS Security Team.

Disciplinary action may be taken for any breach of this policy including minor breaches of a persistent or repeated nature (which will in appropriate circumstances, may be treated as serious misconduct) as per the relevant Discipline and Dismissal Policies.

- Individuals need to be mindful of the ethical and legal implications that inappropriate use of social media can have. Failure to use social media appropriately may result in serious disciplinary measures from the organisation or regulating college, up to and including termination of employment, the right to practice, or legal action.
- Te Whatu Ora - Waitematā expects all staff to conduct themselves to the highest standards with respect to ethical and professional behaviour amongst themselves and with clients, patients, residents and other members of the public.
- Te Whatu Ora - Waitematā is entitled as an employer to assess relevant information and communication, including social media, when conducting an investigation into the conduct of its employee.
- Te Whatu Ora - Waitematā is entitled as an employer to assess relevant information and communication, including social media, when conducting an investigation into the conduct of its employees, particularly where employee safety is a relevant concern.

14. Reference information

Other documents relevant to this policy/process/procedure are listed below:

Type	Title
NZ Legislation	- New Zealand Public Health and Disability Act 2000 - Privacy Act 2020 - Official Information Act 1982 - Public Records Act 2005 - Trademark Act 2002 and Copyright Act 1994 - Employment Relations Act 2000 - Harmful Digital Communications Act 2015
Te Whatu Ora - Waitematā Policy and Procedure	- Discipline and Dismissal Policy and Procedure - Information Security Policy (Waitematā DHB) - Communication and Presentation Standards - Internet and Email Policy - Confidentiality agreements for staff and contractors - Health Information Privacy Rules
Professional Guidelines	- Nursing Council of New Zealand Guidelines: Professional Boundaries - Medical Council of New Zealand: Conduct and Professionalism - Midwifery Council of NZ: Code of Conduct

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Reference Documents	• **Auckland District social media policy**
	• Social media and the nursing and applied health professions: a guide to online professionalism for nurse and nursing students which is applicable to allied health professions
	• Nursing Council guide
	• Social media in government: a hands on toolbox
	• Social media in government: high level guidance
	• Office of the Auditor General: Learning from public entities' use of social media
	• Ministry of Health Social Media Page
	• Mayo Clinic Social Media Policy
	• Ministry of Justice

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Te Toka Tumai Auckland Social Media Policy

If printed, this document is only valid for the day of printing.

Te Whatu Ora
Health New Zealand

Social Media

Unique Identifier	PP01/STF/093 - v03.00
Document Type	Policy
Risk of non-compliance	may result in significant harm to the patient/Te Whatu Ora
Function	Administration, Management and Governance
User Group(s)	Te Toka Tumai Auckland only
• Organisation(s)	Te Whatu Ora	Te Toka Tumai Auckland
• Directorate(s)	All directorates
• Department(s)	All departments
• Used for which patients?	n/a
• Used by which staff?	All staff members
• Excluded	
Keywords	Digital, online, Facebook, Twitter, LinkedIn
Author	Advisors - Communications
Authorisation	
• Owner	Chief People Officer
• Delegate / Issuer	Director - Communications and Stakeholder Engagement
Edited by	Document Control
First issued	20 May 2014
This version issued	11 October 2022 - updated
Review frequency	3 yearly

Contents

1. Purpose of policy

As per the organisation's Code of Conduct and other related policies (see Associated documents), Te Whatu Ora | Te Toka Tumai Auckland expects all staff members to conduct themselves with the highest standards with respect to ethical and professional behaviour amongst themselves and with clients, patients, residents and other members of the public.

Social media allows people to connect, communicate and interact in real time to share and exchange information. However, there are risks. This policy was developed to support the responsible and appropriate use of social media.

This policy should be read in conjunction with Te Whatu Ora | Te Toka Tumai Auckland social media moderation policy outlined in Section 5.11 and available at https://www.adhb.health.nz/contact-and-feedback/social-media/

2. Scope

This policy applies to:
- All individuals affiliated with Te Whatu Ora| Te Toka Tumai Auckland, including, but not limited to staff, physicians, researchers, students, and volunteers.
- All types of social media websites, including, but not limited to the following:
  - External:
    - Twitter, Facebook, LinkedIn, Flickr, YouTube, Instagram, Vimeo, Pinterest, Tik Tok, Snapchat, online forums.
  - Internal:
    - Employee blogs and forums.
- Te Whatu Ora | Te Toka Tumai Auckland reserves the right to monitor edit and remove inappropriate information and or contributions to corporate social media.

3. Definitions

Term	Definition
Social media	Includes both Te Whatu Ora	Te Toka Tumai Auckland-affiliated social media, and non- Te Whatu Ora	Te Toka Tumai Auckland associated social media in which the individual's relationship to Te Whatu Ora	Te Toka Tumai Auckland is recognised, identified, or assumed.
Staff	All officers, directors, employees, contractors, consultants, physicians, healthcare professionals (e.g. nurses, physiotherapists, occupational therapists, respiratory therapists), students, volunteers and other service providers engaged by the organisation.
Organisation	Defined as Te Whatu Ora	Te Toka Tumai Auckland
Confidential information	Includes information and data, in any form or medium, relating to Te Whatu Ora	Te Toka Tumai Auckland, its business, operations, activities, planning, personnel, labour relations, suppliers and finances that is not generally available to the public and information that is identified as Confidential Information in accordance with Te Whatu Ora	Te Toka Tumai Auckland policies.
Personal Information	Any recorded information about an identifiable staff member, but it

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Term	Definition
	does not include business contact information (business contact information is information such as a person's title, business telephone number, business address, email or facsimile number).
Identifiers	Any information including, but not limited to phone/fax number, email address, social security number, medical record number, health plan beneficiary number, account numbers, certificate/license numbers, vehicle identifiers and serial numbers including license plate numbers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers including finger and voice prints, full face/partial photographic images, or any other unique identifying number, characteristic or code.
Publish	This refers to posting, commenting and sharing information online. When you post anything digitally it is traceable – even after it's been deleted.
Spam	Unsolicited bulk email.

4. Authorised spokespeople and affiliated accounts

- Staff interested in participating in social media for work-related purposes should get advice and approval from Te Whatu Ora| Te Toka Tumai Auckland Communications Team via email to communication@adhb.govt.nz.
- If you have been granted approval for managing an official department or program-specific social media account, (e.g. Twitter, blog or Facebook group/page) you must visibly display a disclaimer and Te Whatu Ora | Te Toka Tumai Auckland logo in the "About" or "Information" sections.
- Using social media for work purposes should form part of a larger communications plan including a benefit and risk assessment, resources and commitments to ensure understanding and confirmation that this is the right tool to use. Consult with the Communications Team to discuss how these tools could fit into your operations.
- Do not endorse products, services and organisations without seeking advice from the Communications Team.

5. Responsibilities

5.1 Organisation

The organisation is responsible for:
- Defining, approving and updating social media guidelines and policies.
- Ensuring privacy compliance and that guidelines and policies are defined for monitoring and auditing usage.
- Ensuring that appropriate staff education and communication processes are provided to promote and increase awareness of policy and professional expectations.

5.2 Expectations of staff using social media

Staff members are responsible for:
- Maintaining patient and professional confidentiality.
- The content they post on social media.

- Including a disclaimer on their personal social media accounts if they can be traced to Te Whatu Ora | Te Toka Tumai Auckland.
- Contacting the Communications Team if they see content that questions Te Whatu Ora | Te Toka Tumai Auckland credibility or that breaches privacy and confidentiality.
- Keeping social media activities to a minimum at work, unless it is part of their role.
- Not letting use of social media adversely impact performance.
- Being honest and thoughtful before posting, and respecting the online community.

5.3   Ethical and legal considerations

- Employees have a professional and ethical obligation to protect the public as outlined by the respective association's or college's standards of practice.
- Employees have a legal obligation to protect confidential and personal information as per the Official Information Act, Health Information Privacy Code and Privacy Act.
- Employees are legally responsible for their online postings. Individuals need to be aware of legal considerations and risks regarding content, copyright infringements, intellectual property, disclosure laws, fair use, inaccurate information, defamation, victimisation, discrimination, harassment, or any other applicable law.
- Employees must not post confidential or copyrighted data.

5.4   Security and confidentiality

- Te Whatu Ora | Te Toka Tumai Auckland staff or affiliated partners are not permitted to share commercially or clinically-sensitive material or information through any web page, internet site, or 'blog' page or on social media.
- Do not post photos of your ID badges where your name and ID number are visible – for security reasons.
- All new employees sign a confidentially agreement when starting employment with Te Whatu Ora | Te Toka Tumai Auckland. This is kept on file. This confidentiality agreement applies to all professionally-related activity and information including conversations and engagement online.
- Internet postings should not disclose any information that is confidential or proprietary to Te Whatu Ora | Te Toka Tumai Auckland or to any third party that has disclosed information to the DHB.
- Do not post comments or pictures with identifiers, such as names, contact information, diagnosis, history, vital signs, medications etc., or any other such information, which could allow a specific person to be identified.
- Details or pictures about a patient, resident, or family can be released to social media only with the signed consent from the individual or adult guardian. Contact the Communications Team for advice.
- Anyone interviewed inside Te Whatu Ora | Te Toka Tumai Auckland sites for social media purposes should be made aware they are being interviewed or photographed, and given the opportunity to consent or decline.

5.5   Privacy

- The same privacy rules apply for social media as they do in the workplace (See Associated documents for relevant codes and policies).
- Be aware that individuals may ask for medical advice if you identify yourself as a healthcare professional online. Do not give medical advice, or comment on or reveal client's personal information online. Refer the individual to appropriate resource.
- Privacy for others – staff must be aware of the Health Information Privacy Code (2020) if they are using social media or any other means (e.g. search engines like Google) to search for patient information. They must consider the purpose of this information. The Privacy Code (Rule 8) specifies that if information is not obtained directly from the patient or client that it must be confirmed as accurate, complete and relevant with the patient or client and that this must be documented.

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- Consider how your use of social media could affect your relationship with your patients.
- Privacy for yourself – be aware and protect your own private information – this includes phones, computers and passwords.
- Do not use or post Te Whatu Ora | Te Toka Tumai Auckland emails on social media, and do not use Te Whatu Ora | Te Toka Tumai Auckland email accounts to create online accounts, unless approved by the organisation as official accounts.
- Refrain from "friending" patients on social networks.
- Remember posted content on social media can be copied and pasted and forwarded to anybody.

5.6 Transparency

- If you post about Te Whatu Ora | Te Toka Tumai Auckland or Te Whatu Ora | Te Toka Tumai Auckland-related matters, acknowledge your title and affiliation with Te Whatu Ora | Te Toka Tumai Auckland.
- Be clear that you are not speaking on behalf of Te Whatu Ora | Te Toka Tumai Auckland, and write in first person (e.g. use "I", "me", "mine" etc., not "we" or "our").

5.7 Credibility and accuracy

- Be able to support yourself by double-checking information and sources before posting online. This is easier than issuing a retraction or an apology for misinformation later, and maintains professional credibility.
- Speak with authority about things you are knowledgeable about, and speak less about things you are not.

5.8 Monitoring and disclosure

- Access to Te Whatu Ora | Te Toka Tumai social media accounts may be provided as a business tool. In this event, Te Whatu Ora | Te Toka Tumai Auckland is entitled to access and monitor information about use, and any material, or information about material, generated or accessed by their employees on Te Whatu Ora | Te Toka Tumai Auckland systems.
- Te Whatu Ora | Te Toka Tumai Auckland can be required to disclose information to law enforcement, regulatory agencies, under Official Information Act (1982) requests, and discovery actions in litigation. Please note that Official Information Act and e-discovery laws and policies apply to social media content and therefore content must be managed, stored and retrieved to comply with these laws.
- Te Whatu Ora | Te Toka Tumai Auckland monitors online mentions of the organisation and all related services in order to address issues and help provide the best possible care. In this manner, the organisation may become aware of personal social media use that conflicts with staff policy and guidelines and act accordingly. Te Toka Tumai Auckland reserves the right to monitor public use of social media at any time.
- Te Whatu Ora | Te Toka Tumai Auckland requires that social media content be recorded and archived when a social media transaction:
  - is required to support a legal, compliance or regulatory request or defence.
  - relates to a distressed user.
  - relates to a direct and formal complaint.
  - relates to a breach in Social Media Policy, with potential legal liability stemming from the misuse of social media.

5.9 Professionalism – best practice

- Use suitable communication channels for discussing, sharing, or reporting workplace issues, instead of publicly online.
- Use correct and appropriate grammar if identifying yourself as a healthcare professional, or representing the organisation.

- Keep any online communications brief, factual and objective.
- Content posted online could be seen by millions of people, so be respectful when referring to or conversing with patients, health professionals, professions, or the organisation.
- The way you conduct yourself, post and interact online not only affects the reputation, confidence and trust of your profession or organisation, but also reflects your character.
- Treat what you say online as the equivalent to, and with the same level of respect as, what you say in-person to your colleagues or clients.
- Be smart – "Liking" an individual's disrespectful comment may be viewed as the equivalent of posting the comment yourself.
- Respectfully communicate and set professional boundaries with clients and patients to maintain a distinction between professional and personal life, just like in the workplace.
- Anticipate friend requests from patients/clients – it is advisable to not add patients/clients as "friends" as it will affect the patient-healthcare provider relationship.
- Exercise control and do not "react" immediately if you read something that gets you fired up. You do not want to regret something you posted, as everything posted online is archived forever, even if you delete it.

5.10 Offensive material

- Employees must not download, view or share obscene, offensive, insulting, harassing, sexist, pornographic, sexually explicit, or otherwise inappropriate messages, content, graphics, files or images.
- The display of any kind of offensive material constitutes a direct violation of this policy.

5.11 Comment and moderation policy

Any Te Whatu Ora | Te Toka Tumai Auckland social media pages (such as LinkedIn, Facebook or Twitter) have been created to encourage open discussion. Staff are expected to adhere to the guidelines in the Moderation policy on https://www.adhb.health.nz/contact-and-feedback/social-media/

> *"Moderation policy:*
> *We openly welcome your comments and encourage discussion. We ask that you are kind and respectful with your comments and views.*
>
> *We reserve the right to hide or remove harmful posts or comments from this page. This includes any post or comment containing misinformation, disrespectful, rude, or abusive language; direct personal attacks or disclosure of private information or details of our patients, their relatives, staff or other individuals; objectionable material; and unsolicited advertising, marketing or spam.*
>
> *If your contributions fail to comply with the platforms' terms, or the above rules, you may be blocked from posting to the page without notice."*

 Staff members failing to adhere to these guidelines may be blocked from posting on Te Whatu Ora | Te Toka Tumai Auckland social media pages and possible disciplinary action may be taken.

6. Breach of policy

Staff members need to be mindful of the ethical and legal implications that inappropriate use of social media can have. Failure to use social media appropriately may result in serious disciplinary measures from the organisation or regulating college, up to and including termination of employment, the right to practice, or legal action.

- A breach or suspected breach of this policy or any of its components must be reported to the Te Whatu Ora | Te Toka Tumai Auckland Information Manager and Communications Team who will liaise with the Te Whatu Ora | IS Security Team.
- Disciplinary action may be taken for any breach of this policy including minor breaches of a persistent or repeated nature (which will in appropriate circumstances be treated as serious misconduct) as per the relevant Discipline and Dismissal Policies.
- Te Whatu Ora | Auckland is entitled as an employer to assess relevant information and communication, including social media, when conducting an investigation into the conduct of its employees, particularly where employee safety is a relevant concern.

7. Legislation

- Health Information Privacy Code (2020)
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations (1996)
- Privacy Act (2020)
- Official Information Act (1982)
- Public Records Act (2005)
- Trademark and Copyright Act (1994)

8. Associated documents

The table below indicates other documents associated with this policy.

Type	Document Title
Communications Guidelines	• Social Media: rules of engagement • A guide for Te Toka Tumai Auckland staff
Board policies	• Standards of Conduct • Media Policy • Clinical Record Management • Discipline & Dismissal Policy • Information Systems Security • Internet Usage
National Bipartite Action Group	• Social media guide for DHBs

8.1 Other relevant documents

- Social media and the nursing and applied health professions: a guide to online professionalism for nurse and nursing students which is applicable to allied health professions www.nzno.org.nz/services/resources/publications
- Nursing Council guide https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx?hkey=7fe9d496-9c08-4004-8397-d98bd774ef1b
- Public Service Commission Guidance for public servants' personal use of social media https://www.publicservice.govt.nz/guidance/guidance-use-of-social-media-for-public-servants/guidance-for-public-servants-personal-use-of-social-media/
- Public Service Commission Guidance for public servants' official use of social media https://www.publicservice.govt.nz/guidance/guidance-use-of-social-media-for-public-servants/guidance-for-public-servants-official-use-of-social-media/
- Ministry of Health Social Media Guidelines https://www.health.govt.nz/about-site/social-media-community-guidelines

9. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the staff members using this Te Whatu Ora | Te Toka Tumai Auckland guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

10. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed *before* the scheduled date, they should contact the owner or Document Control without delay.

YOUR WELLBEING

COUNTIES
MANUKAU
H E A L T H

Social Media Safety and Reporting Guidance

Purpose

This document is to support and guide you as an individual who works for CMH in helping you keep yourself safe online. It provides advice on social media security and how to respond to comments, harassment or other issues you may face online.

Your wellbeing is a taonga and something to look after. Sometimes content on social media can be harmful to your wellbeing. This document provides information which can help individuals stay well and safe.

Summary

Social media is a reality of modern life and the nature of our work means that we'll often be in the spotlight. Social media is also a fast changing environment, with new technology and trends developing all the time which we need to adapt to.

This makes it easy for people we work with to freely express their opinion and engage in robust discussions. We welcome feedback and the opportunity to improve our services, but sometimes this content can breach social expectations and in some cases can become harmful to you or your family members and friends.

It's important that you talk with your manager if you're feeling upset or affected by work related content on social media, such as:

- negative comments or conversations about your workplace, or the people you work with, or you
- someone's privacy has been breached
- if you or someone you work with is being bullied, harassed, or directly targeted with comments that may cause harm.

Make sure you share your concerns as soon as possible with your manager, your Human Resource Business Partner or the OCC Health Team if you believe that there is abuse which needs to be responded to.

CMH has an Employee Assistance Programme you can also call on for assistance.

1.   What is digital harm?

Digital harm refers to a digital communication that causes harm to another person's mental and emotional wellbeing and/or sense of physical safety.

A harmful digital communication can take a range of forms and may include the public release of staff's personal information or the publication of threatening or offensive material.

Once published online, a harmful digital communication has the potential to be shared widely with the general public over a short period of time. This increases the likelihood of causing emotional distress and may result in increased concern for staff safety and that of their family.

The Harmful Digital Communication Act (HDCA) 2015 describes what is considered harmful content. The HDCA aims to deter, prevent and mitigate harm caused to individuals by digital communications. Examples include cyber bullying, harassment and "revenge porn" (distribution of intimate videos and/or photographs without the subject's consent).

2.   What are the options for responding to harmful content?

a) Talk to your manager

First of all, let your manager know this has happened and discuss options for support and how to respond. This may include internal reporting, and external complaint processes through social media platforms or Netsafe (see below).

If you are aware of a post related to your role on a social media platform that has had an impact on your health, personal security or mental wellbeing please report this using the Incident Reporting System as soon as possible.

b) Complaint to Netsafe

All people in New Zealand are able to make a complaint to Netsafe (www.netsafe.org.nz) about digital communications that are causing them harm, as outlined under the Harmful Digital Communications Act.

This includes online/digital bullying, abuse and harassment, and when someone has put something online that:

- Tries to get someone to hurt themselves
- Shares intimate images without consent (sometimes called "revenge porn")
- Encourages other people to send harmful messages to someone
- Most people would think is very offensive
- Shares someone's sensitive private information without their permission
- Makes a false allegation about someone
- Shares confidential information about someone without their permission
- Puts someone down because of their colour, race, ethnic or national origins, gender, religion, sexual orientation, or disability
- Is indecent or obscene
- Threatens to hurt someone or damage their property
- Other content that is causing harm

c) Community standards and policies

Social media platforms such as YouTube, Facebook, Twitter and Instagram have policies that outline what they deem is and isn't acceptable.

Social media platforms need to balance safety and freedom of speech. This means that they often allow content to remain even when some find it offensive.

YouTube community guidelines

Instagram community guidelines

Facebook community standards

3. What you should do if you are targeted on social media because of the work you do

a) First steps

- Let your manager know and discuss any further support that may be required to keep yourself and others safe.

- Take accurate records, including a screenshot of the page and posts. Record the date and time the harmful content was published. Save any images or videos and record the full URL (web address) of the page.
- If the content breaches the policies and guidelines of the social media platform, report the content using the process below.
- Log an incident using our Health, Safety and Security Incident Reporting System as soon as possible.

b) Protecting yourself

- Do not retaliate or engage with the post or comments. Engaging can lead to an escalation and spread of abuse as other people or, in some cases, "trolls" engage. *(A **troll** is a person who starts or expands on quarrels or upsets people on the Internet to distract and sow discord by posting inflammatory and digressive, extraneous, or off-topic messages in an online community.)*
- Review and if necessary adjust your own privacy settings and consider what is visible to others.
- For your own wellbeing you may want to avoid reading the comments, stop following the page or group where the harmful comments are being made or take a break from social media for a while.
- While we understand you may want to see what is in the content, try avoid watching if you can as increasing the view count can help spread the content further by boosting it in a social media site's algorithm.
- If a particular person is abusing or harassing you or if you don't want to be visible to someone, consider blocking them.

If you are concerned about the immediate safety of you or others, call 111.

4. Keeping yourself safe online

Be vigilant with privacy settings

The Facebook help centre allows you to see which sections of your profile you can edit, how to secure your account so that you can prevent contacts or others from tagging you without your consent.

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Consider modifying your social media name

If you are concerned about being found on social media, consider using a pseudonym that differs from the name you use at work.

This can this enable you to still use social media with a lower risk of being discovered and harassed.

Pseudonyms could include going by your unmarried/maiden name or an older family name, going by a full name if you socially have a nickname, or going by a nickname if you use your full name in work settings, or simply going by your first and middle name and no surname.

People do need to be aware that in some cases this can violate Facebook's terms of service if you choose a pseudonym that is obviously not your name nor related to your name and you may be locked out of your account as a result.

Do a web search on yourself

It's a good idea to do a web search for your name and other personal details online to see what is publicly available – you may be surprised by what you find. Consider removing anything that could be used to identify you as well as any personal information.

Doxxing

Doxxing (sometimes spelt 'doxing') is a type of online harassment where people share personal or identifying information about someone online without their consent. This could include a person's full legal name, address, place of work, phone number or contact details for family members.

In many cases people will dox a person using information they find available online. In other cases people may access your private information through hacking into your account or guessing your password.

Netsafe has more guidance on the process to prevent or report issues.

How to protect yourself from being doxxed:
Be cautious of what you share online: In most cases people who are looking to 'dox' a person will do so by searching for information that is listed online somewhere. Think carefully before sharing any personal details or information on a public profile or website as someone could try and use this information against you.

Use strong passwords: One of the ways people sometimes access personal information in order to dox someone is by guessing passwords to online accounts. Make sure you use a different password for each of your online accounts and ensure they are strong by following our ['Choosing a Strong Password'](#) advice. Also make sure you've got [two-factor authentication](#) set up on your online accounts for extra protection.

Report abuse before things get out of hand: In some cases doxxing can happen after people have had a disagreement online. Remember, someone doxxing you is never ok – but to keep yourself safe it's sometimes best to use the 'report' and 'block' functionality to report abusive content rather than continuing an argument online.

5. How to report harmful content to social media platforms

Most harmful social media content needs to be self-reported. This means that the person being targeted will need to report the content themselves to the social media platform.

Not every post or comment will be removed when you report it. If you can specifically identify how it violates the platform's policies, privacy rules or New Zealand law there is a greater chance that action will be taken.

Examples of how to report

1. Someone has made a post or comment on Facebook that is abusive towards me:
   - Click ... in the top right of the post or next to the comment.
   - Click Give feedback on this post.
   - Select the option that best describes how this post goes against [Facebook's Community Standards](#). This is likely Harassment or Hate Speech. Click Send.
   - Select Report to Facebook.

2. There's a defamatory comment or false allegation about me on Facebook
   - Copy the URLs of the specific post, comment or photo that is defamatory. On your computer, you can find the URL by clicking the time and date that appears in grey with the content (example: "8 hours ago"). On your phone,

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you can usually find the URL by navigating to the content you want to report, tapping Share and then tapping Copy Link.

- Complete Facebook's Defamation Reporting Form.

3. Report a privacy concern on Facebook
   - To report a potential violation of your privacy concerning an image or video on Facebook
   - Complete Facebook's Privacy Violation Reporting Form .

4. Someone has posted a video of me on YouTube without my permission
   - Copy the full URL of the YouTube channel and the specific video/s that breach your privacy.
   - Complete a privacy complaint.

5. Someone has created a Facebook account pretending to be me
   - Go to the profile that is pretending to be you.
   - In the bottom right of the cover photo, click ... and select Give feedback or report this profile
   - Follow the instructions to file an impersonation report.

6. Someone is harassing or bullying me over Facebook Messenger
   - Take screenshots of the threatening conversation.
   - Copy and paste the specific messages where you are being harassed or bullied.
   - Report the conversation by completing this form

7. There's an abusive post about me on Instagram
   - Click ... in the top right of the post.
   - Select Report and follow the instructions to report the post to Instagram.

If the action you've taken is unsuccessful or you would like advice, contact the Health, Safety and Security team any time. They can help you identify where there are additional or different actions you should take, such as:

- reporting the content to Netsafe
- reporting the content to Police
- taking legal action.

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If further action is needed, we can help you take that action or take it on your behalf.

You can also contact Netsafe for advice:

- *Text* 'Netsafe' to 4282
- *Email* help@netsafe.org.nz
- *Call* 0508 NETSAFE (0508 638 723). The helpline is open from 8am – 8pm Monday to Friday and 9am – 5pm on weekends.

6.   Supporting your wellbeing

It can be distressing reading harmful comments about yourself or your work online.

As well as reporting the content it's important that you seek support if your wellbeing is impacted. Talk to your manager if you are concerned and discuss support options.

If you are aware of a post on a social media platform that has had an impact on your health, personal security or mental wellbeing please report this using the Incident Reporting System as soon as possible.

For other online related concerns, you can also reach out to the IT Service Desk at healthAlliance, while they are not Social media experts, they will attempt to assist in providing guidance where possible.

Our Employee Assistance Programme

You can access the Employee Assistance Programme (EAP) for voluntary, private and confidential counselling services. Contact EAP on 0800 735 343 or speak with your manager for more information.

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Counties Manukau Social Media Principles and Guidelines

Guidelines on Keeping Counties Manukau Social Media Accounts Safe

Social media is a powerful tool to positively engage our audiences in the health care system. To be successful, our contributions to social media need to be dynamic and responsive with high levels of delegation and empowerment for members of the Communication Team who are authorised to make posts and comments. As a result, those who have access to the Social Media accounts need to exercise high levels of judgement as posting to our social media accounts is equivalent to issuing a media statement requiring careful consideration, review, and accountability.

Principles:

- Keep to our core business – Social media posts should be aligned to key messages within our wider organisational narrative and the communications plans for the particular issues we are involving.

- Clinical oversight – if posts involve health related or medical content then they must have sign off by an appropriate clinical sign-off. This is best achieved at a Communications Plan level rather than per transaction. Written consent must be sought for any posts that identify a patient or contain patient information. Legal and reputational risks may be brought about by failure to comply via Privacy Act 1993.

- Align with like minds – discretion should be exercised in terms of endorsing the posts of third parties. Examples of strong positive alignment include other members of the health system such as colleague DHBs or publically funded groups within our district. Examples where alignment is not appropriate include any political parties or politicians, lobby and specialist interest groups, and comment on media coverage of Counties Manukau Health related issues.

- Never post without review - All posts must be reviewed by another member of the team to ensure that the quality is high and appropriate signoffs have occurred.

- Moderate with care – social media does tend to self-moderate. If messages are offensive or inflammatory then it is appropriate to hide. More practical examples are set out as Annex 1.

- Protect the accounts – in order to keep the channels vibrant and to avoid single person dependency, members of the communications team will have access to the accounts. Passwords will be actively managed and changed quarterly to avoid non-approved users from gaining access.
    - Passwords should be 'strong' as indicated by each site's password meter.
    - Where appropriate, multi-factor authentication must be used to prevent the account being compromised or manipulated by those with malicious intent.

- Separate your private account – operator errors can occur when using applications to access social media accounts.

- Plan and record messaging effectively. Without appropriate planning the DHB may not be able to meet information management obligations under the Public Records Act 2005 and/or the Official Information Act 1982.

- Actively monitor CMDHB social media accounts to ensure no unintended or malicious messages have been sent from our channels, and to take appropriate action on any messages or comments that pose a risk – as set out in Annex 1.

Authorised to access CM Health Social Media Accounts

I have read and understand the principles and guidelines that government the operation of Counties Manukau Health Social Media accounts.

Signed

_____
Name

_____
Job Title

_____
Date

Annex One: Examples of the types of communication or feedback and guidance on how to respond

Feedback will generally fall into one of the following categories:

1. Immediate problem
There is a problem with a service or facility that can be addressed immediately e.g. *the hot water is not working in ward 2; excess noise from construction; waiting too long in ED*

Course of action:
Moderator acknowledges the complaint on social media and immediately raises it with the management of the relevant service, hospital duty manager or on-call manager if after hours. Moderator reports back to complainant on progress or resolution.

Serious complaints should be escalated to the GM Corporate Affairs and Communications and the Customer Feedback Team for processing.

2. Constructive criticism
A member of the community respectfully suggests a way the DHB can improve its care or services e.g. *it would be helpful to have a free shuttle service from Manukau, can parking machines at MMH be closer to the exit?*

Course of action:
Moderator acknowledges the complaint and promptly raises it with the Customer Feedback Team, and/or relevant service or department.

Matters of organisational reputation risk should be flagged with the GM Corporate Affairs and Communications.

3. Service or specific patient care complaint
A member of the community is personally angry or disappointed in the DHB's service provision. e.g. *I have not been given the operation I need; I am going to media to discuss substandard of care for my husband; my doctor is rude and disrespectful.*

Course of action:
Moderator acknowledges the complaint on social media, promptly raises it with the Customer Feedback Team to be logged and escalates it to the GM Corporate Affairs and Communications.

If the matter is urgent and of a sufficient magnitude and requires attention after-hours, the on-call Hospital Duty Manager should be informed. A response should always be provided in a timely manner, even if it is to advise of the process for how the complaint will be managed.

4. Trolling
Someone is being deliberately challenging or posting irrelevant or provocative information online for the specific purpose of damaging the DHB's reputation and provoking a reaction.

e.g. *posting numerous anti-vaccination videos to the DHB's Facebook page cluttering the feed.*

Course of action:

The DHB should not resist discussion on its page and should expect a reasonable amount of debate on 'hot' topics such as immunisation and fluoride. Where possible, we should ensure we have our position clearly stated without simply deleting a thread. Clinical or expert input should be sought for the response as required.

If it is clear that person is deliberately trolling by bombarding the page with controversial or irrelevant content to provoke a reaction, it is reasonable to delete the content. The moderator should block the user's access to the page if the behaviour continues to breach the Terms and Conditions.

5. Requiring medical attention or indicating risk of self harm/suicide

A message or comment is received where you suspect the sender may be in need of, or explicitly states they are in need of, medical attention or mental health support.

e.g. *I'm having trouble with my family and am self-harming. How do I get help?*

Social media is not the correct channel to request this type of support and any case must be handled with the sender's safety and privacy as the top priority. Immediately redirect the patient to the correct channel (e.g. provide the phone number for mental health support) and advise that 111 should be called in an emergency situation.

Once appropriately advised, the individual's comment must be removed.

6. Complaint about site content

Complaint about content posted by the DHB or by another individual to our pages e.g. another user has posted personal information about me to the DHB's Facebook page.

The DHB has obligations regarding the Safe Harbour provisions for content hosts under the Harmful Digital Communications Act. The Act requires that all hosts of websites or apps that people can post to are legally responsible for the content posted by others unless the Safe Harbour provisions in the Act are followed. The Safe Harbour provisions provide that a host will not be liable for harmful material posted on its site if it has a clearly indicated process for people to complain about content and a process for managing complaints which ensures they are responded to within specified timeframes.

A complaint is received when it enters a system set up to receive messages i.e. Twitter or Facebook. The clock starts ticking even if the application is not running or has not been checked. It is essential that social media is checked regularly by the moderator to ensure the Safe Harbour timeframes do not lapse without action, resulting in the loss of Safe Harbour protection.

Course of action:

1. When a complaint about harmful or illegal content is received on social media the moderator needs to:
    *   remove the material immediately if it breaches the stated Terms and Conditions

or:

4

- take out the personal information, unless the person who made the complaint says the DHB can pass it on, and
- send a copy to the author of the content as soon as possible, within 48-hours of receiving it

2. Tell the author:
   - they have to respond within 48-hours if they want to send a counter-notice and
   - what information they need to put in a counter-notice
   - if the DHB can't contact the author after making reasonable efforts to, the content will be removed within 48 hours of receiving the initial complaint.

3. If the author responds within 48-hours of receiving the complaint notice, and says they agree to the content being removed, the DHB is required to remove it as soon as possible.

4. If the author doesn't agree to the content coming down, the DHB must decide whether to remove it anyway.

5. If the content remains online, the DHB must advise the person who made the complaint what the author decided.
6. If the author doesn't respond, the DHB has to remove the content 48 hours after sending the author a copy of the complaint.

Details about the Safe Harbour provision and the complaints handling process are outlined in sections 23 to 25 in the Harmful Digital Communications Act 2015.

Policy: Social Media

Contents

1.   Introduction

This document

Establishes the policy relating to Social Media Usage within Counties Manukau Health (CM Health).

Purpose

CM Health's social media use enables engagement and conversation around improved patient-centred care and services, the dissemination of public health information and is part of a talent attraction strategy for recruiting staff.

If used inappropriately, the same technology and resources may pose significant confidentiality and privacy risks to both the organisation and its employees and patients.

Social media can blur the boundaries between professional accountability and personal life. Not only is information posted online permanently archived, but once posted, it is out of individual control and can be easily shared with millions of people. Individuals need to know how to use these powerful digital tools responsibly and appropriately.

The purpose of this policy (the "Policy") is to define acceptable conduct and practices for staff and affiliated partners, including contractors and consultants, using social media.

Due to the evolving nature of social media, CM Health may review this policy at any time in order to mitigate risk.

Document ID:	A148176	CMH Revision No:	3.0
Service :	Communications	Last Review Date :	5 August 2020
Document Owner:	General Manager - Communications	Next Review Date:	5 August 2021
Approved by:	Executive Leadership Team (ELT)	Date First Issued:	05/06/2014
If you are not reading this document directly from the Document Directory this may not be the most current version.			

The intention of this policy is to promote positive use of social media and prevent the risk of individuals inadvertently damage the trust and confidence in the health system and our organisation. In the same vein, CM Health does not want to restrict people's freedom of speech or inhibit social media dialogue.

This policy identifies for CM Health, its employees and contractors the expectations associated with using social media in and outside the workplace.

Scope

This social media policy is intended to guide individuals, such as CM Health staff members or CM Health affiliates (e.g. physician, student, researcher, volunteer, etc.) on how to interact with social media in a way that reflects and coincides with professional expectations.

The policy (and associated rules and documents) applies to:

- All individuals affiliated with CM Health, including, but not limited to staff, physicians, researchers, students, volunteers, patients, residents, family members, or members of the public.
- All types of social media websites, sharing of digital content, or means of mass communication, including, but not limited to the following:
  Email, blogs, Twitter, Facebook, LinkedIn, Flicker, YouTube, Instagram, Foursquare, Vimeo, Pinterest, SnapChat, online forums, wikis, text messaging platforms such as Whatsapp and podcasts.
- CM Health's own official social media accounts including Facebook and Twitter.

This policy maintains the following principles:

- Promote positive and supportive health communication and collaboration focused on connection, interaction and communication between individuals.
- Promote appropriate social media usage which does not jeopardise the trust, public confidence in, or reputation of CM Health, healthcare professionals, staff or individuals associated with CM Health.
- Ensure that social media policy conform to industry, professional colleges and commonly accepted standards and best practices.
- Ensure appropriate and responsible use of social media in accordance with existing CM Health policies (see policies listed in this document) and New Zealand legislation protecting privacy, governing publicly funded health and disability services, and digital communications.

Document ID:	A148176	CMH Revision No:	3.0
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2. Definitions: Terms and abbreviations

Term/ Abbreviation	Description
Social Media	The use of web-based and mobile technologies that allow people to connect, communicate and interact in real time to share and exchange information / interactive dialogue Social media sites include the following: (but is not limited to) • Social networking sites (e.g. LinkedIn, Facebook, Google Plus etc.) • Social sharing sites (e.g. YouTube, SlideShare, Flickr, Instagram, Snap Chat, Vimeo etc.) • Forums and discussion boards • Blogs • Microblogging sites (e.g. Twitter etc.)
CM Health	CM Health – including all remote sites and services.
hA	healthAlliance – including all sites and services.
Internet	The term "Internet" refers to the global network of publicly accessible computers linked using the Internet Protocol standard.
World Wide Web (WWW or Web)	The terms "World Wide Web" and "Web" refer to Internet servers accessed via the Hyper Text Transfer Protocol (HTTP)
Email	An electronic message transmitted via the internet
IS	Information Services (also know as IT or hA IS)
Spam	Unsolicited bulk email
Staff	All officers, directors, employees, contractors, consultants, physicians, healthcare professionals (e.g. nurses, physiotherapists, occupational therapists, respiratory therapists), students, volunteers and other service providers engaged by the organisation.
Confidential information	Includes information and data, in any form or medium, relating to CM Health, its business, operations, activities, planning, patients, personnel, labour relations, suppliers and finances that is not generally available to the public and information that is identified as Confidential Information in accordance with CM Health policies.
Personal Information	Any recorded information about an identifiable individual (including, but not limited to patients, residents, tenants, volunteers, students, staff, physicians or members of the public), but it does not include business contact information (business contact information is information such as a person's title, business telephone number, business address, email or facsimile number).

Identifiers	Any information including, but not limited to name, date of birth, phone/fax number, email address, social security number, National Health Index (NHI) number, health plan beneficiary number, account numbers, certificate/license numbers, vehicle identifiers and serial numbers including license plate numbers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers including finger and voice prints, full face/partial photographic images, or any other unique identifying number, characteristic or code.
Publish	This refers to posting, commenting and sharing information online. When you hit "Enter" your message will be published in the digital world. Even after it is deleted, it is still traceable.
Offensive material	Any material (including but not limited to images, graphics, videos, sound files, texts, documents or emails) that are or could be deemed offensive or inappropriate. Including but not limited to: • Pornographic / sexual explicit material • Sexist material • Insulting material • Homophobic material • Racist or religiously intolerant material • Harassing, bullying or threatening material of any kind.

Authorised spokespeople and affiliated accounts:

- Staff interested in participating in social media for work-related purposes must have platforms and engagements on behalf of the DHB approved by the Corporate Affairs and Communications team.
- Official social media platforms must visibly display the CM Health logo in the "About" or "Information" sections on the platform.
- CM Health reserves the right to monitor, edit and remove inappropriate information or contributions to corporate social media or any content that breaches the stated terms and conditions of the profile.
- Using social media for work purposes should form part of a larger communications plan including a benefit and risk assessment, appropriate resourcing and commitment.
- Please consult with the CM Health Corporate Affairs and Communications team. If you have questions regarding social media or have content for the corporate channels.

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3. Responsibilities

Organisation

The organisation is responsible for:
- Defining, approving and updating social media policies.
- Ensuring privacy compliance is defined for monitoring and auditing usage.
- Ensuring that appropriate promotion of the policy is undertaken to increase awareness of professional expectations.
- Ensuring complaints about content on any DHB social media profile or websites are managed in compliance with the Harmful Digital Communications Act.

Staff

Staff, contractors and consultants are responsible for:
- Knowing and following CM Health's social media policy and understanding expectations of acceptable and unacceptable online behaviour related to work and personal social media use during work hours and outside of work hours.
- Understanding confidentiality, privacy and acceptable use policies.
- Being responsible for protecting their organisational accounts or mobile devices; changing passwords frequently, never sharing them with anyone, and remembering to log-out after use.
- Ensuring that information provided about CM Health or its affiliated partners is factual, respects obligations to patient privacy and done so with appropriate authorisation outlined in this policy.
- Contacting the Corporate Affairs and Communication team if you see content that questions CM Health's credibility or that breaches privacy and confidentiality.
- Maintaining productivity if accessing social media at work. Individuals must prioritise time for patients and CM Health-business to maintain a high level of safe, quality patient-centred care.
- Being honest and thoughtful before posting, and respecting the online community.
- Being aware that individuals may ask for medical advice if you identify yourself as a health care professional online. It is recommended that you do not give medical advice beyond directing people to seek professional advice from their healthcare provider.

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4. Prohibited activity

Staff, contractors and consultants are not permitted to:
- Use social media on CM Health's behalf for personal or monetary gain.
- Defy any government legislation e.g. Harmful Digital Communications Act, Copyright Act, Privacy Act etc.
- Express derogatory, criminal, violent or offensive remarks.
- Distribute offensive, racist, sexist, pornographic material or images of patients or visitors who have not given their written consent.
- Disclose confidential patient or partner information.
- Start an account on behalf of CM Health or an individual department which could lead the public to believe it is an official CM Health channel.

Doing so will be considered serious misconduct and may result in disciplinary consequences including termination in appropriate cases. For more on actions relating to breach of policy see appropriate section at end of this document.

CM Health reserves the right to request that certain subjects are avoided, or withdraw, or require the withdrawal of, certain posts, and remove inappropriate comments on official platforms. Content submitted for posting to official platforms that is deemed not suitable by the Corporate Affairs and Communications team will be withheld.

Ethical and legal considerations:

- Staff have a professional and ethical obligation to protect the public as outlined by their respective association or college's standards of practice.
- Staff members have a legal obligation to protect confidential and personal information as per the Health Information Privacy Code, Privacy Act and employment agreements.
- Staff members are legally responsible for their online postings. Individuals need to be aware of legal considerations and risks regarding content, copyright infringements, intellectual property, disclosure laws, fair use, inaccurate information, defamation, victimisation, discrimination, harassment, or any other applicable law.
- Staff must not post confidential or copyrighted data.
- Beware of copyright infringements when posting content.

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5. Security and confidentiality

- CM Health staff or affiliated partners, including contractors and consultants, are not permitted to share work-related, commercially or clinically-sensitive material or information through any web page, internet site, 'blog' page or social media tool. The general rule is don't talk about your work online.
- For security reasons, staff, contractors and consultants are not permitted to post photos of ID badges where names and ID numbers are visible.
- Ask for permission to take photos or videos taken inside CM Health wards, offices and other facilities. Only take photographs if the patient or their legal guardian, says you can. You can't take pictures/videos or make sound recordings of our staff unless they say it is OK and have given their consent. Don't post photos or information about a patient's condition without their consent. It's not fair if family and friends find out via social media.
- All new employees sign a confidentiality agreement when starting employment with CM Health. This is kept on file. This confidentiality agreement applies to all professionally-related activity and information including conversations and engagement online.
- Internet postings must not disclose any information that is confidential or proprietary to CM Health or to any third party that has disclosed information to CM Health.
- Do not post comments or pictures with identifiers, such as names, contact information, diagnosis, history, vital signs, medications etc., or any other such information that would allow a specific person to be identified.
- Staff photographed inside a CM Health facility for social media purposes should be made aware he or she is being photographed for this purpose and given the opportunity to either remain in the picture or remove themselves from the shot.

Privacy

- The same privacy rules apply for social media as in the workplace.
- Consider how your use of social media could affect your relationship with your patients.
- Privacy for yourself – be aware and protect your own private information online.
- Do not use or post CM Health emails on social media, and do not use CM Health email accounts to create online accounts, unless approved by the organisation as official CM Health accounts.
- Organise your contacts appropriately. Some individuals and sites are better suited for professional groups, (e.g. LinkedIn), whereas others for social groups, (e.g. Facebook).
- Staff in patient care roles should not initiate or accept friend requests from patients. If a patient or former patient does request you as a friend on a social networking site, a polite message informing them that it is your policy not to establish online friendships with patients. Ignoring a Facebook friendship request is also an option.
- There is no such thing as "private" social media – posted content can be copied, pasted or forwarded to anybody.

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6. Credibility and accuracy

- Be able to support yourself by double-checking information and sources before posting online. This is easier than issuing a retraction for misinformation later, and maintains professional credibility.
- If you are uncertain about how to address a professionally-related question posed to you, it's best to say that you're not sure, and refer to your manager or a member of the Corporate Affairs and Communications team for assistance.
- As a general principle, speak with authority about the things that you are knowledgeable about and avoid those you are not.

7. Monitoring and disclosure

- Social media access may be provided as a business tool – CM Health is entitled to access and monitor all information about use, and any material, or information about material, generated or accessed by their employees on CM Health systems.
- CM Health can be required to disclose information to law enforcement, regulatory agencies, under Official Information Act 1982 requests, and discovery actions in litigation. Please note that Official Information Act and e-discovery laws and policies apply to social media content and therefore content must be managed, stored and retrieved to comply with these laws.
- CM Health Senior Management & HR can request any information about an individual employee. Internal requests for security, internet or email usage investigations should be submitted to IS utilising the Security Investigation process and form.
- No employee should have any expectation of privacy as to his or her social media usage within CM Health premises and using CM Health owned computers or other hardware. IS staff may review activity and analyse usage patterns, and they may choose to pass this information to the appropriate CM Health management to ensure that resources are being used appropriately at all times. CM Health reserves the right to monitor use of social media within the workplace and work time and when accessed using CM Health-owned resources.
- CM Health has moderators (based in the Corporate Affairs and Communications team) that monitor and respond to social media commentary as appropriate. In this manner, the organisation may become aware of personal social media use that conflicts with staff policy act accordingly.
- CM Health requires that social media content be recorded and archived when a social media transaction:
    - is required to support a legal, compliance or regulatory request or defence
    - relates to a distressed user
    - relates to a direct and formal complaint
    - relates to a breach in social media policy, with potential legal liability stemming from the misuse of social media.

8. Professional expectations

'Regulatory authorities' as referenced under the HPCA Act have clear codes of conduct in relation to social media. Professionals should also comply with these expectations, including:

- Knowing and following CM Health's social media policy and understanding expectations of acceptable and unacceptable online behaviour related to social media use during work hours and outside of work hours.
- Understanding confidentiality, privacy and acceptable use policies.
- Being personally responsible for content posted online and using social media appropriately and at personal discretion.
- Being responsible for protecting your organisational accounts or mobile devices; changing passwords frequently, never sharing them with anyone, and remembering to log-out after use. We also recommend you do the same for your personal devices and profiles.
- Ensuring that information provided about CM Health or its affiliated partners is informed, factual and with due authorisation.
- Keeping online communications brief, factual and objective.
- Reiterating that it is your opinion when stating comments or opinions and not claiming or implying that you are speaking on behalf of CM Health. For example "These postings are my own and don't necessarily represent the view of my employer" OR "I'm speaking on behalf of myself and not my employer"
- Contacting the Communications Department if you see content that questions CM Health's credibility or that breaches privacy and confidentiality.
- Using suitable communications channels for discussing, sharing, or reporting workplace issues, instead of publicly online.
- Maintaining productivity if accessing social media at work. Individuals must prioritise time for patients and CM Health-business to maintain a high level of safe, quality patient-centred care.
- Being considered and thoughtful before posting, and respecting the online community.
- Being aware that individuals may ask for medical advice if you identify yourself as a healthcare professional online.
- Not giving medical advice, beyond suggesting the person seek professional advice from their health care provider. Do not comment on/reveal a client's personal information online.
- Not using social media or electronic communication to build or pursue relationships with patients or service users.
- Not discussing patients or patient care with colleagues in public places or on social media. This caution applies to social networking sites, e.g. Facebook, blogs, emails, Instagram, Twitter and other electronic communication mediums.
- Being aware of professional boundaries and ensuring communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.
- Maintaining a high standard of professional and personal behaviour when social media and electronic forms of communication are used. The way you conduct yourself, post and interact online affects the reputation, confidence and trust of your profession.
- Being smart – "Liking" or otherwise endorsing an individual's disrespectful comment can be viewed as the equivalent of posting the comment yourself.
- Exercising control and avoiding "reacting" immediately if you read something that angers you online. Content online is archived forever, even if you delete it.

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9. Offensive material

- Employees must not download, view or post offensive, racist, obscene, insulting, harassing, sexist, pornographic or otherwise inappropriate messages, content, files or pictures when using CM Health owned resources or when clearly identified as a CM Health employee or are acting in their capacity as an employee of CM Health and using resources owned by CM Health. This may be regarded as serious misconduct under CM Health's Discipline and Dismissal policy.
- The display of any kind of offensive material on any CM Health system constitutes a violation of organisational policy. In addition, sexually explicit material may not be archived, stored, distributed, edited or recorded using CM Health networks or computing resources, including local drives.
- hA (in discussion with CM Health) reserves the right to block access to potentially inappropriate web sites.

10. Passwords and access

Refer Internet and Email policy

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11. Harmful Digital Communications Act

CM Health has obligations under the Safe Harbour provisions for content hosts under the Harmful Digital Communications Act. The Act requires that all hosts of websites or apps that people can post to are legally responsible for the content posted by others unless the Safe Harbour provisions in the Act are followed. The Safe Harbour provisions provide that a host will not be liable for harmful material posted on its site if it has a clearly indicated process for people to complain about content and a process for managing complaints which ensures they are responded to within specified timeframes.

The moderator of any official CM Health social media platform must complete the following steps if a complaint is received about content posted by either CM Health or by a third party:

1. When a complaint about harmful or illegal content is received on social media the moderator needs to:
   - remove the material immediately if it breaches the stated terms and conditions on the platform

   or:
   - take out the personal information, unless the person who made the complaint says CM Health can pass it on, and
   - send a copy to the author of the content as soon as possible, within 48 hours of receiving it

2. Tell the author:
   - they have to respond within 48 hours if they want to send a counter-notice and
   - what information they need to put in a counter-notice
     http://www.justice.govt.nz/policy/criminal-justice/harmful-digital-communications/safe-harbour-complaints-process
   - if CM Health can't contact the author after making reasonable efforts to, the content will be removed within 48 hours of receiving the initial complaint.

3. If the author responds within 48 hours of receiving the complaint notice, and says they agree to the content being removed CM Health is required to remove it as soon as possible

4. If the author doesn't agree to the content coming down, CM Health must decide whether to remove it anyway.
5. If the content remains online, CM Health must advise the person who made the complaint what the author decided.
6. If the author doesn't respond, CM Health has to remove the content 48 hours after sending the author a copy of the complaint.

Details about the safe harbour provision and the complaints handling process are outlined in sections 23 to 25 in the Harmful Digital Communications Act 2015.

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12. Comment policy

Authorisation to comment

Employees, contractors and consultants should neither claim nor imply that they are commenting on any social media platform on CM Health's behalf unless authorised to do so by their General Manager and the Corporate Affairs Communications team. CM Health reserves the right to request that certain subjects are avoided, the withdrawal of certain posts and removal of inappropriate comments when made by persons claiming to be and clearly identified as employees of CM Health.

Staff should consider whether it is appropriate to identify as CM Health employees or contractors/consultants on their personal social media profiles to avoid their social media comments or activity being associated with CM Health.

Social media postings should not include CM Health logos or trademarks unless permission is granted by the Corporate Affairs and Communications team.

Capacity to comment

Members of staff who are spokespeople for professional or employee associations or groups may make statements to express the views of their organisations. In doing so however, they must clearly state that they are communicating in the capacity of those associations and groups and not as employees of their organisation, nor may they associate their employer with them.

Individual rights and care of association

CM Health, as a state-owned organisation, must remain and be seen to be apolitical.

While CM Health affirms the right of any staff member to be a member of any professional, political or employee organisation in their own time and to speak on their own behalf, they should take care not to associate CM Health with their individual views on social media.

Commenting on official CM Health social media pages

CM Health social media pages (such as Linkedin, Facebook, Instagram, Twitter) have been created to encourage open discussion about issues important to our population. Everyone who posts in their capacity as an employee of CM Health must honour the following terms of use when commenting on these platform

- No discriminatory, racist, defamatory, libellous or threatening language
- No invasion of privacy; no racially, ethnically, homophobic or otherwise objectionable language.
- Do not post material in violation of trademark or copyright laws or other laws.
- Comments should be relevant to the post.
- Attacks that identify individuals, companies, unions or other organisations.
- No spam, flooding, advertisements or solicitations.
- That posts adhere to the site owner's terms and conditions of use
- Failure to adhere to these terms of use will result in access being blocked from posting on CM Health social media profiles administered by CM Health.
- When contributing to blogs or other social media pages CM Health employees, students, volunteers, locums and contractors should not make comments which could bring them, their profession or CM Health into disrepute.

Our participation terms of use as posted on our social media accounts:

This is a place to discuss CM Health - our initiatives, services, culture, values and news – and to foster our growing online community and for you to share your views. We welcome you to leave comments and to share our content.

We understand that many people are passionate about healthcare – a passion we share. We expect that participants post content and commentary that is constructive, relevant and respectful - and reserve the right to moderate any posts that don't meet our terms of use and to exclude anyone who violates them.

The following terms of use are in place to promote a quality online environment for people that engage with us online.

We do not tolerate the following content:

- *Profane, defamatory, offensive or violent language*
- *'Trolling', or posting deliberately disruptive statements meant to throw comment threads and discussions off-track*
- *No attacks that identify individuals, companies, unions or other organisations*
- *Any comments meant to harass, threaten or abuse an individual*
- *Discriminatory comments regarding race, ethnicity, religion, gender, disability, sexual orientation or political beliefs*
- *Spam or link baiting (embedding a link in your post to draw traffic to your own site)*
- *Violations of copyright or intellectual property rights*
- *Content that relates to confidential or business information*
- *Content determined to be inappropriate, in poor taste, or otherwise contrary to the purposes of our page*
- *Personal promotion or the promotion of commercial products, services or brands*
- *Any content which breaches the confidentiality of our patients, their relatives, staff or other individuals.*

If you would like to share your experience of our services we recommend contacting our customer service team on customerservice@superclinic.co.nz

If you would like to complain about content you have seen on this page please send us a direct message via Facebook or Twitter and we will respond within 48 hours.

Postings or external links to our page do not necessarily reflect the opinions of CM Health.

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13. Breach of policy

Any breach or suspected breach of this policy or any of its components must be reported to the relevant Human Resources Manager who will liaise with the hA IS Security Team.
Disciplinary action may be taken for any breach of this policy including minor breaches of a persistent or repeated nature (which will in appropriate circumstances may be treated as serious misconduct) as per the relevant Discipline & Dismissal Policies.

- Individuals need to be mindful of the ethical and legal implications that inappropriate use of social media can have. Failure to use social media appropriately may result in serious disciplinary measures from the organisation or regulating college, up to and including termination of employment, the right to practice, or legal action.
- CM Health expects all staff to conduct themselves to the highest standards with respect to ethical and professional behaviour amongst themselves and with clients, patients, residents and other members of the public.
- CM Health is entitled as an employer to assess relevant information and communication, including social media, when conducting an investigation into the conduct of its employee.
- CM Health is entitled as an employer to assess relevant information and communication, including social media, when conducting an investigation into the conduct of its employees, particularly where employee safety is a relevant concern.

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COUNTIES
MANUKAU
H E A L T H

14. Reference information

Other documents relevant to this policy/process/procedure are listed below:

Type	Title
NZ Legislation	• New Zealand Public Health and Disability Act 2000 • Privacy Act 1993 • Official Information Act 1982 • Public Records Act 2005 • Trademark Act 2002 and Copyright Act 1994 • Employment Relations Act 2000 • Harmful Digital Communications Act 2015
Organisation Policy & Procedure	• Discipline & Dismissal Policy & Procedure • Information Security • Information Security Policy • Communications Policy • Internet and Email Use Policy Information Management Policy • Confidentiality agreements for staff and contractors • Health Information – Privacy policies
Professional Guidelines	• Regulating Agency professional statements e.g. Nursing Council of New Zealand – Code of Conduct and Professional Boundaries; Nursing Council of New Zealand (2012), Guideline: Professional Boundaries and Nursing Council of New Zealand (2012), Guideline: Social media and electronic communication. • Medical Council professional statements • Midwifery Council professional statements
Reference Documents	• **Auckland and Waitemata DHB social media policy** • Social media and the nursing and applied health professions: a guide to online professionalism for nurse and nursing students which is applicable to allied health professions www.nzno.org.nz/services/resources/publications • Social media and the medical profession: a guide to online professionalism for medical professionals and medical students • Nursing Council guide - http://nursingcouncil.org.nz/News/New-guidelines-for-nurses-on-social-media • Social media in government: a hands on toolbox www.webtoolkit.govt.nz/files/Social-Media-in-Government-Hands-on-Toolbox-final.pdf • Social media in government: high level guidance www.webtoolkit.govt.nz/files/Social-Media-in-Government-High-level-Guidance-final.pdf • Office of the Auditor General: Learning from public entities' use of social media

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http://www.oag.govt.nz/2013/social-media
- Ministry of Health Social Media Page
  http://www.health.govt.nz/social-media
- Mayo Clinic Social Media Policy
  http://sharing.mayoclinic.org/guidelines/for-mayo-clinic-employees/
- Ministry of Justice
  http://www.justice.govt.nz/policy/criminal-justice/harmful-digital-communications/safe-harbour- complaints-process

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POLICY

Waikato District Health Board
Te Hanga Whaioranga Mō Te Iwi – **Building Healthy Communities**

Media and Communications

Policy Responsibilities and Authorisation

Department Responsible for Policy	Media and Communications
Position Responsible for Policy	Executive Director of Public & Organisational Affairs
Document Owner Name	Lydia Aydon
Sponsor Title	Chief Executive, Waikato DHB
Sponsor Name	Dr Nigel Murray
Target Audience	All staff
Committee Approved	Policy Committee
Date Approved	1 June 2017
Committee Endorsed	Executive Group
Date Endorsed	14 July 2017
Board Endorsed	Waikato DHB Board
Date Endorsed	24 August 2017
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Policy Review History

Version	Updated by	Date Updated	Summary of Changes
4	Lydia Aydon	Mar 2017	Major policy review and transfer to new template
5	Lydia Aydon	June 2017	Changes made following consultation with organisation and feedback from policy committee

Contents

Media and Communications

1. Introduction

1.1 Purpose

This policy aims to ensure that Waikato DHB's external and internal communications activity is fit for purpose, follows best practice and supports the organisation's vision, values and priorities.

It defines the processes for media and public relations; publishing documents; visual communications including photography and video; the use of the internet and intranet and the appropriate use of social media.

It ensures Waikato DHB's interaction with the media is consistent, accurate, timely and from an appropriate person.

It advises staff on what is and is not permitted in terms of standards of communication and authority to make public statements that are work related.

1.2 Background

Promoting health services and information to our diverse population to increase health literacy is a priority in the DHB's Strategy.

Waikato DHB needs clear, constructive, informative and user-friendly communications within the DHB and with the public, media and stakeholders, while protecting the reputation and rights of the organisation, its staff and service users.

This will help the DHB increase community awareness of health promotion and prevention activities; establish good working relationships with key stakeholders; assist the community in understanding the services funded and provided by the health board; and effectively manage risks and issues.

Listen to me, talk to me – Whakarongo is one of Waikato DHB's core values and this needs to be reflected in internal communications which help build our sense of community as an organisation and keep people informed and engaged.

1.3 Scope

This is a Waikato DHB staff policy and applies to all communication activity with external and internal stakeholders carried out by DHB staff *(see definition).*

1.4 Exclusions

It does not include clinical photography. It should be read alongside our sponsorship policy and a new policy currently under development, relating to private recordings (video, voice and photography) on Waikato DHB premises.

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Document Owner:		Executive Director, Public Affairs		Department:		Media and Communications	
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2. Definitions

External stakeholder	includes media, community groups and organisations, local and central government and the general public.
Staff	comprises Waikato DHB's employees, contractors, students or other individuals carrying out paid or unpaid work at the DHB.
Communication activity	comprises media releases, statements and interviews; published material including posters, newsletters, reports and brochures; video and photography, advertising; websites; intranet and social media.

3. Policy Statements

The Waikato DHB policy for media and communications is that:

- all communications with and through the media are coordinated effectively, are consistent clear, accurate and timely.
- all employees must have clarity of their responsibilities and the process for managing the organisation's relationships with the media.
- all communications with external stakeholders demonstrate professionalism and are consistent with the organisation's vision and strategic imperatives.
- Waikato DHB publications must meet stated standards of presentation and conform to organisational identification requirements.
- information displayed on the DHB's website and intranet must be appropriate and accessible.
- Internal communication (e.g. memos, reports, instructions) are clear, concise and accurate. They should identify early on any required or desired actions, meet organisational standards of professionalism and appropriate language and follow Waikato DHB's style guidelines.
- When a presenter is representing Waikato DHB they should use approved Waikato DHB PowerPoint templates and follow Waikato DHB style guidelines.

4. Roles and Responsibilities

All Staff

Employees are responsible for:

- notifying the DHB's Media and Communications team if they have been approached by the media and referring all media approaches to that team for a response.
- ensuring all information posted to the internet and intranet is accurate and has an appropriate level of authorisation.
- ensuring all communication to external stakeholders – via letter, email or internet conforms to the standards outlined in the policy.
- ensuring they follow the social media standards outlined in this policy and not bring the organisation into disrepute or contravene privacy and HR policies.

Executive Director of Public & Organisational Affairs

Is responsible for:

- ensuring that all media releases and statements are approved by the Executive Director (or their delegate) of the appropriate service, or the Chief Executive if relevant.
- providing support, advice and media training for employees dealing with the media.
- alerting Board members, the Chief of Staff and the Chief Executive of any significant media requests and responses, as appropriate.
- ensuring there is a process to keep all content on the DHB websites, intranet and social media sites accurate, accessible and up to date.
- publishing the DHB style guidelines to assist the production of user-friendly, professional, clear and consistent communications.

5. Media management

5.1 Legal liability

Waikato DHB personnel making public statements regarding any person or organisation must comply with all relevant legislation e.g. Health Information Privacy Code 1994, Code of Health and Disability Consumers Rights 1996. Staff may be personally liable if the statement is unfounded.

5.2 Media liaison

The media have a legitimate interest in Waikato DHB and its activities. The DHB's approach is to be as open and helpful to the media as possible and to recognise that they are an important means of communicating with the public.

Waikato DHB is often approached by the media to comment on individual patients, where the patient has signed a privacy waiver for us to do so. In some instances this may be appropriate, but our preference is to provide general comment only.

The Media and Communications unit is responsible for liaising between the media and staff. This approach expedites the flow of information to the media, reduces potential disruption to hospital activity and ensures media are getting accurate information from the most appropriate person in the organisation.

Waikato DHB releases condition updates on request to the media in accordance with privacy legislation.

All Waikato DHB media requests are to be referred to the Media and Communications team as soon as possible. They will work with the appropriate subject matter experts to provide a response.

If staff wish to proactively promote Waikato DHB services in the media or invite media to attend a Waikato DHB event they must contact the Media and Communications team who will assess the request and provide advice and support as appropriate.

If staff have any concerns about media coverage, including the accuracy of the information, they should contact the Media and Communications team to discuss. Any

complaints about media coverage are to be coordinated by the Media and Communications team.

The Media and Communications team can be contacted 24/7 by calling 021 671 239 or by emailing news@waikatodhb.health.nz.

5.3 Authorised Waikato DHB spokespeople

Only authorised media spokespeople or their delegate can comment on behalf of the Waikato DHB. This includes verbal or written comment.

The Delegations of Authority Policy shall take precedence if there is a conflict.

Media interviews will be undertaken only by spokespeople who have received media training or advice from the Executive Director of Public & Organisational Affairs and are well prepared to respond.

No direct dial, mobile numbers or email addresses of staff are to be given to the media, except for contact details of staff in the Media and Communications team.

Staff must inform the Media and Communications team if they intend to, or have, commented to the media on behalf of a third party organisation that relates to the DHB or the work of the DHB.

Table 1 indicates Waikato DHB's authorised spokespeople

Media and Communications

Table 1 : Authorised spokespeople

MEDIA ISSUES	AUTHORISED SPOKESPERSON	OR DELEGATION TO
Governance / Politics	Board Chair or Chief Executive	Deputy Chair, Committee Chair, Chief Executive
Service planning and allocation of funds	Chief Executive or Executive Director Strategy and Funding or Executive Director Corporate Services	Chief Financial Officer Senior Portfolio Managers
Waikato Hospital	Executive Director of Waikato Hospital Services	Other Executive Directors Directors Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Thames, Te Kuiti, Tokoroa and Taumarunui hospitals	Executive Director of Community and Clinical Support	Directors Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Mental Health Services	Executive Director of Mental Health and Addictions Services or Director of Clinical Services of Mental Health and Addiction Services	Directors of Mental Health and Addiction Services Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Women's Health Services	Commissioner of Women's Health or Executive Director of Waikato Hospital Services	Directors Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Te Puna Oranga/Māori Health Services	Executive Director of Te Puna Oranga	Specialist staff
Information Services	Executive Director Corporate Services or Chief Information Officer	Director or senior manager
Building Programme/Capital Projects/Facilities	Chief Executive, Executive Director Facilities and Business or Chief Financial Officer	Directors or senior managers.
Clinical	Chief Medical Officer or Chief Nursing and Midwifery Officer or senior clinicians (e.g. SMOs, professional advisors)	Specialist staff (including doctors, nurses and allied health)
Public Health	Medical Officer of Health or Executive Director of Community and Clinical Support	Specialist staff
Primary care	Clinical Director of Primary and Integrated Care or Executive Director of Strategy and Funding	
Human Resources issues	Director of People and Performance or Executive Director or Corporate Services	HR Consultants
Emergency Management	Incident Controller	Specialist staff

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Quality and patient safety and patient complaints	Director, or Clinical Director, of Quality and Patient Safety.	Executive Director of Waikato Hospital Services Executive Director of Community and Clinical Support Clinical leaders Chief Nursing and Midwifery Officer Chief Medical Officer
Key projects e.g. Medical School, SmartHealth	Chief Executive or Project Executive or clinical lead.	Specialist staff

5.4 No surprises approach

As a crown entity we are required to operate on a no surprises basis to ensure our Board, the Ministry of Health and Minister of Health are informed about issues.

Staff should inform the Media and Communications team of issues that could attract media attention or be contentious, as well as opportunities for positive media coverage.

If there is likely to be significant media coverage, the Executive Director of Public and Organisational Affairs will inform Board members and relevant staff and Executive about the query and our response.

5.5 Professional and employee organisations

Waikato DHB recognises and respects the rights of its staff to comment publicly and engage on public debate on matters relevant to their professional expertise and experience.

Staff who are spokespeople for professional bodies, committees or organisations may make statements to the media to express the views of their organisations. Staff must state the capacity in which they are speaking and make it clear they are not speaking on behalf of the Waikato DHB.

The delegations outlined in this policy apply to employees writing or submitting an article for inclusion in any publication, which discusses Waikato DHB policy, politics, operational, employees and/or patient information.

Clinicians (as identified in the Table 1) asked for comment on areas of clinical expertise around particular cases should make it clear they are speaking as themselves with clinical experience rather than as a representative of the DHB (unless they have been asked to speak on behalf of the DHB by the Media and Communications team).

Staff commenting on behalf of their professional body, association, business or themselves are not to use DHB equipment or facilities, which would lead readers or viewers to consider the comments are by a DHB spokesperson.

5.6 Patient condition updates

Under rule 11 (1) (e) of the Health Information Privacy Code 1994, we can release general information concerning the presence, location and condition of a patient in a hospital, unless the patient or their representative have expressly asked us not to.

When the media call requesting information of a patient we can confirm the patient is in hospital, confirm an age band, gender and town of residence, and use the following terms:

Locations:
- Emergency Department
- Intensive Care Unit
- High Dependency Unit
- Hospital Ward

Conditions:
- Being assessed in the Emergency Department
- Critical
- Serious
- Stable

We will not confirm or provide any personal details about the patient such as their name, nature of injuries or prognosis.

We will not confirm whether a named person is being treated in our mental health inpatient unit or is known to our mental health services.

If the patient has passed away we will not inform the media that they are deceased until the next of kin has been notified. If the patient has been involved in a motor vehicle accident or other incident involving the police, the media will be referred to the police to confirm that they are deceased.

If the media request to interview a patient in our hospital, all requests must come through the Media and Communications team. The team will approach the nurse manager for the ward for advice on whether, in their clinical view, the patient is able to be interviewed. If they are, then a member of the Media and Communications team will discuss the interview request with the patient. If they are happy to be interviewed, the team will facilitate the interview and accompany media on site.

5.7 Media requests for filming / photographing on site

Requests from media for filming or photography on DHB sites must be made through the Media and Communications team. The team will aim to facilitate this wherever possible.

We will seek advice to ensure the rights of patients, visitors or staff are not breached, there are no health and safety risks and there is no impact on patient care.

All patients featuring in photographs must sign a consent form. Forms are available from Media and Communications. In cases where a patient is unable to sign the release, a representative must provide signed consent.

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All staff featuring in photographs or videos must be asked for consent and informed where and how the photo/video will be used.

All media on a DHB site will be accompanied by a member of the Media and Communications team or their delegate. Security will be informed before media come on site.

5.8 Board member media responses

The Board Chair is the official spokesperson on matters before the Board and Board decisions. The Board Chair may delegate the authority to act as spokesperson to another member of the Board on a specific issue or for a period of time.

Committee Chairs may speak on committee matters as per the committee terms of reference.

Board members may accept invitations to speak at a wide range of public forums. On these occasions Board members must accurately communicate Board positions where they have been agreed.

Board members can make public statements on non-Board matters in a personal capacity. Board members shall be deemed to be representing the organisation at all times, unless they expressly state otherwise.

Media are welcome to attend Board and committee meetings. Filming or photographing the meeting can occur with permission from the Board or Committee Chair.

5.9 Official information requests

Any Official Information Act requests from a media organisation will be responded to through the normal OIA process which involves review by legal services and the Executive Director of Public and Organisational Affairs.

6. Publishing

Material published in any form intended for public or staff must meet Waikato DHB standards of:

- Content – clear, concise, accurate, informative, user friendly (well suited to the intended audience's interests and level of knowledge).
- Uses the Waikato DHB style and brand guidelines.
- Format - using clear layout and Arial font (unless designed by Fuji Xerox or Media and Communications) no less than 10 pt for body text.
- References – Fuji Xerox applied number included in forms and some documents (for ordering and reference purposes) DHB logo or words identifying Waikato DHB and any other joint authors, and publication date and contact details within the content if appropriate.
- Tone – professional, helpful, engaging, practical – avoiding coming across as bureaucratic, petty or dismissive.

Refer to the guides and templates on the intranet 'Getting things Done' for more information.

Any requests for the Waikato DHB logo to be included on material for an external stakeholder must be approved the Media and Communications Unit.

6.1 Public access

Publications produced by Waikato DHB must be publicly available, except where there are compelling reasons under relevant legislation to withhold them.

6.2 Copyright

Copyright is legal for a specified period to protect the exclusive right to produce copies and to control an original work.

Please refer to the Intellectual Property Policy.

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6.3 Translations and Te Reo Māori

Translations must accurately convey the intention of a publication and must not necessarily be literal "word for word" translations.

The Executive Director Te Puna Oranga is responsible for authorising the need for a publication to be produced either in te reo Māori only or bilingually and the process for accessing Māori translation services.

All Waikato DHB publications translated in whole or in part into te reo Māori must be accurate and use macrons. Staff should think about options for the user that will make the information understandable e.g. using plain English and diagrams or graphics.

Te Puna Oranga is responsible for ensuring publications incorporating Māori content and mihimihi are correct.

For translations into another language, a Waikato DHB Requisition Form (WDHB1) must be completed and sent to Purchasing and Distribution Service along with the text. Authorised translators are accessed through the Hamilton Multicultural Services Trust Interpreter Services.

6.4 Advertising

Advertising must be placed through the appropriate channel. For:

- Board and committee meeting public notices, contact the Chief of Staff
- Recruitment advertising, contact the Recruitment team
- Other advertising queries, contact the Media and Communications team

Offers from local business for staff are listed on WorxPerx page on the intranet. This is managed by Human Resources.

6.5 Promotional activity

Staff can take part in promotional activity for third party organisations in a personal capacity.

The activity cannot be conducted on Waikato DHB sites or using Waikato DHB equipment, including uniforms. If off-site, the Waikato DHB logo is not to be visible in promotional activity as it could lead the public to consider the activity is supported by Waikato DHB.

6.6 Conference presentations

Presenters who are representing the DHB should use the appropriate powerpoint template available on the intranet and refer to the Waikato DHB style guidelines.

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7. Communicating in an Emergency

There is a formal communication structure used by key health agencies including mechanisms to develop and disseminate critical information. This is part of the Coordinated Incident Management System (CIMS).

A member of the Communications and Media team will be part of the incident response team if the EOC is activated and templates are available to ensure information is disseminated quickly across all channels.

8. Internet

8.1 General

The DHB's websites are a key channel for keeping the public informed about our activities and services.

The Media and Communications team is responsible for the main external website waikatodhb.health.nz and the waikatodhbnewsroom.co.nz website, plus the following microsites: www.waikatodhbnewsroom.co.nz, www.youthintact.org.nz, www.midlandtrauma.nz, www.ruralhealthjobs.co.nz, www.inspiringpeople.co.nz and is responsible for ensuring the content is reviewed by local content owners in a timely way. Staff are responsible for informing the Media and Communications team if the content needs to be updated outside of the scheduled reviews.

Approval to set up any additional web microsites must be obtained from the Executive Director of Public and Organisational Affairs and the relevant Executive Director.

The administration and loading of content is only undertaken by the Media and Communications team, unless specific authorisation and training is given.

Content will be checked and if necessary edited by the Media and Communications team to ensure it meets style, tone and format requirements, but content providers are responsible for accuracy of content.

8.2 Security

Information Services must monitor and manage internet services and implement technologies and controls to protect against viruses, spam and unsolicited entry.

Staff will ensure all access and usage of software/services is appropriately licensed and staff agree not to place Waikato DHB in any breach or make Waikato DHB liable in any way.

9. Intranet

9.1 General

The DHB's intranet is an important channel of communication for staff.

Access to and use of the DHB intranet for work related purposes including regularly checking staff notices is part of the normal execution of an employee's responsibilities.

The administration and loading of content on the intranet is undertaken by the Media and Communications team and trained content editors within some services.

The Media and Communications team reserve the right to edit notices for intranet noticeboards, to advise the sender if the message requires more information or checking before being posted, or to reject the message if it does not meet the standards or purpose of the intranet noticeboards.

Items for posting on intranet noticeboards should be sent to news@waikatodhb.health.nz

Services/project teams are responsible for the accuracy and timely updating of content on intranet pages directly related to their area.

Messages posted on the Talking Point message board should include the personal name of the person posting, not a pseudonym.

Any material published in the Waikato DHB Internet/Intranet must not contravene the Defamation Act and in addition to this must not contravene the Films, Video and Publication Classification Act 1993.

Waikato DHB authors of defamatory material, objectionable publications or restricted material are in breach of this policy. Waikato DHB will take appropriate disciplinary action.

10. Social Media

Social Media allows people to connect, communicate and interact in real time to share and exchange information. The DHB recognises and supports the benefits of social media, particularly in the areas of public health information, recruitment and patient feedback.

Social media includes blogs; wikis; social networking sites including Facebook, LinkedIn and Twitter; video sharing sites such as YouTube or Vimeo; photo sharing sites like Flickr, Instagram, Snapchat and Pinterest; forums and discussion groups like Google+ and TradeMe.

Only authorised media spokespeople can post on publicly available social media channels on behalf of the Waikato DHB.

The Media and Communications team monitors all social media channels to identify any issues arising from unauthorised use and misrepresentation of the DHB.

Staff participating in social media must make it clear they are doing so in a personal capacity to avoid their personal views being misconstrued as the views of the DHB. If necessary, they should add a disclaimer (e.g. "The opinions and positions expressed are my own and don't necessarily reflect those of the DHB").

Staff should not identify Waikato DHB as their employer when doing so would bring the DHB into disrepute.

The DHB has the following expectations of employees using social media:

- All employees will understand the importance of keeping confidential, sensitive work matters private.
- All employees will understand their workplace obligations of trust and confidence and therefore will not bring the DHB into disrepute by damaging the DHB's reputation and integrity or undermining the trust and confidence of the public in the organisation or its services.
- Staff should not express any statement or comment that breaches patient or colleagues' privacy or contravenes their employment or service agreement.

10.1 Requests for additional social media pages

Service/teams and individual staff may wish to create their own social media business or group page on Facebook, or another social channel that allows this, to promote or share some aspects of their work.

In general these pages will not be permitted, due to security and reputation risks and the time involved in keeping these pages relevant, timely and engaging. Social media content should be leveraged on the official DHB pages, administered by the Media and Communications team.

All requests for such a page should be submitted to the Executive Director of Public and Organisational Affairs and outline the purpose, goal, target audience, ongoing commitment available to monitor and post, and justification for why a separate page is needed. If approved, administration and access to these sites also needs to be approved by Information Services.

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Staff may wish to create a 'closed group' Facebook page to communicate with either other staff, stakeholders or members of the public relating to a specific initiative. All requests for these groups will be submitted to the Executive Director of Public and Organisational Affairs. Closed groups will generally be permitted if they have a specific time limit, are administered by a named person who manages the invites, and do not disclose any confidential patient or staff information.

11. Audit

11.1 Indicators

- Successes and developments shared with the Waikato public.
- Meet all deadlines agreed between Waikato DHB and media outlets.
- All media releases and comment adhere to the values and strategic direction of the Waikato DHB.
- All queries from the public on social media channels are responded to in a timely manner.
- All external communication material including brochures, letters and emails comply with the guidelines outlined in this policy.
- Staff who participate in social media activities do not bring the DHB into disrepute.

12. Legislative Requirements

Waikato DHB must comply with all relevant legislation which includes, but is not limited to the following:

- Code of Health and Disability Services Consumers' Rights 1996
- Copyright Act 1994
- Crown Entities Act (Section 55 and 57)
- Defamation Act 1992
- Employment Relations Act 2000
- Films, Videos and Publications Act 1993
- Films, Videos and Publications Classification Act 1993
- Health and Disability Commissioner Act 1994
- Health Information Privacy Code 1994
- Local Government Official Information and Meetings Act 1987 and amendments
- National Library Act 1965 and amendment 1994
- Official Information Act 1982
- Privacy Act 1993
- Protected Disclosures Act 2000
- State Services Commission Web Guidelines, May 2002
- Trade Marks Act 1953
- Unsolicited Electronic Message Act 2007

13. Associated Documents

- Waikato DHB Acceptable Use of Information Systems policy (Ref. 2191)
- Waikato DHB Clinical Images policy (Ref: 1815)
- Waikato DHB Clinical Records Management policy (Ref: 0182)
- Waikato DHB Delegations of Authority Policy (Ref. 2175)
- Waikato DHB Disclosure of Health Information policy (Ref. 1365)
- Waikato DHB Information Privacy policy (Ref: 1976)
- Waikato DHB Information Security policy (Ref: 3153)
- Waikato DHB Informed Consent policy (Ref: 1969)
- Waikato DHB Intellectual Property policy (Ref: 1036)
- Waikato DHB Māori Health policy (Ref: 0108)
- Waikato DHB Protected Disclosure (Whistleblower) policy (Ref: 5151)
- Waikato DHB Human Resources policies inlcuding Code of Conduct; Performance & Discipline, Conflict of Interest; and Non-employee policy.
- Waikato DHB Confidentiality Agreement
- Waikato DHB Emergency Management plans
- Waikato DHB Get it Right style guide

- Governmental Standards including:
  - State Services Web Guidelines, May 2002
  - Web Guidelines Content and Design Compliance Checklist
  - NZ Government Locator Service Metadata Standard and Reference Manual, August 2001
  - Social Media in Government, Department of Internal Affairs.

Appendix A Permission slip for media outlets

Below is an example of what should be sent to media outlets when giving permission to film/interview within Waikato DHB facilities.

These are the following interview/filming procedures that are to be followed as part of Waikato DHB's permission to interview and/or film within our facilities. If your media outlet does not agree to the following procedures in writing, the Waikato DHB withdraws permission to film within its facilities.

If the media are interviewing a patient the patient must complete and sign a form provided by the media for consent for their information to be published.

Specific Filming/Interviewing/Observation Conditions

- The rights to privacy, confidentiality and safety of the patient, his/her family/whānau and employees, are paramount at all times.
- The premises must be left in the same condition as they are found.
- Film crew must observe the hospital's health and safety procedures e.g. obeying fire alarms.
- If bright lights are interfering with employees' procedures they may not be used.
- The film crew may only film clinical procedures with the express permission of the clinician in charge.
- Any deviations from the plan or timetable to be discussed with the clinical consultant.
- NO close ups of patients or families unless written permission is granted by the patient and/or families at the consultant initiation.
- NO other employees interviewed.
- Employees must give their consent to be in any background shots.
- If employees ask the crew to stop shooting at any time, they must stop immediately.
- If employees ask the crew to leave Waikato DHB facilities at any time, they must leave immediately.
- All employees reserve the right to withdraw consent at any time up to, during or seven days after filming by contacting the Media and Communications team.
- Filming will not hinder patient, visitor, emergency service, delivery and bus access to the hospital.

Appendix B Media waiver form

Date:

Media and Communications Unit
Waikato DHB
Private Bag 3200
Hamilton 3240

This is to advise that I consent to my child taking part in filming or a photo shoot that will appear in the media at a yet to be determined date. [I have discussed this matter with my child and he/she is willing to participate in the filming or photo shoot.]

Also note that where a child is able to understand what is happening (regardless of age) and certainly for older children, their views must be ascertained and recorded.

I agree to my child or me being filmed or having my/his/her picture taken and my or his/her name appearing in the media.

My child's name is:

My name is:

My address is:

My telephone number is: Landline   Mobile

Signature:

Date:

Appendix C Standards for Intranet and Internet use

Acceptable Use

- Communication with researchers, educators, peers and organisations providing reciprocal exchange for professional development, to maintain currency, or to debate issues in a field or related area of knowledge pertaining to the mission and goals of Waikato DHB.
- Any traffic originating from another government or associated body, providing the traffic meets the acceptable use policy of both agencies.
- Announcements of new products, services or publication for use within the field of employment, which does not involve personal or charitable remuneration.
- Private use where it does not interfere with the productivity of service unit outputs or put the organisation and /or its employees at risk.
- Communication incidental to otherwise acceptable use, except for illegal or specifically unacceptable use.

Unacceptable Use

- For-profit or charitable activities; or use by for profit organisations.
- Use that will negatively affect the performance of the Internet for other users.
- Accessing confidential information without the owner's permission.
- Intentional representation as another user.
- Harassment, discrimination, intimidation or illegal activities.
- Unsecured transmission of confidential information.
- Visiting sites or receiving communications that contain material that is obscene, objectionable or likely to be offensive.
- Gambling.
- Soliciting for personal gain or profit.
- Making or posting indecent remarks or proposals.
- Uploading or downloading commercial software in violation of its copyright.
- Downloading any software or electronic files without reasonable virus protection measures in place.
- Passing off personal views as representing those of Waikato DHB.
- Any activity that violates New Zealand law and/or the public service code of conduct.
- Private usage – where this usage interferes with the productivity of service unit outputs or puts the organisation and/or its employee's at risk.
- Objectionable material, as defined by the Films, Videos and Publications Classification Act 1993.
- Any activity that may bring the organisation of employees into disrepute or may cause embarrassment to the organisation or employees.
- The generation of unsolicited electronic messages i.e. SPAM.

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Lakes Social Media Policy

Te Whatu Ora
Health New Zealand
Lakes

Document No: | 698479

This is a controlled document. The electronic version of this document is the most up to date and in the case of conflict the electronic version prevails over any printed version. This document is for internal use only and may not be accessed or relied upon by 3rd parties for any purpose whatsoever.

TITLE: Social Media Guideline

1.   Statement/Purpose
The purpose of this document is to set out the expectations of Te Whatu Ora Lakes (Lakes) with respect to social media, and to prevent the risk of damage to Lakes' reputation.

As a good employer, Lakes complies with relevant legislation, employment agreements, and the obligation to act in good faith.

In recognition of Te Tiriti o Waitangi (the Treaty of Waitangi) and the Crown's special relationship with Maori, Te Whatu Ora – Lakes, is committed to acknowledging the Treaty by working in partnership with Maori. Staff involved in implementing this policy should be aware of the Tiriti o Waitangi Policy (EDMS 40583).

2.   Scope
All Lakes employees.

3.   Definitions

Social media	Internet, mobile-based, and other similar tools for sharing and discussing information. Social media most often refers to activities that integrate technology, telecommunications, and social interaction, together with words, pictures, videos, and/or audio.
Social media channel	A website that leverages social media for its visitors including but not limited to blogs; wikis; social networking sites including Facebook, LinkedIn and Twitter; video sharing sites such as YouTube or Vimeo; photo sharing sites such as Flickr, Instagram, Snapchat, and Pinterest; and discussion groups and forums such as Google+ and TradeMe.

4.   Basic Principles
Social media enables people to connect, communicate, exchange information, and interact in real time. Lakes recognises the benefits of social media, particularly with respect to public health information, recruitment, and patient feedback. For example, Lakes uses social media as part of its talent-attraction strategy. Such applications are useful and trouble-free when carried out by appropriate personnel

However, there are risks for both Lakes and its employees when using social media. As the lines between private and public lives merge, professional lives may become increasingly blurred. Comments/postings on social media remain online for a long time, and have the potential to reach large numbers of persons whose identity is unknown.

Accordingly, Lakes urges its employees to take care when using social media. Comments/postings on social media that pertain to Lakes, directly or indirectly, may only be made by authorised personnel. Unauthorised employees must not purport to make comments/postings on behalf of Lakes, or in their role as Lakes employees.

In appropriate circumstances such as Twitter bio, Instagram bio etc. staff should provide a disclaimer along the following lines: "The opinions and positions expressed are my own and do not necessarily reflect those of Lakes".

5.   **Advantages and risks of social media**
   5.1   **The advantages for Lakes of social media include**
   - It can provide an easy, inexpensive, and rapid means of getting public health information out to targeted groups
   - It is a useful tool in recruiting staff
   - It can be an effective communication tool that enhances Lakes reputation.

   5.2   **The main risks for Lakes of social media include**
   a)   Disclosure of confidential information (including patient or staff specific information or information commercially sensitive to Lakes).

   b)   Circulation of inappropriate statements, with the potential of harming staff or other persons, and/or bringing Lakes reputation into disrepute.

   c)   Misrepresentation of personal comments as those of Lakes.

   d)   Loss of productivity via inappropriate engagement with social media during working hours.

   e)   Blurring of the distinction between the public and private lives of employees.

   f)   Misusing on-line activities at work for personal gain.

6.   **Expectations**
   a)   All employees must be aware that inappropriate social media comments/postings may constitute a serious breach of Lakes expectations of its employees, as set out in the Performance Management and Disciplinary Policy (LDHB 38728).

   b)   All employees must understand their obligation not to damage Lakes reputation, and not to undermine the trust and confidence Lakes requires.

   c)   Employees must not engage in private social media activities during work time.

7.   **Monitoring**
   - Lakes regularly monitors its systems to identify issues arising from unauthorised use. Information obtained may be disclosed to line managers of staff members involved and also other authorities if necessitated by the information retrieved.

- Lakes reserves the right to monitor, restrict, suspend, or terminate a user's access to any Lakes digital communication platform.

8. Related Documentation

- Acceptable Use of Lakes Computer and Telecommunications Systems Procedure (LDHB 1176849)
- Media Relations Policy (LDHB 40567)
- Te Tiriti o Waitangi Policy (LDHB 40583)
- Privacy of Information Guidelines (LDHB 39093)
- Privacy of Patient Health Information Guideline (LDHB 77128)
- Cloud Computing & Applications Policy (LDHB1437633)
- Performance Management and Disciplinary Policy (LDHB 38728).

9. References

Employees should refer to the appropriate professional body for further information. Below are links to some available references:

- Social Media and the Medical Profession - A guide to online professionalism for medical practitioners and medical students. The Australian and New Zealand Medical Councils have widely accepted guidelines on good medical practice,1 2 and the Australian and New Zealand Medical Associations (AMA and NZMA) and the Australian Medical Students' Association (AMSA) have developed codes of ethics for their members.
https://www.otago.ac.nz/oms/otago614501.pdf

- Use of the internet and electronic communication (Medical Council of New Zealand).
https://www.mcnz.org.nz/assets/standards/4874967a0f/Statement-on-use-of-the-internet-and-electronic-communication.pdf

- Social Media and the Nursing Profession: a guide to maintaining professionalism online for nurses and nursing students 2019 (a joint resource developed by the New Zealand Nurses' Organisation, NSU National Student Unit, and Nurse Educators in the Tertiary Sector).
https://www.nzno.org.nz/Portals/0/publications/Guideline%20-%20Social%20media%20and%20the%20nursing%20profession,%202019.pdf

- Guidelines: Social media and Electronic Communication (Te Kaunihera Tapuhi o Aotearoa/Nursing Council of New Zealand.
https://online.flippingbook.com/view/360161763/

- Social Media in Government
https://www.dia.govt.nz/Social-media-platforms#social

- Child Matters - Education to Prevent Child Abuse
https://www.childmatters.org.nz/training--services/policy-services/
- Some information regarding social media security and privacy tools:
Facebook: https://www.facebook.com/about/privacy/tools

Twitter: https://help.twitter.com/en/safety-and-security/how-to-make-twitter-private-and-public

LinkedIn: https://www.linkedin.com/help/linkedin/answer/66/managing-your-account-and-privacy-settings-overview?lang=en

Instagram: https://help.instagram.com/285881641526716

Pinterest: https://help.pinterest.com/en/articles/edit-your-account-privacy

YouTube: https://www.youtube.com/account_privacy

WhatsApp: https://faq.whatsapp.com/en/kaios/

Snapchat: https://support.snapchat.com/en-GB/a/safety-tips-resources

Signed: _____   Dated: _____

Prepared by: …………………………………………………..
                          Clinical Head of Department forum
                          Clinical Governance
                          Lakes Executive Committee

Authorised by: ………………………………………………….
                          Interim Lead Hospital and Specialist Services

PURPOSE

Bay of Plenty District Health Board (BOPDHB) supports and recognises the benefits of social media particularly in the areas of public health information and recruitment, but notes there are risks to both BOPDHB and individuals when using social media.

This protocol defines the rights, responsibilities and procedures for using social media via BOPDHB network resources and the standards expected from staff when utilising social media for BOPDHB purposes.

STANDARDS TO BE MET:

1. General Rules

1.1 Staff and contractors use of social media for purposes that supports the goals and objectives of BOPDHB is permitted and encouraged.

1.2 Social media should only be used as part of the normal execution of an employee's or contractor's responsibilities and in a manner that is consistent with BOPDHB standards of conduct.

1.3 Information communicated via social media is subject to the same protocols and standards as other official means of communication. Information being communicated on behalf of the BOPDHB is subject to the BOPDHB publication standards, including review and approval by appropriately delegated personnel.

1.4 Staff and contractors will understand the importance of keeping confidential, sensitive work matters private, knowing careless social media use could be a serious breach of employment or contractual requirements.

1.5 All employees will understand their workplace obligations of trust and confidence and therefore will not bring the BOPDHB into disrepute.

2. Access and Appropriate Use Rules

2.1 Staff or contractors using social media must ensure that the use is appropriate, for example comments, documents, photographs, video and other media associated with, but not limited to:

a) Conducting research and investigation in support of service planning, service provision and/or output delivery. Note, however, that this does not provide staff with a right to use social media in a way that would be deemed inappropriate (Refer below).

b) Communication and information exchange with Government agencies and other organisations as required by business.

c) Professional development activity, such as maintaining clinical / professional knowledge and currency with, and/or debating, issues in a field of knowledge. This includes personal development activity, such as university associations and professional societies.

Bay of Plenty Social Media Policy

3. Inappropriate Use

3.1 Staff and contractors must not use social media for inappropriate purposes, for example comments, documents, photographs, video and other media associated with, as this may be deemed as serious misconduct. Inappropriate purposes include but are not limited to:

a) Disclosure of confidential information including patient or staff specific information or information commercially sensitive to the BOPDHB or its contractors.

b) Passing off personal views as representing those of the organisation.

c) Soliciting for personal gain or profit and/or the participation in on-line commercial activities.

d) Making or posting derogatory, improper, indecent, threatening, racist or sexist remarks and proposals.

e) Making statements that are harassing, disparaging or discriminating against staff, contractors or third parties associated with the BOPDHB.

f) Uploading or downloading copyrighted material without written authority from the copyright holder.

g) Any activity that violates New Zealand law and/or is contrary to BOPDHB Shared Expectations (Code of Conduct).

h) Excessive personal use during working hours.

i) Publishing threatening or offensive material and messages or publishing online invasive or distressing photographs or videos.

3.2 BOPDHB reserves the right to block social media channels deemed inappropriate.

4. Monitoring of Use

4.1 Procedures will be in place to enable the regular monitoring of users access and use of social media. Information obtained may be disclosed to line managers of staff members involved and other authorities if necessitated by the information retrieved.

4.2 BOPDHB reserves the right to monitor, restrict, suspend or terminate a user's access to any social media site system.

5. Breach of Policy and Protocol

Any breach of this policy and protocol will be investigated and may be subject to action under policy 3.50.13 Investigation and Disciplinary.

6. External Guidelines and References

Note that in addition to this protocol staff need to be aware of the standards published by their professional body and / or relevant Government Agencies (e.g. Ministry of Health or Department of Internal Affairs).

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 2.6.2 Digital Communication
- Bay of Plenty District Health Board policy 2.6.2 protocol 1 Email Usage
- Bay of Plenty District Health Board policy 2.6.2.protocol 2 Internet Usage
- Bay of Plenty District Health Board policy 2.6.2.protocol 4 Sensitive Data
- Bay of Plenty District Health Board policy 2.6.2 protocol 5 Cloud Services
- Bay of Plenty District Health Board policy 3.50.13 Investigation and Disciplinary

Tairāwhiti Media Policy

ORGANISATIONAL POLICY:

MEDIA POLICY

AUTHORITATIVE SOURCE:
Privacy Act 1993

AUTHOR:
Communications Manager

PURPOSE:
To ensure that the flow of information between staff and media is accurate and timely, promoting health outcomes for Tairāwhiti people and enhancing Hauora Tairāwhiti's credibility and reputation in the wider community. The policy should assist staff with media requests and interaction on social media. Media attention has the potential to enhance, as well as detract from, the overall goals and reputation of Hauora Tairāwhiti. It is important, therefore, to manage our engagement with the media positively, constructively and professionally.

SCOPE:
This policy applies to all Board Members, employees and contractors, (collectively referred to as the staff) of Hauora Tairāwhiti interacting with any media, including social media, creating or contributing to blogs, wikis, social networks or virtual worlds.

POLICY STATEMENTS:
General
Hauora Tairāwhiti will make every effort to have an open and honest relationship with both traditional and social media. All statements or comments made to media organisations or on social media sites must be timely, accurate and consistent with the strategic direction of Hauora Tairāwhiti.

Who may liaise with media?
1. Only the Chief Executive will liaise with media on matters regarding the interface between Hauora Tairāwhiti and governance or respond to criticism of Hauora Tairāwhiti, its performance or activities.
2. Only the Chief Executive or authorised spokespeople will liaise with the media on matters of policy or politically sensitive information. Authorised spokespeople may also approve statements to be released by other employees of Hauora Tairāwhiti, but such approval must be notified to the Chief Executive and/or Communications Manager prior to release.
3. Hauora Tairāwhiti Medical Officers of Health may liaise with media about issues that affect public health, public health legislation and regulation. For example: disease outbreak, food/water supply problems.
4. Nothing in this policy shall prevent the Medical Officer of Health from carrying out the duties of his/her legislated role.

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5. Trained social media administrators are encouraged to respond to, post on, or contact media on issues of a promotional, educational or operational nature and on subjects that are within their area of expertise (the how, rather than the why).
6. Media releases should be issued through the Communications Group - communications@tdh.org.nz. Where practicable all Hauora Tairāwhiti media releases are to be emailed to Leadership Team and Board members, prior to distribution to media. All releases will be available on Hauora Tairāwhiti's website.
7. Media statements – usually in response to specific questions from media organisations, should be issued through the Communications Group - communications@tdh.org.nz but will not necessarily appear on the Hauora Tairāwhiti website.
8. Any staff member who becomes aware of an issue or event that has the potential to impact significantly on Hauora Tairāwhiti's reputation or stakeholder relationships must immediately notify their manager and the Communications Group - communications@tdh.org.nz. The staff member should not make any comment about the issue to the media or on social media sites.
9. Nothing in this policy shall prevent any professional staff from sharing information for the purposes of peer review type activities, as guided by professional codes on information sharing.

Articles for Publication

Any staff contemplating writing or submitting an article for publication (in any journal, newspaper or other publication), which will discuss Hauora Tairāwhiti policy, operations, staff or patient information must notify the Communications Manager.

Public Speaking

Hauora Tairāwhiti staff may be approached to address a community group, or make a presentation at a conference on a Hauora Tairāwhiti related issues. In such cases staff are required to liaise with the authorised spokespeople before discussing any matter with the public or media.

Media Training

If requested or needed, media training is available, through the Communications Manager. Training and guidelines will be provided on the use of social media.

Release of Information for Research/Education

Staff members wishing to undertake research or education related studies on Hauora Tairāwhiti related matters must obtain prior approval from the Research Committee. If that research includes the disclosure of health information, ethical approval (if required) must be obtained, and the material must be presented/published in a form that does not identify any individual.

Legislative Requirements

Where legislation requires it, Hauora Tairāwhiti must release the appropriate information in a timely manner. This includes the requirement for the designated Medical Officer of Health to release information in his/her official capacity.

Patient Information

Hauora Tairāwhiti employees are legally obligated to comply with the Health Information Privacy Code, the Code of Health and Disability Consumers' Rights and the Privacy Act, with respect to health information; collected, used, held and disclosed by Hauora Tairāwhiti.

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Patient names are not to be disclosed to the media. If the patient or his/her representative expressly requests that NO information be given to the media, their request must be respected and there will be no disclosure to the media including disclosure of their condition.

Except in the above situations, authorised spokespeople may give the following information about patients receiving care if requested by the media:

- Number of people involved
- Age and sex of those involved
- General condition of those involved
- See Hauora Tairāwhiti's Media Guide http://tdh.org.nz/news-and-media/guide-for-the-media/
- The Health Information Privacy Code allows only for the release of very basic details of injuries where it is not practicable or desirable to seek authorisation.

Media Requests for Filming/Photographing on Site

Hauora Tairāwhiti will cooperate with requests for film or photographs to accompany news items, where this does not pressure staff in the course of their work, and for which permission is obtained from the manager of the particular area, and patients or their representatives if relevant.

Media photographers are required to have approval from the Chief Executive or Communications Manager before filming or photographing on Hauora Tairāwhiti property. If they do not have approval they must cease filming/photographing and wait until approval is sought from, and given by, the Chief Executive or Communications Manager.

Media photographers and any other media personnel must report to the Communications Group - communications@tdh.org.nz on arrival to arrange Visitor Identification Badges from Security. They must also be escorted around Hauora Tairāwhiti facilities by an employee designated by the Chief Executive or Communications Manager.

Staff shall notify the Communications Group - communications@tdh.org.nz if any media are identified on site without prior approval.

Maintaining Confidentiality

Employees are reminded of their obligations to maintain confidentiality as reflected in the employee's agreement which they signed at the commencement of their employment with Hauora Tairāwhiti (any breach of this confidentiality may render the employee liable to action under the Hauora Tairāwhiti Code of Behavior). Please also refer to the organisation's Protected Disclosures Policy.

Personal Views

Nothing in this policy shall prevent any professional member of staff from making public comments in a personal capacity on their professional or clinical specialty provided such comments are consistent with the current or announced policy and practices of Hauora Tairāwhiti.

Notwithstanding the rights of individuals to freedom of speech, Hauora Tairāwhiti staff have an obligation, expressed in the Hauora Tairāwhiti Code of Behaviour, to act in the best interests of Hauora Tairāwhiti at all times. Staff must not:

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- express personal views and opinions in the public domain with the intention of discrediting Hauora Tairāwhiti
- express personal views and opinions contrary to Hauora Tairāwhiti policy.

If staff members are participating in social media in a work capacity, they must be identified as a staff member of Hauora Tairāwhiti. Every Facebook page, Twitter account (or other social networking forum/page/site/account) that is hosted on behalf of Hauora Tairāwhiti should make this fact clear to the online community.

When staff members discuss with media, or write about, matters outside their areas of work, they must make it clear that they are speaking as private individuals and not as staff members. Hauora Tairāwhiti position titles, logos or letterhead must not be used.

Approval for social media sites
All Hauora Tairāwhiti social media sites must be approved by the Communications Manager. The manager will ensure that any staff member developing a site understands this policy and has appropriate content and technical expertise. This also ensures that any site is correctly linked to any other relevant social networking sites and Hauora Tairāwhiti's website.

Link to Hauora Tairāwhiti website
All interactions with media should refer to Hauora Tairāwhiti's website for forms, documents and other information.

Content to be removed
All interactions by staff with media should avoid:
- Profane language or content
- Content that promotes discrimination on the basis of race, age, religion, gender, physical or mental disability or sexual orientation
- Sexual content or links to sexual content
- Encouragement of illegal activity
- Overtly political statements
- Imagery or video contact that we do not have permission to use
- Information that may compromise the safety, privacy or security of staff, and health service users.
-

Hauora Tairāwhiti social networking sites will be monitored and if any of this content is discovered it shall be removed.

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DEFINITIONS: **Authorised spokespeople for Hauora Tairāwhiti**	The following staff are authorised to be official spokespeople: • Board Chairperson • Chief Executive • Chief Medical Officer • Medical Officer of Health • Director of Nursing • Director of Midwifery • Director of Allied Health and Technical • Kaiwhakahaere Hauora Māori • Communications Manager • Duty Nurse Manager • No other staff member may act as a spokesperson for Hauora Tairāwhiti without being delegated that authority from the Chief Executive or the Chairperson.
Representative	• Where the patient is deceased: that patient's personal representative (e.g. the executor or administrator of the patient's estate); or • Where the patient is under the age of 16 years: ordinarily the patient's parent or guardian unless the matter or the young person's authority warrants otherwise. • Where the patient, not being a patient referred to above, is unable to give their consent: a person appearing to be lawfully acting on the patient's behalf or in the patient's interest. • Where the patient has given written permission: the person to whom the patient's written permission was given.
Media	• Communication channels through which news, data, or promotional messages are disseminated. It usually refers to mass communication channels such as radio, newspapers, websites, magazines and television.
Social Media	Internet-based tools used for publishing, sharing and discussing information and opinions. The content tends to be created and shared by individuals, representing themselves or organisations, on the web. It is generally distributed using freely available websites that allow users to create and post their own images, video and text information and then share that with either the entire internet or just a select group of friends. Social media can be accessed from a number of devices including computers, tablets and mobile phones. It includes (but is not limited to) the following specific technologies: • social networking sites (e.g. Facebook, LinkedIn, Yammer, Twitter) • video and photo sharing websites (e.g. Flickr, Youtube) • blogs, including corporate, personal and those hosted by media outlets (e.g. 'comments' on www.gisborneherald.co.nz, www.stuff.co.nz or TVNZ • wikis and online collaborations (e.g. Wikipedia) • forums, discussion boards and groups (e.g. Google groups)

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RELATED PROCEDURE:

- Hauora Tairāwhiti Employment Relations Policy Manual Code of Conduct
- Hauora Tairāwhiti Whistle-blowers Policy
- Hauora Tairāwhiti Privacy Policy
- Hauora Tairāwhiti Governance Guide for Board Member
- Hauora Tairāwhiti Acceptable Use Policy
- Hauora Tairāwhiti Standards for Publications Policy
- Health Information Privacy Code
- Social Media Guide for Midland DHBs
- Hauora Tairāwhiti Media Guide
- Guidelines: Social Media and Electronic Communication – a nurse's guide to safe use of social media and electronic forms of communication.
- Social Media and the Medical Profession
- Social Media in Government – New Zealand Government Web toolkit with standards, guidance, tips and strategic advice on effectively using the online channel.
- Social media guidance from ICT.govt.nz

OUTCOME STANDARDS:
All communication/media activity within Hauora Tairāwhiti policy.

EVALUATION METHOD:
Audit of communication/media activities at Hauora Tairāwhiti.

_____

Approved By: Chief Executive

Date of Approval: September 2019
Next Review Date: September 2022

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Communications and Media Policy

Title of Policy Manual:	Organisation Wide Policy Manual
Date Last Issued:	August 2019
Review By Date:	August 2022
Responsibility:	Communications & Media Manager, Communications Team
Authorised By:	Chief Executive
Version:	1
Page:	1 of 10

1. **Introduction**

   The Taranaki District Health Board (DHB) is committed to the following values:
   - **Partnership – Whanaungatanga** – *We work together to achieve our goals*
   - **Courage – Manawanui** – *We have the courage to speak up and advocate for each other*
   - **Empowerment – Mana Motuhake** – *We support each other to make the best decisions*
   - **People Matter – Mahakitanga** – *We value each other, our patients and whanau*
   - **Safety – Manaakitanga** – *We provide excellent service in a safe and trusted environment*

2. Taranaki DHB is committed to ensuring Te Tiriti o Waitangi (The Treaty of Waitangi) is inherent in policy and practice across all service units. Development and implementation of this document has been undertaken in the spirit of partnership, participation and protection.

3. **Purpose**

   This policy aims to ensure that Taranaki DHB's external and internal communications activity is fit for purpose, follows best practice and supports the organisation's vision, values and priorities.

   It defines the processes for media and public relations; publishing documents; visual communications including photography and video; the use of the internet and intranet and the appropriate use of social media.

   It ensures Taranaki DHB's interaction with the media is consistent, accurate, timely and from an appropriate person.

   It advises staff on what is and is not permitted in terms of standards of communication and authority to make public statements that are work related.

   This policy applies to all Taranaki DHB employees and all volunteers, consultants and contractors and Board/Committee members working on behalf of Taranaki DHB.

4. **Background**

   Promoting health services and information to our diverse population to increase health literacy is a priority in the DHB's Health Action Plan.

   Taranaki DHB needs to provide clear, constructive, informative and user-friendly communications within the DHB and with the public, media and stakeholders, while protecting the reputation and rights of the organisation, its staff and service users.

   This will help the DHB increase community awareness of health promotion and prevention activities; establish good working relationships with key stakeholders; assist the community in understanding the services funded and provided by the health board; and effectively manage risks and issues.

Partnership- Whanaungatanga - We work together to achieve our goals is one of Taranaki DHB's core values and this needs to be reflected in internal communications which help build our sense of community as an organisation and keep people informed and engaged.

5. **Scope**

   This is a Taranaki DHB staff policy and applies to all communication activity with external and internal stakeholders carried out by DHB staff.

6. **Exclusions**

   It does not include clinical photography.

7. **Policy Statements**
   - The Taranaki DHB policy for media and communications is that:
     all communications with and through the media are coordinated effectively, are consistent clear, accurate and timely.
   - all employees must have clarity of their responsibilities and the process for managing the organisation's relationships with the media.
   - all communications with external stakeholders demonstrate professionalism and are consistent with the organisation's vision and strategic imperatives.
   - Taranaki DHB publications must meet stated standards of presentation and conform to organisational identification requirements.
   - information displayed on the DHB's website and intranet must be appropriate and accessible.
   - internal communication (e.g. memos, reports, instructions) are clear, concise and accurate. They should identify early on any required or desired actions, meet organisational standards of professionalism and appropriate language and follow Taranaki DHB's style guidelines.
   - when a presenter is representing Taranaki DHB they should use approved Taranaki DHB PowerPoint templates and follow the Taranaki DHB Writing and Style Guide.

8. **Roles and Responsibilities**

   All Staff

   Employees are responsible for:
   - notifying the DHB's Communications team if they have been approached by the media and referring all media approaches to that team for a response.
   - ensuring all information posted to the internet and intranet is accurate and has an appropriate level of authorisation.
   - ensuring all communication to external stakeholders – via letter, email or internet conforms to the standards outlined in the policy.
   - ensuring they follow the social media standards outlined in this policy and not bring the organisation into disrepute or contravene privacy and HR policies.

   Communications & Media Manager and Communications Team Is responsible for:
   - ensuring that all media releases and statements are approved by the relevant EMT member and/or the chief executive if relevant.
   - providing support, advice and media training for employees dealing with the media.
   - alerting Board members and the chief executive of any significant media requests and responses, as appropriate.
   - ensuring there is a process to keep all content on the DHB websites, intranet and social media sites accurate, accessible and up to date.
   - publishing the Taranaki DHB Writing and Style Guide to assist the production of user-friendly, professional, clear and consistent communications.

9. **Media Management**

Media Liaison
The media have a legitimate interest in Taranaki DHB and its activities. The DHB's approach is to be as open and helpful to the media as possible and to recognise that they are an important means of communicating with the public.

Taranaki DHB is often approached by the media to comment on individual patients, where the patient has signed a privacy waiver for us to do so. In some instances this may be appropriate, but our preference is to provide general comment only.

The Communications team is responsible for liaising between the media and staff. This approach expedites the flow of information to the media, reduces potential disruption to hospital activity and ensures media are getting accurate information from the most appropriate person in the organisation.

Taranaki DHB releases condition updates on request to the media in accordance with privacy legislation. All Taranaki DHB media requests are to be referred to the Communications team as soon as possible. They will work with the appropriate subject matter experts to provide a response.

If staff wish to proactively promote Taranaki DHB services in the media or invite media to attend a Taranaki DHB event they must contact the Communications team who will assess the request and provide advice and support as appropriate.

If staff have any concerns about media coverage, including the accuracy of the information, they should contact the Communications team to discuss. Any complaints about media coverage are to be coordinated by the Communications team.

All media enquiries (Monday - Friday, business hours) can be directed to the Taranaki DHB Communications team via email - communications@tdhb.org.nz in the first instance.

For urgent after-hours media enquiries including patient status updates please call 027 703 6177. All other general and non-urgent media enquiries, particularly those requesting data or interviews, will be handled during normal working hours.

Media conferences
Media conferences may be held to inform and publicise matters of public interest. These conferences may be initiated by the Board chair, chief executive or a EMT member in coordination with the communications manager.

Authorised Taranaki DHB spokespeople
Only authorised media spokespeople can comment on behalf of Taranaki DHB. This includes verbal or written comment.

Media interviews will be undertaken only by spokespeople who have received media training or advice from the Communications team and are well prepared to respond.

No direct dial, mobile numbers or email addresses of staff are to be given to the media, except for contact details of staff in the Communications team.

Staff must inform the Communications team if they intend to, or have commented to the media on behalf of a third party organisation that relates to the DHB or the work of the DHB.

Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.

No surprises approach

As a crown entity we are required to operate on a no surprises basis to ensure our Board, the Ministry of Health and Minister of Health are informed about issues.

Staff should inform the Communications team of issues that could attract media attention or be contentious, as well as opportunities for positive media coverage.

If there is likely to be significant media coverage, the communications manager will inform Board members, executive management team (EMT) members and relevant staff about the query and our response.

Professional and employee organisations

Taranaki DHB recognises and respects the rights of its staff to comment publicly and engage on public debate on matters relevant to their professional expertise and experience.

Staff who are spokespeople for professional bodies, committees or organisations may make statements to the media to express the views of their organisations. Staff must state the capacity in which they are speaking and make it clear they are not speaking on behalf of Taranaki DHB.

The delegations outlined in this policy apply to employees writing or submitting an article for inclusion in any publication, which discusses Taranaki DHB policy, politics, operational, employees and/or patient information.

Clinicians asked for comment on areas of clinical expertise around particular cases should make it clear they are speaking as themselves with clinical experience rather than as a representative of the DHB (unless they have been asked to speak on behalf of the DHB by the Communications team).

Staff commenting on behalf of their professional body, association, business or themselves are not to use DHB equipment or facilities, which would lead readers or viewers to consider the comments are by a DHB spokesperson.

Patient condition updates

Under rule 11 (1) (e) of the Health Information Privacy Code 1994, we can release general information concerning the presence, location and condition of a patient in a hospital, unless the patient or their representative have expressly asked us not to.

When the media call requesting information of a patient we can confirm the patient is in hospital, confirm an age band, gender and town of residence, and use the following terms:

Locations:
- Emergency Department
- Intensive Care Unit
- High Dependency Unit
- Hospital Ward

Conditions**:**
- Being assessed in the Emergency Department
- Critical
- Serious
- Stable

We will not confirm or provide any personal details about the patient such as their name, nature of injuries or prognosis.

Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.

We will not confirm whether a named person is being treated in our mental health inpatient unit or is known to our mental health services.

If the patient has passed away we will not inform the media that they are deceased until the next of kin has been notified. If the patient has been involved in a motor vehicle accident or other incident involving the police, the media will be referred to the police to confirm that they are deceased.

If the media request to interview a patient in our hospital, all requests must come through the Communications team. They will approach the nurse manager for the ward for advice on whether, in their clinical view, the patient is able to be interviewed. If they are, then a member of the Communications team will discuss the interview request with the patient. If they are happy to be interviewed, the team will facilitate the interview and accompany media on site.

Media requests for filming / photographing on site
Requests from media for filming or photography on DHB sites must be made through the Communications team. The team will aim to facilitate this wherever possible.

We will seek advice to ensure the rights of patients, visitors or staff are not breached, there are no health and safety risks and there is no impact on patient care.

All patients featuring in photographs must sign a consent form. Forms are available from the Communications team or can be downloaded from the forms library on the intranet. In cases where a patient is unable to sign the release, a representative must provide signed consent.

All staff featuring in photographs or videos must be asked for consent and informed where and how the photo/video will be used.

All media on a DHB site will be accompanied by a member of the Communications team or their delegate.

Board member media responses
- The Chair of the Board is the official spokesperson on matters before the Board and Board decisions. The Board Chair may delegate the authority to act as spokesperson to another member of the Board on a specific issue or for a period of time.
- Committee chairpersons speak on behalf of their committees, and on governance matters falling within the scope of their committees' terms of reference.
- Board members should not comment on specific agenda items in advance of the meeting at which they are to be discussed.
- Media questions relating to operational or clinical issues should be referred to the Board Chair or the chief executive.
- Board members are encouraged to share information with the Chair or chief executive to ensure the appropriate staff are involved, informed and aware of news media issues and developments.
- Board members should avoid any comment about identifiable patients or employees of the Taranaki DHB, or of other providers of health services.
- Board members may accept invitations to speak at a wide range of public forums. On these occasions Board members must accurately communicate Board positions where they have been agreed.
- Board members can make public statements on non-Board matters in a personal capacity. Board members shall be deemed to be representing the organisation at all times, unless they expressly state otherwise.
- Media are welcome to attend Board and committee meetings. Filming or photographing the meeting can occur with permission from the Board or Committee Chair.

Official Information Requests

Any Official Information Act requests from a media organisation will be responded to through the normal OIA process which is administered by the chief executive's office.

10. **Publications**

Material published in any form intended for public or staff must meet Taranaki DHB standards of:

- Content – clear, concise, accurate, informative, user friendly (well suited to the intended audience's interests and level of knowledge).
- Style – Adheres to the Taranaki DHB Writing and Style Guide.
- Tone – professional, helpful, engaging, practical – avoiding coming across as bureaucratic or dismissive.

All graphic design work must be coordinated by the Communications team and produced in accordance with the Taranaki DHB Writing and Style Guide.

External publications, such as newsletters must be edited and approved by the Communications team.

Internal publications may be created in-house (in department) and must abide by the Taranaki DHB Writing and Style Guide, including use of the Taranaki DHB logo where appropriate. If in doubt contact the Communications team.

Any external Taranaki DHB multimedia material (eg DVD/CD) must have the Communications team approval before final production may begin.

All written communication, whether electronic or handwritten, must be in accordance with the Taranaki DHB Writing and Style Guide, using official templates. E.g. external formal communication will use the appropriate letterhead, fax template; internal formal communication will use the appropriate memo template.

Taranaki DHB publications must meet stated standards of presentation and conform to organisational identification requirements and incorporates te reo Māori and bilingual translations when appropriate.

Any requests for the Taranaki DHB logo to be included on material for an external stakeholder must be approved the Communications team.

Refer to the Style guide, logo and templates page on the intranet for more information.

Use of logo

The logo must always be reproduced using high resolution electronic files. Jpeg and vector file formats are available.

To ensure the community does not get confused, and awareness of the Taranaki DHB remains consistent:

- The Taranaki DHB logo must be reproduced exactly as shown and cannot be altered.
- The logo is to be used for official business only. Letterheads, envelopes and any other logo bearing documents are not to be used for personal purposes.
- Do not put a departmental name directly next to the logo. The names of departments can be included as part of the text or signature. The same applies for all correspondence and publications, including advertisements and advertorials.
- A separate logo should not be used to represent individual departments or services. The official Taranaki DHB logo is the only one that represents the organisation.

Conference Presentations

Presenters who are representing the DHB should use the appropriate powerpoint template available on the intranet and refer to the Taranaki DHB Writing and Style Guide. Refer to the Style guide, logo and templates page on the intranet for more information.

Translations and Te Reo Māori

Translations must accurately convey the intention of a publication and must not necessarily be literal "word for word" translations.

The chief advisor Māori Health is responsible for authorising the need for a publication to be produced either in te reo Māori only or bilingually and the process for accessing Māori translation services.

All Taranaki DHB publications translated in whole or in part into te reo Māori must be accurate and use macrons. Staff should think about options for the user that will make the information understandable e.g. using plain English and diagrams or graphics.

The chief advisor Māori Health is responsible for ensuring publications incorporating Māori content are correct.

Signage and way finding

Signs identifying places and directions are an important tool to promote operational efficiency, an appropriate environment and customer satisfaction. It is a critical element of the Taranaki DHB's corporate identity and needs to be controlled to ensure consistency and effectiveness.

The development of Taranaki DHB signage adheres to the guiding principles of simple way finding so that it is easy to understand.

Provision will be made for all signs, over time to be bi-lingual in consultation with the chief advisor Māori Health.

Communicating in an Emergency

There is a formal communication structure used by key health agencies including mechanisms to develop and disseminate critical information. This is part of the Coordinated Incident Management System (CIMS).

A member/s of the Communications team will be part of the incident response team.

11. Information Technology

Information displayed on the internet/intranet must be appropriate and conform to Taranaki DHB standards.
All website content must be approved by the Communications team.
All intranet content must be approved by the appropriate manager.
All communication sent by email must adhere to the Taranaki DHB Information Technology Use Policy.

Internet

The DHB's websites are a key channel for keeping the public informed about our activities and services.

The Communications team is responsible for the main external website www.tdhb.org.nz and is responsible for ensuring the content is reviewed by local content owners in a timely way. Staff are responsible for informing the Communications team if the content needs to be updated outside of the scheduled reviews.

Approval to set up any additional web microsites is discouraged unless there is a critical need and support for doing so. This must be obtained from the communications manager and the relevant Manager. Microsites not approved will be taken down.

Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.

The administration and loading of content is only undertaken by the Communications team, unless specific authorisation and training is given.

Content will be checked and if necessary edited by the Communications team to ensure it meets style, tone and format requirements, but content providers are responsible for accuracy of content.

Intranet
The DHB's intranet is an important channel of communication for staff.

Access to and use of the DHB intranet for work related purposes including regularly checking staff notices is part of the normal execution of an employee's responsibilities.

The administration and loading of content on the intranet is undertaken by the Communications team and in some cases, trained content editors within some services.

The Communications team reserve the right to edit notices for intranet noticeboards, to advise the sender if the message requires more information or checking before being posted, or to reject the message if it does not meet the standards or purpose of the intranet noticeboards.

Items for posting on intranet noticeboards should be sent to communications@tdhb.org.nz
Services/project teams are responsible for the accuracy and timely updating of content on intranet pages directly related to their area.

Messages posted on the Trade & Exchange page should include the personal name of the person posting

Social Media
Social Media allows people to connect, communicate and interact in real time to share and exchange information. The DHB recognises and supports the benefits of social media, particularly in the areas of public health information, recruitment and patient feedback.

Social media includes blogs; wikis; social networking sites including Facebook, LinkedIn and Twitter; video sharing sites such as YouTube or Vimeo; photo sharing sites like Flickr, Instagram, Snapchat and Pinterest; forums and discussion groups like Google+ and TradeMe.

Only the Communications team can post on publicly available social media channels on behalf of Taranaki DHB.

The Communications team monitors all social media channels to identify any issues arising from unauthorised use and misrepresentation of the DHB.

Staff participating in social media must make it clear they are doing so in a personal capacity to avoid their personal views being misconstrued as the views of the DHB. If necessary, they should add a disclaimer (e.g. "The opinions and positions expressed are my own and don't necessarily reflect those of the DHB").

Staff should not identify Taranaki DHB as their employer when doing so would bring the DHB into disrepute.

Both the code of Conduct for the State Services (www.sscgovt.nz/code) and the Code of Conduct for the DHB apply to staff and board participation online as a public servant. Staff should participate in the same way as they would with other media or public forums such as speaking at conferences.

The DHB has the following expectations of employees using social media:
- All employees will understand the importance of keeping confidential, sensitive work matters private.
- All employees will understand their workplace obligations of trust and confidence and therefore will not bring the DHB into disrepute by damaging the DHB's reputation and integrity or undermining the trust and confidence of the public in the organisation or its services.
- Staff should not express any statement or comment that breaches patient or colleagues' privacy or contravenes their employment or service agreement.

Requests for additional social media pages
Service/teams and individual staff may wish to create their own social media business or group page on Facebook, or another social channel that allows this, to promote or share some aspects of their work.

In general these pages will not be permitted, due to security and reputation risks and the time involved in keeping these pages relevant, timely and engaging. Social media content should be leveraged on the official DHB page, administered by the Communications team.

Staff may wish to create a 'closed group' Facebook page to communicate with other staff, stakeholders or members of the public relating to a specific initiative. All requests for these groups will be submitted to the communications manager. Closed groups will generally be permitted if they have a specific time limit, are administered by a named person who manages the invites, and do not disclose any confidential patient or staff information.

Roles and Responsibilities
The Taranaki DHB Communications team is responsible for assisting and providing guidance to all Taranaki DHB staff on internal and external communications including but not limited to:
- Website content
- Intranet content
- Media relations
- Issues management
- Project management
- Visual communications/graphics

Taranaki DHB employees will:
- Adhere to the Communication Policy and related documents.

12. **Compliance**
Compliance with this policy is mandatory. Any non-compliances will be investigated and may lead to a disciplinary process.

13. **Legislative Requirements**
- Taranaki DHB must comply with all relevant legislation which includes, but is not limited to the following:
Code of Health and Disability Services Consumers' Rights 1996
- Copyright Act 1994
- Crown Entities Act (Section 55 and 57)
- Defamation Act 1992
- Employment Relations Act 2000
- Films, Videos and Publications Act 1993
- Films, Videos and Publications Classification Act 1993
- Health and Disability Commissioner Act 1994
- Health Information Privacy Code 1994
- Local Government Official Information and Meetings Act 1987 and amendments

Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.

- National Library Act 1965 and amendment 1994
- Official Information Act 1982
- Privacy Act 1993
- Protected Disclosures Act 2000
- State Services Commission Web Guidelines, May 2002
- Trade Marks Act 1953
- Unsolicited Electronic Message Act 2007
- NZ Government Web Accessibility Standard
- NZ Government Web Usability Standard

14. **Key Taranaki DHB Associated Documents**

- Taranaki DHB Website guidelines (Unable to open this)
- Taranaki DHB Intranet guidelines (Unable to open this)
- Taranaki DHB Writing and Style Guide
- Taranaki DHB Information Technology Use Policy
- Taranaki DHB Photography/Video Consent Form
- Taranaki DHB Fundraising, Donations, Gifts and Bequests Policy
- Digital Photography Procedure
- Taranaki DHB Open Disclosure/Communication Policy
- Taranaki DHB Clean Wall Policy (Draft policy is in here U:\Communications\Comms Policies\Clean Wall Policy)

Caveat: The electronic version is the master copy. In the case of conflict, the electronic version prevails over any printed version.
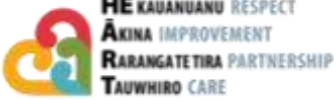
Social Media Policy				
HBDHB/OPM/112				
Approved by:	Chief Executive Officer	**Date of first issue:**	April 2013	
Signature:	Craig Climo	**Date of review:**	March 2020	
		Date of next review:	March 2023	

WHY WE HAVE THIS POLICY

Hawke's Bay DHB (HBDHB) recognises and supports the benefits of social media particularly in the areas of public health information and recruitment.

Only authorised social media spokespeople may post on publically available social media channels on behalf of HBDHB.

This policy provides a framework and guidance for staff who are authorised to engage in HBDHB's social media activity, and sits alongside DHB Communications, Code of Conduct and Information Services use policies and complements social media guidelines such as those developed by health professional bodies (refer: Our Hub: Our Place/Social Media Guidelines – click here).

A well-managed social media presence is an invaluable communication tool and can enhance HBDHB's reputation.

PRINCIPLES

- Social media is a communication channel that is responsive, interactive and provides a mechanism to reach into a variety of communities of interest.
- HBDHB has committed to engage in social media in particular, Facebook in a controlled and structured manner.
- Only appropriately trained and supported staff are delegated to engage in social media activity (in their capacity as DHB representative on DHB authorised sites/pages/forums).
- Social media allows people to connect, communicate and interact in real time to share and exchange information.
  - Staff participating in non-HBDHB social media posts must make it clear they are doing so in a personal capacity to avoid their personal views being misconstrued as the view of HBDHB. Staff should not identify HBDHB as their employer if when doing so would bring HBDHB into disrepute.
- Staff should not express any statement or comment that:
  - Breaches patient or colleagues' privacy
  - Contravenes their employment or service agreement
  - This guide sits alongside other known professional guidelines such as:
  - HBDHB Style Guide
  - Code of good faith for public health sector
  - Code of Health and Disability Consumers Rights 1996
  - Health Information Privacy Code
  - State Services Commission standards of integrity and conduct
  - Social media and the nursing profession
  - Guide for medical practitioners
  - A nurse's guide to social media and electronic communications
  - Social media in government.

SCOPE

This policy applies to HBDHB employees who are authorised to communicate via social media on behalf of the organisation.

ROLES AND RESPONSIBILITIES

Role	Responsibility
Authorised Social Media Users	Ensures HBDHB authorised social media channels are used appropriately and that their channel activity is monitored and appropriately moderated.
Communications Manager	Maintains an overview of content on the social media channels and that channel activity is monitored and appropriately moderated.
Information Technology Service	Ensures that authorised users have the appropriate level of access and that appropriate action is taken in the case of misuse.

PROCEDURE

Use of Social Media channels for HBDHB purposes (for instance as part of a recruitment, public education, consultation programme or health promotion programme) must be authorised as per the Delegation of Board Authority Policy OPM/024.

Staff participating in social media in their capacity as DHB employees must have completed relevant training or be appropriately experienced to participate in social media communications.

DEFINITIONS

Social Media – primarily internet and mobile-based tools for sharing and discussing information. The term most often refers to activities that integrate technology, telecommunications and social interaction, alongside the construction of words, pictures, video and audio.

Social Media Channel – a website that leverages Social Media and communications tools for its visitors. Examples include YouTube, Facebook, Wikipedia, Twitter, forums, blogs, message boards etc.

MEASUREMENT CRITERIA

The DHB will regularly monitor social media channels to identify any issues arising from unauthorised use and/or misrepresentation of the DHB.

RELATED DOCUMENTS

HBDHB/OPM/101   Information Security Access Control Policy
HBDHB/OPM/073   IT Security System Access Policy and Acceptable Use Sign Off Form
HBDHB/OPM/102   HBDHB Email and Internet Use Policy
HBDHB/OPM/024   Delegation of Board Authorities

KEY WORDS

Social Media
Facebook
Twitter
LinkedIn

For further information please contact the Communications Manager.

MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tararua

POLICY

COMMUNICATIONS AND MEDIA	
Applicable to: **MidCentral District Health Board**	Issued by: **Communications Unit - People and Culture**
	Contact: **Communications Unit**

1. PURPOSE

1.1 To ensure MidCentral District Health Board (MDHB) is represented in a consistent, accurate and appropriate manner in the public arena.

1.2 To enable employees, the CEO and Board/Committee members of MDHB to communicate with external parties through the provision of clear guidelines.

1.3 To ensure all communications, whether external or internal, align to the MDHB's strategy, goals and values.

1.4 To enable employees to uphold MDHB's Shared Approach to Work Principles, including to communicate openly and honestly, and to act with integrity.

1.5 To ensure:

- information is presented positively, accurately, consistently and in a timely manner to assist the community to understand and develop realistic expectations of the services funded and provided by MDHB
- increased community awareness of health promotion/disease prevention activities and issues, including risks to the public's health, eg pandemics
- proactive promotion of achievements of MDHB and its employees
- effective and accountable management of adverse/negative publicity
- consistency in organisational messages through an integrated corporate communication approach
- beneficial and mutually respectful relations are established with the media, locally, regionally and nationally, and, when required, internationally.

2. SCOPE

2.1 This policy applies to all employees and Board/Committee Members of MDHB. Refer to definition of employee on page 13.

2.2 It covers all communication (written, electronic, oral and audio visual).

2.3 It covers communication channels, including but not limited to, letters, memorandums, conversations, meetings, forums, podcasts, attendance at select committees, media statements, web content, emails, texts, social networking tools and sites, multimedia electronic files, and instant messaging.

2.4 Employees shall be deemed to be representing MDHB when they are communicating as a member of staff; are wearing the organisation's uniform and/or identification card; or can be associated with the organisation, ie are using a DHB vehicle, MDHB's email, letterhead or social networking systems.

2.5 Board and Committee members shall be deemed to be representing the organisation at all times, unless they expressly state otherwise, or the circumstances clearly indicate otherwise.

Note: members of staff are not precluded from making personal statements, but when doing so must explicitly state that they are doing this as a member of the public, or of any other organisation or professional body that they are representing. However, employees are reminded of their obligation to ensure they do not bring the DHB into disrepute through their conduct and actions either as employees or private individuals. Please refer to the MDHB Code of Conduct for further information.

2.6 Designated Officers

2.6.1 This policy does not apply to Designated Officers, who have specific authority granted by the Ministry of Health under the Health Act 1956, the Food Act 1981, the Smokefree Environments Act (1990), the Tuberculosis Act 1948, and the Sale and Supply of Alcohol Act 2012 when they are speaking on behalf of the Ministry of Health. These officers are:

- Medical Officer of Health
- Senior Health Protection Officer
- Health Protection Officer
- Smokefree Officer
- Officer appointed by the Medical Officer of Health.

2.6.2 The Designated Officer will work in accordance with the appropriate legislation and in consultation with the Medical Officer of Health.

2.6.3 Where designated officers are acting in managing an event that affects the safety of the public's health, the Health Information Privacy Code 1994 allows for release of identifiable information where this is "necessary to prevent or lessen a serious threat to public health or public safety". In these instances the Medical Officer of Health requirements are:

- Some information may not be identifiable to the public, but may be so to the family. In this situation all reasonable steps will be taken to inform the family before information is released to the media.
- In some situations information will be released to groups, eg parents at a school or pre-school regarding a meningococcal case. In most cases individuals will not be named. Again, all reasonable steps will be taken to inform the family before information is released publicly.
- Where the media contacts the Public Health Unit for further information regarding a specific event, no information will be given that significantly increases the risk of identifying individuals.
- The Corporate Communications Manager or a Communications Officer will be informed by e-mail of any contact with the media. Where possible, any written material will be discussed with them before release.

3. ROLES & RESPONSIBILITIES

3.1 All Employees

3.1.1 All communication with external parties shall be done within the **employee's scope of practice** and **delegated authority**, and shall represent the **organisation's viewpoint and not personal views unless expressly stated.** All communication shall be in accordance with MDHB's Code of Conduct, which sets out the standards of performance and conduct expected of all employees.

3.1.2 All communication, via whatever means, must:

- protect personal privacy and that of others by not including personal information (such as names, email addresses, private addresses, phone numbers or other identifying information). This includes recordings (voice and visual)
- take into account MDHB's values, strategy and strategic imperatives and represent the DHB's aim to create quality living, healthy lives and well communities
- represent MDHB's views and endorsed policy on any given subject
- be accurate, timely and written in plain language
- be appropriate and acceptable (refer to definitions for inappropriate and unacceptable)
- not bring the DHB into disrepute.

3.1.3 All written and visual communication, whether electronic or handwritten, shall be in accordance with the Style Standards, using official templates (where available) and MDHB's communication tools and sites.

3.1.4 All communication sent by email must adhere to the Email Acceptable Use Policy MDHB-5365.

3.1.5 All electronic communications must adhere to the requirements of the Unsolicited Electronic Messages Act 2017.

3.1.6 All web-based communication must adhere to the Web Policy (MDHB -5472).

3.1.7 All graphic design work must be in accordance with the MDHB Style Standards.

3.1.8 External publications eg newsletters, brochures, must be edited and approved by the Communications Unit. Internal publications may be done in-house (in department) and must abide by the Style Standards, including use of the MDHB logo where appropriate.

3.1.9 Any MDHB multimedia material (eg DVD/CD/web video/ podcast) must have the approval of the Corporate Communications Manager before final production may begin.

3.1.10 All communication shall clearly identify MDHB (or which of its component parts) is responsible for the information being provided.

3.1.11 Use of MDHB's letterhead and communication mediums must convey the organisation's views and not personal views.

3.1.12 All communication shall be undertaken with the target audience in mind. Plain language shall be used as much as possible.

3.1.13 Patient and consumer confidentiality and privacy shall be maintained.

3.1.14   All photographs and films taken of MDHB and its patients and staff must have the required/appropriate consent for the purpose it may be used for, by completing the consent form (available from the Communications Unit) or by noting in the patient/client's notes. (NB: this does not apply to clinical photographs taken for care and treatment purposes. Please refer to separate policy and procedures.)

3.1.15   MDHB's communication is subject to the Official Information Act 1982, and the requirements of MDHB's Retention of Documents Policy must be upheld. (MDHB-2007)

Public Meetings

3.1.16   When representing the organisation at public meetings, employees must have the endorsement of their Team Leader/Manager prior to the event.

3.1.17   If an employee plans to attend a public meeting that is political in nature, they are reminded of the requirement for political neutrality when representing MDHB in a public forum.

3.1.18   If an employee is aware of possible media attendance at a public meeting they plan to attend in an official capacity, they should make the Corporate Communications Manager or a Communications Officer aware of this.

Submissions

3.1.19   Submissions on policy and/or legislative matters, shall be made on behalf of the organisation as a whole and must be approved and signed by the appropriate General Manager, and filed with the Records Department, Board Office.

3.1.20   Staff who wish to make a submission on policy and/or legislative matters, in their role of MDHB employee shall forward their views to the designated staff member. If they are unsure who the designated staff member is, they shall seek this information from an Operations Executive, Clinical Executive or General Manager.

Official Information Act Requests

3.1.21   Responses to Official Information Act requests (for other than clinical records) shall be made on behalf of the organisation as a whole and must be approved and signed by the CEO, appropriate General Manager, Clinical Executive or Operations Executive, and filed with Records Department, Board Office.

Communication with Ministers of the Crown

3.1.22   All correspondence to Ministers of the Crown must be approved by the appropriate Operations Executive, Clinical Executive, General Manager, or CEO prior to being issued, and a copy provided to the Chair, CEO, General Manager and Records Department, Board Office.

Contract, Legal and Policy Matters

3.1.23   Communication regarding all contract, legal and policy matters shall be documented, including file notes of verbal communication, and filed with the Records Department, Board Office.

Communication re Employment and Personnel Matters

3.1.24   Communication regarding employment matters, including personnel performance and personal matters shall be documented, including file notes of verbal communication as appropriate, and filed with the Manager, Human Resources Organisational Development. HR advice should be obtained on these communiques, particularly with those for external parties.

Legislative Compliance

3.1.25   Communication shall comply with all relevant legislation which includes, but is not limited to:

- Privacy Act 1993
- Health Information Privacy Code 1994
- Code of Health and Disability Services Consumers' Rights 1996
- Employment Relations Act 2000
- Official Information Act 1982
- Protected Disclosures Act 2000
- Defamation Act 1992
- Electoral Finance Act 2007
- NZ Public Health & Disability Act 2000
- Crown Entities Act 2004
- Public Finance Act 1989

(For further information regarding legislative requirements, refer section 11 of this Policy.)

Other Organisations

3.1.26   Staff shall not publicly comment on the work, policy, actions or efficiency of external organisations without agreement from the organisation concerned. If it is necessary to draw attention to the shortcomings of such organisations, this should be done through proper channels and in an appropriate manner. Staff making public statements critical of any person or organisation should be aware that they may be personally liable if the criticism is unfounded.

Media Statements and Communication

3.1.27   Unless a formal delegation exists (refer Delegations [Policy] MDHB-2022), or approval is specifically granted by the CEO, General Manager, Operations Executive or Clinical Executive, employees may not make statements to the media on matters relating to their work with MDHB. If approached directly by the media, employees without delegated authority, should act in consultation with their Operations Executive, Clinical Executive, General Manager or the Communications Unit. In the event employees without delegated authority speak to the media in the capacity of another organisation, they must clearly state that they are communicating in the capacity of those associations and groups and not MDHB

employees; nor may they associate MDHB with them. (Refer also Sections 4 and 5 of this Policy.)

3.1.28 Employees may discuss with the media, matters affecting their professional activities, which do not impinge (by implication or otherwise) on MDHB policy or operational activities, eg as spokesperson for a professional association. In such cases, employees are to advise the Communications Unit, General Manager, Clinical Executive or Operations Executive of their involvement.

Web-Based Communication

3.1.29 All information provided on MDHB's websites (internet, extranet and intranet) shall comply with MDHB's Web Policy.

Use of Social Networking Tools

3.1.30 Only staff authorised by both their General Manager, Operations Executive or Clinical Executive and the Corporate Communications Manager shall be able to moderate, post content to and interact with consumers on MDHB's social media sites.

3.1.31 All staff with delegated social media permission shall undertake training as arranged by the Communications Unit and adhere to best practice guidelines.

3.1.32 All staff with delegated social media permission shall monitor and moderate such sites as appropriate, and all postings and contributions must first be approved by their Team Leader/Manager.

3.1.33 Where staff utilise social media in their personal capacity, they are reminded to adhere to their professional bodies' Code of Conduct and/or professional standards and must not make comments/postings on behalf of MDHB or in their role as a DHB employee. The privacy of MDHB's patients, staff and clients must not be breached or the DHB brought into disrepute. Staff should also be mindful of the impact of any statements they make on their own and/or MDHB's reputation.

3.1.34 Patient or consumer complaints sent via MDHB-controlled social media accounts should be directed to the appropriate manager and/or the customer relations team.

3.1.35 If a general request for information about any MDHB service is made through a MDHB social media account, then the commenter should be directed to the Contact Us section of the MDHB website or provided with the appropriate contact details.

Social media moderation

3.1.36 Public comments on any MDHB social media accounts should be moderated as closely as is logistically possible. Any abusive, defamatory, racist, bigoted or obscene comments or images should be deleted as soon as they are observed by the person who holds social media permissions.

3.1.37 Members of the public who post abusive, defamatory, racist, illegal, bigoted or obscene comments or images to MDHB social media accounts may be banned from the pages.

3.1.38 Staff with delegated permission to post to MDHB social media accounts should encourage open, honest and respectful discourse from all users.

3.1.39 Filters blocking obscene language should be set, if available

3.2 Operations Executives, Clinical Executives and General Managers

3.2.1 Operations Executives, Clinical Executives and General Managers shall:

- ensure significant projects and events are supported by a communication plan to ensure all stakeholders are informed by the most appropriate means.

- co-ordinate submissions on Government policy, and to Government committees. This person shall make best endeavours to ensure that all appropriate personnel within the organisation are specifically invited to put forward their views; that all staff are made aware that a submission is being compiled, and the designated co-ordinating officer who shall receive information/views for inclusion. This person shall also be responsible for collating the response, and ensuring that it is formally approved and signed by the appropriate General Manager

- together with the Corporate Communications Manager, shall authorise specific staff members to have social media access, and maintain a list of employees with such delegated authority

- monitor social media sites that staff within their area of responsibility with delegated authority are interacting with

- ensure spokespeople or commentators on MDHB matters are authoritative and knowledgeable in the subject matter being discussed.

3.3 Public Health Services

3.3.1 The requirements for Operations Executive and Clinical Executive authorisation of submissions, and filing of submissions with Board Records, are waived for the Public Health Unit in respect of:

- Government policy or legislation that has not yet entered the parliamentary process, and forms that of a more technical or departmental policy nature;
- resource management matters
- national, regional and district (territorial authority) plans.

3.4 Communications Unit

3.4.1 Media statements/written releases shall be co-ordinated, wherever possible, by the Communications Unit, in consultation with the CEO/General Manager/Operations Executive /Clinical Executive /employee concerned. Approval for the release will be in accordance with the Delegations [Policy] MDHB-2022.

3.4.2 The Communications Unit shall be responsible for ensuring timely circulation of media releases, both to the media and within MDHB.

3.4.3 The Communications Unit shall establish and maintain a list of media contacts.

3.4.4 The Communications Unit shall have primary responsibility for fostering relations between the MDHB and media organisations.

3.4.5 The Communications Unit will maintain a communication plan template to assist services with major communication initiatives.

3.4.6 The Communications Unit will maintain MDHB's Style Standards, and provide training in their use as required.

3.4.7 The Communications Unit shall maintain MDHB's communication infrastructure, including but not limited to, website, social networking tools and sites (Facebook, Twitter, Google Plus etc).

3.4.8 The Communications Unit may monitor staff (with delegated authority) interaction with social media, and moderate as appropriate.

3.4.9 The Communications Unit shall arrange media and social media training for managers and staff as required.

3.5 Corporate Communications Manager

3.5.1 The Corporate Communications Manager, in conjunction with the appropriate Operations Executive or Clinical Executive shall authorise staff to have social media access and website content managed and external collaboration editing and/or approval status. (Refer also MDHB-5472 Web Policy.)

3.5.2 The Corporate Communications Manager shall be responsible for oversight of sensitive communications, particularly those with to potential to cause reputational risk to the organisation or staff, and/or a loss of public confidence in MDHB.

3.5.3 The Corporate Communications Manager shall offer strategic advice on media matters to the CEO, Executive Leadership Team and Board/Committee members.

3.6 Board and Committee Members

3.6.1 The Board's Chairperson is the official spokesperson for matters of governance and policy.

3.6.2 Committee chairpersons may speak on behalf of their committees, and on governance matters falling within the ambit of their committee's terms of reference.

3.6.3 Board and Committee members have the right to express their views in the media and public arena, but must make it clear the views are their personal views, and they are not speaking for, or on behalf of, the board in respect of current, or future, policy or decisions.

3.6.4 Guidelines are provided for Board and Committee members in respect of media enquiries.

4. MEDIA CONTACTS

4.1 Where practicable all media contacts/enquiries should be, in the first instance, referred to the appropriate Operations Executive/Clinical Executive, General Manager, CEO and the Communications Unit, which acts as the co-ordinating body for all media contacts.

4.2 Where approaches are received directly from the media, the Corporate Communications Manager or a Communications Officer is to be advised of the issue and any statements made to the media.

4.3 The Delegations [Policy] MDHB-2022 specifies those authorised to speak directly with the media on policy/service/professional issues relating to MDHB, and the following guidelines clarify areas of responsibility:

- For **policy**, **and issues defined as critical** by the CEO, the media spokespersons shall be the Chairperson of the Board and/or CEO (or designated person).

- For **operational, service and professional issues**, the General Managers/Operations Executive/Clinical Executive may respond to the media, or delegate their authority to other appropriate spokespersons as necessary

- Any issues which may cause **significant public concern** must be referred to the CEO and the Corporate Communications Manager in the first instance. Where the issue involves a **threat to public health**, any response will be developed in consultation with the Medical Officer of Health or designate.

4.4 In general, and in the interests of maintaining good relations, access to information, interviews and other MDHB material should not be exclusive and the various news media and journalists should be given equal treatment, except on the recommendation of the Corporate Communications Manager or a Communications Officer.

4.5 For special projects or incidents, a media spokesperson may be appointed by the General Manager or CEO.

4.6 Media Access to Patients/Clients who are Resident at MidCentral's Facilities

4.6.1 Patients/clients who are resident at MidCentral's facilities wishing to be interviewed by the media have that right. All such requests by the media should be referred to the Corporate Communications Manager, a Communications Officer and the appropriate Team Leader.

4.6.2 The Team Leader will ascertain whether the patient/client or next of kin consents to the interview and also if there are any clinical reasons why an interview should not take place.

4.6.3 The Corporate Communications Manager or a Communications Officer should then make arrangements for the media to meet with the patient/client.

4.6.4 As with all media contacts, care must be taken that the privacy of other patients/clients and staff is not compromised. Also, that the arrangements do not unduly disrupt the day-to-day running of the department.

4.6.5 If media personnel are found on MDHB property in a professional capacity without permission they should be asked to leave, and, if necessary, escorted off the premises by security.

4.6.6 If a media interview is granted but a staff member has concerns about risk to staff and/or patients, then MDHB reserve the right to cancel the interview at any time leading up to or during the interview.

Confidentiality

4.6.7 Where the media or other external parties are seeking comments relating to patients/clients/residents and/or their welfare, including access for interviews and photographs, the response must take into account the organisation's policy on patient confidentiality. This states that the only information that may be released without the patient/client/resident's prior consent is:

- brief general information concerning the nature of injuries to a person involved in an accident, provided this is within 24 hours of their admission
- general information concerning the condition of the patient on the day of enquiry, unless the patient/client or their family/representative has expressly requested no information be given.

4.6.8 Where the media or other external parties are seeking comments on individual staff members concerning personal information, disciplinary and/or employment relations procedures, including access for interviews and photographs, the response must take into account the need to protect employee privacy. The only information that may be released without the individual employee's prior consent is general information pertaining to the issue in question only (without divulging individual or personal details). Staff dealing with requests of this nature should seek input from the Manager Human Resources Organisational Development.

4.6.9 Where the media or other external parties are seeking comments on contract holders concerning contract arrangements, the response must take into account the need to protect information where the making available of such information would unreasonably prejudice the commercial position of the contractor, or, disclose a trade secret.

Board Meetings

4.6.10 Media personnel are welcome to attend MidCentral District Health Board/Committee meetings. Filming or photographing the meeting can only occur with permission from the Board Chairperson. Applications should be made, via the Communications Unit, 48 hours before the meeting.

5. RECORDING (PHOTOS, VIDEO AND AUDIO) ON MDHB PREMISES AND OF MDHB STAFF AND PATIENTS

5.1 It is the policy of the hospital, consistent with its respect for patients' privacy and confidentiality and adherence to the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations to obtain written consent to photograph, video or audio record patients and/or staff.

5.2 In general terms, requests for recording will be considered against: public interest; social and public health merit; the benefits to the District Health Board; the benefits to the sector; the impact on patient privacy; and the impact on the day to day operations of the area concerned.

Media

5.3   Under no circumstances may media interviews, filming or photography be carried out on MDHB sites without permission from the Corporate Communications Manager or a Communications Officer. If media personnel, or individuals carry out recording (visual or audio) or photography without permission, our hospital security teams may ask media/individuals filming to leave the site immediately.

5.4   Media requests for permission to record (audio or visual) on MidCentral District Health Board premises should be directed to the Communications Unit, who will make a determination in conjunction with the Operations Executive, Clinical Executive, General Manager or On-Call Manager of the division/cluster concerned. An appropriate and specific filming agreement should be signed with the film company and patient/client or next of kin. Consents must be obtained prior to filming, either by completing the filming consent form (obtainable from the Communications Unit) or by noting in the patient/client's notes.

5.5   The Minister of Health's directives regarding filming or recording on DHB premises must be adhered to at all times – refer Appendix 2 for latest directive dated 16.11.02.

Specific filming conditions

5.6   The rights to privacy, confidentiality and safety of the patient and their family and staff shall be paramount at all times during any instance of filming, recording or interviewing.

5.7   If there is more than one patient in a room, then written consent must be gained from all patients prior to filming taking place.

5.8   Film crews must observe the DHB's health and safety procedures.

5.9   If lights or equipment interfere with staff procedures or medical equipment/devices they may not be used.

5.10 A film crew may only record clinical procedures with the express permission of the Clinical Executive, charge clinician and the Communications Unit.

5.11 Any changes to initial plans or timetable should be discussed with the clinician in charge and the Corporate Communications Manager.

5.12 No other staff, outside of those who gave prior written consent, should be interviewed or filmed.

5.13 Staff who are identifiable in background shots taken on DHB property will need to give their written consent. If a consent form cannot be obtained, the employee should sign a piece of paper granting the permission. Copies of this agreement should go to the staff member, the media outlet and the Communications Unit.

5.14 If staff ask a film crew to stop shooting or leave the premises at any time, this request must be immediately adhered to.

5.15 Staff reserve the right to withdraw consent at any time up to, during or seven days after filming, unless the footage has been aired before this time elapses.

6. MEDIA RELATIONS AND REQUESTS

Requests for patient conditions

6.1 All media requests for patient conditions should be directed to the Communications Unit in the first instance. The information will then be sought from the appropriate charge nurse or service manager. If urgent requests are made outside of business hours, on weekends or on public holidays, they should be directed to the duty nurse manager. If required, the duty nurse manager may escalate requests to the on call manager.

6.2 The Communications Unit will provide information, when available, about a patient's medical status, as below:

- being assessed in the Emergency Department
- discharged
- stable
- serious, but stable
- serious
- critical.

6.3 Conditions cannot be given for patients after they have been discharged or if they are using community health services.

Media approaches for additional patient information

6.4 Further information about patient conditions can be released only if disclosure is authorised by the individual concerned or by the individual's representative in cases where the individual is deceased or unable to give their authority. Refer to Rule 11(1) (b) of the Health Information Privacy Code 1994 for more information.

6.5 If the information is sought from a minor under 16 years of age, their parent or legal guardian must provide consent.

6.6 Media personnel are responsible for obtaining consent and it must be provided to the Communications Unit in writing at the same time or prior to any request for information. If this takes place outside of business hours, on weekends or public holidays, consent must be cleared with the on call manager. No collation of information will take place until consent is received and accepted.

6.7 Even if consent is granted, MDHB must consider the impact of its release on the patient, their family and staff. MDHB reserves the right to withhold release of patient information if a relevant clinician holds concerns that its release may have a detrimental effect on the aforementioned parties.

No surprises approach

6.8 MDHB encourages a 'no surprises' approach throughout the organisation in relation to media, which involves all staff ensuring the appropriate managers are made aware of any actual or potential media interest.

6.9 If negative media coverage relating to MDHB has the possibility of national, or international, significance, then the appropriate channels should be used to ensure the CEO, the Board, the Ministry of Health and the Minister of Health are made aware of this possibility.

6.10 Staff should inform the Corporate Communications Manager or a Communications Officer of issues involving MDHB that could attract media attention, as well as any opportunities for positive coverage. If these issues occur outside of business hours, on a weekend or a public holiday, and the Corporate Communications Manager is unable to be contacted, staff should inform the on call manager.

6.11 If significant media coverage involving MDHB is likely to create widespread concern among staff, then an all staff email may be issued from the Communications Unit on behalf of the CEO offering a summary of the query and our response.

6.12 If any staff members have concerns about media coverage relating to MDHB, such as accuracy, then they should contact the Corporate Communications Manager or a Communications Officer to discuss their concerns. Any formal complaints about media coverage should be co-ordinated by the Communications Unit.

Professional courtesy

6.13 The appropriate level of mindfulness around media deadlines should be considered in balance with the demands and responsibilities of the MDHB's health professionals.

7. PREREQUISITES

7.1 Any employee publicly representing MDHB must ensure they are acting within their formal delegated authority or have the specific approval of their immediate manager to do so.

8. POLICY

8.1 MDHB's role/image as a funder, planner and provider of health and disability services shall be upheld in all external communications, and by all who represent it in the public arena.

8.2 Staff members who communicate with external parties on behalf of MDHB shall represent the organisation's views in an accurate and professional manner.

8.3 MDHB shall work in co-operation with the news media as a communication linkage between the organisation and the wider public, and to promote health and the activities of MDHB within the wider community.

8.4 Media enquiries are to be co-ordinated through the Communications Unit and dealt with in a timely, helpful manner, while maintaining strict patient, client, resident and employee confidentiality.

9. DEFINITION

9.1 Communication: for the purposes of this policy, "communication" is defined as the exchange of information with a party who is not an employee of the organisation.

9.2   Employee is defined as any person with a signed employment agreement with MDHB including full time, part time and casual staff. The term also applies to honorary staff (eg volunteers, interns) and, in some cases, contractors.

9.3   Inappropriate/unacceptable communication is:

- abusive, harassing or threatening of others
- anything that racially or religiously vilifies others, incites, induces, aids, assists, promotes, causes, instructs or permits violence, discrimination, harassment, victimisation or hatred towards others, is likely to offend, insult, humiliate or intimidate others, particularly on the basis of their sex, gender identity, race, colour, descent, national origin, religion, ethnicity, age, sexuality, disability or any other grounds
- defamatory comments
- hateful or obscene language
- material that infringes the intellectual property rights of others
- anything that promotes commercial interests
- anything that hacks into unauthorised areas publishing defamatory and/or knowingly false material about MDHB, colleagues and/or clients/service users on social networking sites, blogs, wikis and any online or other publishing format
- the revelation of confidential information about MDHB, including information relating to patients, consumers, business plans, policies, staff and/or internal discussions, and financial information.

9.4   Social media: for the purposes of this policy, "social media" is defined as web and mobile-based technologies which are used to turn communication into interactive dialogue between organisations, communities and individuals. It includes but is not limited to webzines, weblogs, social blogs, microblogging, wikis, social networks, podcasts, photographs or pictures, video, rating and social bookmarking, eg Facebook, Twitter, Flickr, YouTube.

9.5   Health literacy: the degree to which individuals can obtain, process and understand health information and services they need to make appropriate health decisions.

10. RELATED DOCUMENTS

10.1   MDHB Related Documents

MDHB-2022	Delegations [Policy]
MDHB-2053	Disclosure of a Serious Wrongdoing (Whistle Blowing) [Policy]
MDHB-673	Health Information Access Release Disclosure [Policy]
MDHB-5365	E-Mail Acceptable Use [Policy]
MDHB-5472	Web Policy
MDHB-5582	MDHB's Code of Conduct
MDHB-1889	MDHB's Disciplinary Procedures
MDHB-2007	Retention of Documents
MDHB-6295	Clinical Images of Patients Policy

[MDHB Style Standards](#)

10.2   Other Related Documents

10.2.1 This is not an exhaustive list and employees should refer to the professional body for information:

- Social Media and the Medical Profession – a guide to online professionalism for medical practitioners and medical students (a joint initiative of the Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Association Doctors-in-Training Council, the New Zealand Medical Students' Association and the Australian Medical Students' Association)
- Social Media and the Nursing Profession: a guide to online professionalism for nurses and nursing students (a joint resource developed by the New Zealand Nurses' Organisation, NZNP National Student Unit, and Nurse Educators in the Tertiary Sector)
- Social Media in Government – high level guidance (Department of Internal Affairs)

11. FURTHER INFORMATION / ASSISTANCE

- Corporate Communications Manager
- Manager, Human Resources Organisational Development
- Principal Administration Officer
- Privacy Officer
- Quality & Clinical Risk
- Information Systems

12. APPENDICES

Appendix 1: Media Guidelines for Board and Committee Members
Appendix 2: Minister of Health's Directive re Filming on DHB Premises
Appendix 3: Communication Plan Template
Appendix 4: Media Filming Agreement Form

13. KEYWORDS

Communications, News media

Media Guidelines for MidCentral District Health Board and Committee Members

1. Board and Committee members should not comment publicly on specific agenda items in advance of the meeting at which they are to be discussed.

2. It would be expected that Board and Committee members would publicly express their individual viewpoints at the meeting. Subsequent public comment would be influenced by the individual's obligation to observe the collective responsibility for decisions.

3. It is inappropriate for members to comment on operational or clinical issues. Media questions relating to operational or clinical issues should be referred to the Board Chair or the CEO.

4. Board and Committee members are expected to be well briefed and informed before talking to the media.

5. To apprise members of issues that may be aired publicly:
   - a briefing paper will be circulated as required
   - media releases will be forwarded to Board and Committee members prior to be being issued to the media as appropriate

6. Board and Committee members are encouraged to seek advice from the CEO should they need more information on any issue.

7. Board and Committee members are encouraged to share information with the CEO to ensure the appropriate staff members are involved, informed and aware of news media coverage and developments.

8. Board and Committee members should avoid any comment about identifiable patients or employees of the MidCentral District Health Board, or of other providers of health services.

9. Board and Committee members may not level criticism of staff that may be seen to be personal.

10. Board and Committee members must remember they are accountable to the shareholder Ministers.

11. Board and Committee members must let the Board Chair and CEO know (in advance where possible) if they are contacted by, or intend to speak to, the media.

MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tararua

Minister of Health's Directive re Filming on DHB Premises dated 19.11.02

New Zealand Public Health and Disability Act 2000

Direction to all DHBs – use of DHB facilities for filming or recording

In light of controversy recorded in the judgment of Hon Justice Heath in *Re an unborn child* (*HC Hamilton, 11 October 2002*) concerning a woman's attempt to have the birth of her child recorded for purposes that have been acknowledged as including a pornographic film, I regard it as inconsistent with the objectives of a DHB that its facilities be used for any such purpose.

It is the policy of the Government that the resources of DHBs are to be applied in pursuance of their objectives, and in particular, that the facilities of DHBs are not to be used to produce or promote pornography.

Therefore, pursuant to section 32 of the New Zealand Public Health and Disability Act 2000, I direct all DHBs as follows:

1. The DHB must not permit on or within its premises any filming or recording for purposes that it has reason to believe may include a pornographic purpose.

2. The DHB may permit on or within its premises any other filming or recording only in accordance with clause 3 of this direction.

3. Subject to clause 1 of this direction and any other lawful restrictions, the DHB may permit on or within its premises any filming or recording-

    (a) for any of the following purposes:
        (i) personal and private purposes; or
        (ii) clinical or educational purposes; or
        (iii) purposes of the news media; and

    (b) where the DHB believes it to be necessary or desirable.

4. This direction does not affect any existing power of the DHB to restrict access to, or to restrict filming or recording on, its premises.

5. For the purposes of this direction, references to "filming or recording" include still photography, sound recording, and visual and sound images.

DATED AT WELLINGTON THIS 19th DAY OF NOVEMBER 2002.

Hon Annette King
Minister of Health

APPENDIX 3

COMMUNICATION PLAN:

1.   Purpose

State the overall purpose of this communication plan. For example, to inform all parties affected (or potentially affected) by an outbreak of Hepatitis A at Palmerston North.

2.   Approach

Identify and document the overall approach to the project, for example, low-key or determined effort to get key messages out to stakeholders. Some things to consider: identify a project owner(s); identify a central store for documentation and contact(s); identify where media/staff enquiries can be referred.

3.   Forms of Communication

List forms of communications being used

4.   Critical Stakeholders and Spokespeople

List project key stakeholders and spokespeople:

Stakeholder Groups	Message Approvers	Message Deliverers

5. Timeline

List all project key communication actions, dates and who is responsible for completing the action:

ACTION	DATE	WHO

6. Stakeholder messaging

Stakeholder:	TITLE
Key Messages:	• Outline key messages
Delivery:	• Outline plans to deliver the message
Engagement:	• What level of engagement is required for this stakeholder? Keep informed, Monitor and respond as required, Manage closely or Maintain confidence

Stakeholder:	
Key Messages:	
Delivery:	
Engagement:	

Stakeholder:	
Key Messages:	
Delivery:	
Engagement:	

Stakeholder:	
Key Messages:	
Delivery:	
Engagement:	

7. Frequently Asked Questions

Why are we making changes?

8. Glossary

Explanation of abbreviated terms

APPENDIX 4

AGREEMENT BETWEEN MIDCENTRAL DISTRICT HEALTH BOARD &

_____

INTERVIEWS AND FILMING AT MIDCENTRAL DISTRICT HEALTH BOARD FACILITIES

RE: _____

The purpose of this document is to define the conditions under which the MidCentral District Health Board will grant approval for

_____ to use footage

for _____ .

Introduction

Any person or organisation, either within or outside of MidCentral District Health Board, requires approval prior to interviewing patients, when they are under the care of MidCentral District Health Board. This approval also applies to filming and interviews with members of MidCentral Health staff.

The rights to privacy, confidentiality and safety of the patient, his/her family and staff, are paramount at all times.

- All reporters/film crews must clearly identify themselves and be "chaperoned" by an MidCentral District Health Board staff member at all times while on MidCentral District Health Board premises

Media Spokespeople

Only staff designated as media spokespeople may release any information to interviewers regarding the patient, and only with the written consent of the patient.

Only staff designated as media spokespeople may release any information to the interviewers regarding MidCentral District Health Board.

Behaviour on Wards

Interviewers must be sensitive to the ward/unit situation and cease interviewing/filming and leave an area:

- if requested for any reason
- if the patient(s) become(s) distressed during the interview and requests the interview be stopped
- if the patient(s), change(s) their mind about participation in the interview/filming.

Approval Policy

The purpose of this policy is to ensure that the correct approval is sought and obtained for interviewing patient(s), under the care of MidCentral District Health Board. This approval also applies to filming and interviews with members of MidCentral District Health Board staff.

Approval must be obtained from the following MidCentral District Health Board staff, before any patient(s), are approached.

General Manager/On-Call Manager/On-Call Communications Advisor
Visits to MidCentral District Health Board involving interviewing of patient(s), must be approved in advance by the General Manager, On-Call Manager, or On-Call Communications Advisor of the hospital. This may be done by contacting the Communications Unit via the Palmerston North Hospital switchboard – (06) 356-9169.

Consultant

If clinical issues are involved the Consultant responsible for the care of that patient must, wherever possible, be notified prior to the interview taking place.

Procedure for Consent from Patients/Family/Whanau

Having approved a request for an interview/observation, a MidCentral District Health Board staff member will make an initial approach to a patient, and obtain their written consent (see consent form attached) prior to filming. The film company must not approach a patient directly at the hospital.

Ownership

The final material and all the material taken to produce the final product may only be used for the express purpose granted in the approval and for that which the patient, had consented to. If the material is required for another purpose then separate approval must be obtained.

In this case, we understand the purpose of filming and interviewing is for _____ .

Specific Filming/Interviewing/Observation Conditions

- It must be stated clearly in the production that the patient observed has given their consent to allow MidCentral District Health Board staff to discuss their care and treatment.
- The Communications Unit must be notified each time the company wish to enter the hospital premises.
- If bright lights are interfering with staff procedures they may not be used.
- Consent must be obtained from all patients in rooms with more than one patient
  - if one patient says NO, there can be no filming in the room.
- The film crew may only film clinical procedures with the express permission of the clinician in charge.
- Any deviations from the plan or timetable to be discussed with – (person in charge).
- NO close ups of patients or families unless consent has been given.
- NO other staff interviewed - only those for whom permission has been granted.
- Staff must give their consent to be in any background shots.

- When not observing, the reporter may use the public cafe for meals and drinks – not the staff tearoom.

Specific Filming/Interviewing/Observation Conditions cont.

- If staff ask the crew to stop shooting at any time, they must stop immediately.
- Patients and staff reserve the right to withdraw consent at any time up to, during or 7 days after filming.
- Filming will not hinder delivery access and bus access to the hospital.

Agreed to by:

Name:

Signature:

On behalf of MidCentral District Health Board

Date:

Agreed to by:

Name:

Signature:

On behalf of

Address:

Phone Number:

Date:

Released under the Offical Information Act 1982

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Social media

Type: Policy	HDSS Certification Standard:
Issued by: Executive leadership team	Version: 2.
Applicable to: All staff	Document Owner: Communications manager

Purpose

Social media allows people to connect, communicate and interact in real time to share and exchange information. Wairarapa DHB (WrDHB) recognises and supports the use of social media, however there are risks to both the DHB and to individuals when using this communication channel.

This policy outlines WrDHB expectations of staff using social media both in the workplace and personally.

Scope

For the purposes of this document, staff refers to:

- Employees irrespective of their length of service
- Agency workers
- Self-employed workers
- Volunteers
- Consultants
- Contracted service providers
- Students
- Board, committee and council members

Policy
Definition

The intent of social media is to generate conversation, engagement and fostering of virtual communities. It covers any online tool that allows two-way communication including sharing information, ideas, experiences and opinions.

Social media includes blogs, wikis, social networking sites including Facebook, LinkedIn and Twitter, video sharing sites such as YouTube or Vimeo, photo sharing sites like Flickr, Instagram, Snapchat and Pinterest, and forums and discussion groups such as Google+ and TradeMe.

Advantages of social media

- Easy to use, inexpensive channel for engaging in conversations with patients and our communities on public health matters.
- Useful tool in recruiting staff.
- A well-managed social media presence is an invaluable communication tool and can enhance the reputation of the DHB.

Document author: Communications manager		
Authorised by: Executive leadership team		
Issue date: 01/09/20	Review date: 01/09/23	Date first issued: 03/10/17
Document ID: Allocated by WrDHB SharePoint		Page 1 of 4

CONTROLLED DOCUMENT – The electronic version is the most up to date version. The DHB accepts no responsibility for the consequences that may arise from using out of date printed copies of this document.

Risks associated with social media

There are risks associated with social media if it is mismanaged. Some of these include:

- Disclosure of confidential information – breaching patient or work colleagues' privacy
- Damage to the DHB's reputation
- Being linked to derogatory, obscene, racist or otherwise offensive comments
- Workplace bullying, harassment or discrimination
- Productivity lost through engaging in social media in work time
- Employees who make personal comments that might appear to be reflecting a WrDHB view.

This policy outlines roles, responsibilities and expectations of WrDHB staff when using social media channels.

WrDHB social media management

The communications team is responsible for managing WrDHB's main social media channels. This includes posting information and messages, and sharing relevant posts from other healthcare providers and organisations.

The team regularly monitors social media channels to identify any issues from unauthorised use and misrepresentation of the DHB, and to respond to comments about the DHB on social media message threads. Social media monitoring is also a useful way of identifying and understanding any wider community views and conversations about healthcare services and issues.

The people and capability team are responsible for managing the WrDHB Jobs Facebook page.

Roles and responsibilities

WrDHB social media channels

Staff must have delegated authority to make social media posts on behalf of WrDHB.

The DHB encourages staff to follow the organisation's social media channels and 'like' or share relevant posts. It also welcomes staff notifying the communications team of issues or negative posts about WrDHB on individual or other organisation's pages.

Staff should contact the team with suggestions of new services or activities that could be highlighted on WrDHB pages or sites.

WrDHB spokespeople

When using social media on behalf of the DHB, staff are expected to be:

- credible, accurate and fair
- cordial, honest and professional
- responsive, answering questions or responding to appropriate comments in a timely manner
- an appropriate ambassador for the DHB.

Individual use of social media

WrDHB staff are expected to comply with the following common principles of social media use:

1. Staff participating in social media should make it clear they are doing so in a personal capacity to avoid their personal views being misconstrued as the views of the DHB.
2. Staff understand their workplace obligations and do not bring the DHB into disrepute by damaging the DHB's reputation and integrity, or undermining the trust and confidence of the public in the organisation or its services.
3. When using social media, staff understand the importance of keeping confidential, sensitive work matters private. This includes not expressing comments that breach patient or colleague's privacy.
4. Staff using social media protect their personal privacy and that of others by not including personal information in posts (such as names, email addresses, phone numbers or other identifying information).
5. When using social media in any capacity, staff should refrain from providing specific medical advice.
6. Remember that search engines never forget: Everything you post stays online for a long time. Think before posting something you might regret later.

Personal use of social media at work

Staff should refrain from using social media on privately owned mobile devices in work time. Use of the internet and social media by staff is permitted where this is relevant and appropriate to their role.

Requests for additional social media pages

Service/teams and individual staff may want to create a social media page on Facebook, or another social channel, to promote or share some aspects of their work.

Requests for additional pages should be sent to the communications manager. Additional pages will usually not be permitted due to security and reputation risks, and the time involved in keeping these pages relevant, timely and engaging. Social media content should generally be posted on the official WrDHB sites which are administered by the communications and people and capability teams.

Staff may wish to create a 'closed group' Facebook page to communicate with other staff, stakeholders or members of the public relating to a specific initiative. All requests for these groups should be sent to the communications manager. Closed groups will generally be permitted if they have a specific timeframe, are carefully administered and do not disclose any confidential patient or staff information.

Related Documents
- Communication strategy
- Communication principles
- Communications team function
- Communications team workplan
- Media and communications policy
- No surprises policy
- Authorised spokespeople policy
- Media consent form
- Media filming, interviewing or photography approval form

Approval Authority Signature

Name:	Dale P. OLIFF
Role:	CE
Signature:	Dale P. Oliff
Date:	01 / 09 / 20

Community guidelines for social media channels

Te Whatu Ora - Central, Coast and Hutt Valley engages with the community and provides important safety and public health information through accounts on Facebook, Instagram, Twitter and LinkedIn. We encourage contributions to our pages but reserve the right to remove posts that violate our community guidelines. Please keep all comments and posts relevant and respectful.

Social media is not a diagnostic platform – if you have concerns about your health, please get in touch with your GP or contact Healthline for free at 0800 611 116. In an emergency, always call 111.

If we receive information that suggests anyone may be at risk of harm, we may share it with Police or Netsafe to keep them safe. However, our channels are not an emergency service and are not monitored at all hours. If you or anyone else is at risk of hurting themselves or others, please call 111 if it is an emergency. Alternatively, search for mental health services and information.

Te Whatu Ora reserves the right to:

- determine what constitutes inappropriate content
- hide or entirely remove inappropriate content
- ban users from its social media communities.

We may delete posts which contain:

- racist, sexist, homophobic or other forms of hate-speech
- potentially defamatory statements
- confidential information (including contact details and personal or health information)
- misinformation
- spam or advertising
- offensive language, abuse or threats
- off-topic or irrelevant information to the thread of conversation
- nudity, pornography or child abuse
- excessive violence
- content that is illegal, gives instructions for illegal activity or advocates illegal activities.

Te Whatu Ora
Health New Zealand
Nelson Marlborough

Nelson Marlborough Media and Social Media Policy

Policy

Ctrl + Click link to email feedback:
✉**ppgadmin@nmdhb.govt.nz**

Media and social media

Purpose

The purpose of this policy is to guide employees', board and committee members' engagement with news media and social media to ensure:

- these parties do not breach, or risk breaching, privacy law
- that our organisation is represented accurately and appropriately
- increased community awareness and understanding of our services, strategies and initiatives
- sustainable, high-functioning media relationships.

Scope

This policy applies to all employees, contracted individuals, board and committee members. These groups are referred to as 'all parties' from this point forward.

This policy does not apply to statutory officers when applying the specific authority granted to them by the Director-General of Health to speak on behalf of the Ministry of Health.

Other relevant policies and documents

i) The *Submissions on Behalf of NMDHB Policy* guides written and oral submissions to external agencies such as councils and central Government agencies and Ministers' offices.

ii) The *Privacy Policy* outlines legal requirements under the *Privacy Act 1993* and *Health Information Privacy Code 1993*.

iii) The *Privacy: Enquiries about Patients Policy* guides responses about patient enquiries.

iv) The *Interim Delegated Powers Policy* outlines the powers delegated by the Chief Executive to staff, including public communication delegations.

v) The State Services Commission's *Standards of Integrity and Conduct 2007* (code of conduct) describes the requirements of district health board employees to be fair, impartial, responsible and trustworthy.

vi) Employment agreements that may include relevant clauses, eg CL 26 in the New Zealand Nurses' Organisation *Multi-Employer Collective Agreement*.

Definitions for the purposes of this policy

Media:

Media means news media representatives from any print, broadcast or electronic publication.

Social media:

Social media means all web-based social media sites including blogs, online forums and social networking sites.

Statutory officers:

Most statutory officers are designated by the Director-General of Health under the Health Act 1956. These officers – medical officers of health and health protection officers – are accountable to, and subject to direction from, the Director-General.

Issue Number	3	*This is a Controlled Document. The electronic version of this document is the most up-to-date and prevails over any printed version. Printed versions of this document are valid for the day of printing only. All health professionals across NM are welcome to access this document, and must interpret and apply the contents with careful consideration.*	Author Communications Manager
Date Approved	6/10/2022		File name Media and Social Media Policy
Date Review	6/04/2023		Page 1 of 4

Policy statements

A. Personal vs official representation

Parties could be deemed to be representing Nelson Marlborough Health (NMH) in news and social media when:

- their job title is published or broadcast as part of public commentary
- comments are published or broadcast while wearing uniform, identification cards, or when they are seen with branded material such as sign-written vehicles.

People should endeavour to represent NMH in an accurate and professional manner.

In cases when an individual seeks to comment in a personal or professional capacity, they should make that clear and attempt to avoid the perception that they are representing the view of their employer – NMH.

Employees who wish to contribute to public debate on issues surrounding NMH are advised to contact their union for advice.

B. Responding to media enquiries

All media enquiries should be referred to the communications manager in the first instance, or the organisation's duty manager (a rostered member of the Executive Leadership Team) if the communications manager cannot be reached. This should be done as soon as possible.

This includes any requests for permission to access any NMH hospitals, facilities or property.

Communications will clarify the request, determine the best approach and liaise with subject matter experts to draft a response. Most responses will be signed out by the Chief Executive.

Communications will identify spokespeople and work with them to prepare for any interviews.

C. Official Information Act vs media enquiries

Under this policy, the communications team will endeavour to respond to the majority of media enquiries outside of the formal NMH Official Information Act process.

However, when media seek complex information that could take a longer time to retrieve or analyse, the communications manager can advise that the request cannot be met within the required timeframe and will be handled under the Act.

In such cases, it may be possible after conversation with the media for the scope of the request to be narrowed, reduced to something that can be handled promptly.

D. Designated spokespeople

The following parties are authorised to speak directly to news media, or reply to social media posts, as required:

- the Chief Executive, or delegate
- the Nelson Marlborough District Health Board Chair, or delegate
- the Communications Manager, or delegate.

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Date Review   6/04/2023

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E. Ensuring patients' privacy

All parties have a legal responsibility to maintain patients' privacy when using any form of news media and social media.

The communications team handles most media requests for information about the condition of a particular patient. On weekends and public holidays, news media are advised to contact the duty nurse manager at Nelson and Wairau hospitals directly for this information.

Under privacy law, patient condition updates are limited to one of the following terms:

- comfortable: vital signs stable, within normal limits, patient comfortable
- stable: vital signs stable and within normal limits, patient may be uncomfortable
- improving: usually used after a patient has been serious, or critical. Generally means some vital signs have stabilised
- serious: vital signs not stable, patient usually in intensive care unit or high dependency unit
- serious but stable: this may indicate the patient condition is not expected to improve
- critical: vital signs unstable, not within normal limits
- treated and discharged: the patient was discharged from hospital after being treated. The patient may have follow-up clinics to attend with their doctor or at an outpatient clinic.
- transferred: the patient has been transferred to another hospital (name the hospital)

Any other detail cannot be released without consent from the patient, their parent or guardian.

Condition updates cannot be given for patients who are in the process of being triaged in the Emergency Department.

A patient's death can only be confirmed with family consent and after notifying next of kin. Sometimes media we will be referred to a police media liaison officer.

Refer to the *Privacy: Enquiries about Patients Policy* for more general information about how to respond to enquiries about patients, and to the *Privacy Policy* for information about our legal requirements under the Privacy Act 1993 and Health Information Privacy Code.

F. Ensuring employees' and contractors' privacy

All parties have a legal responsibility to maintain employee and contractors' privacy.

Occasionally the news media or other external parties request information about Nelson Marlborough Health employees, contractors, board and committee members.

In such cases commercially-sensitive and personal information must be withheld.

To ensure that parties do not breach or risk breaching privacy law, they are asked to contact the communications team for assistance in such circumstances.

G. Ensuring no surprises

NMH leadership and the communications team aims to ensure 'no surprises' where relevant stakeholders are advised about any issue that has the potential to prompt political or public debate.

Parties who are aware of any such issues are asked to advise the communications manager.

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H. Proactive media and social media engagement

Proactive media engagement helps maintain a functional relationship with media, through which we can keep our communities informed and fulfil our obligations as a publicly-accountable organisation.

All parties should consider whether their work might be of public interest for use by the communications team via:

- a media release or social media post

- a website, intranet, newsletter or publication article

- advertorial

- a talking point for the Executive Leadership Team, health officials or other influential stakeholders

Nelson Marlborough Health will ask permission before using employees' images or information in this way.

I. News media access and visits

News media representatives are required to contact the communications manager, or an after-hours duty manager, for permission to access any Nelson Marlborough Health hospitals, facilities or property.

The communications manager grants media permission to photograph, film of interview patients or employees. Patient or parental permission alone is insufficient.

J. Recording conditions for film, photography and interviews (medical imaging excluded)

The following conditions aim to protect the safety and privacy of Nelson Marlborough Health patients, visitors and staff:

- the communications team must be contacted in advance with any commercial filming, photography or interview requests

- all people involved must first give consent in accordance with the *Health Information Privacy Code.* This includes people who may be in the background.

- media must confirm how recordings will be used and disseminated

- premises must be left in the same condition as they were found

- health and safety procedures must be observed

- requests to stop recording, or for media to leave, must be adhered to

- recording must not hinder access to any building or facility.

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External Communications Policy

Purpose

This policy aims to support clear and consistent communication by Canterbury & West Coast DHB to the public. External communications, including corporate communication, media and social media, publications and public events, should:

- Maintain public trust and confidence in the DHB

- Ensure timely, accurate information is delivered to the public

- Uphold the organisation's values and reputation

- Respect people's right to privacy.

Policy

Canterbury & West Coast DHBs aim to reflect the organisation's values in keeping the public informed. The role of the Communications Team is to manage external and internal communications on behalf of the DHB. This provides external agencies such as media with a central contact point and means that communication going out of the organisation passes through a single source, so it can be checked for consistency and accuracy. The Communications Team specialises in developing strategies and content that help make sure communications are accessible and engaging and delivered in the most effective way to reach various audiences.

This policy recognises that our people (encompassing employees, volunteers, contractors or interns) sometimes engage in public communications or receive requests to do so.

The Communications Team provides guidance, support and, in some cases, approval for external communications undertaken by our people. As a representative of Canterbury or West Coast DHB, you're expected to uphold our organisation's values, reputation and policies in all public communications.

Media

If you receive a request from the media to provide comments as a Canterbury or West Coast DHB spokesperson speaking on behalf of the organisation, please refer them to the Communications Team (communications@cdhb.health.nz).

If you are asked by the media to provide comments related to your own opinion or area of expertise, please inform the Communications Team so they can provide advice and support.

If you are presenting internal information at a conference where media may be present, please clear the content with your manager.

Media requests for interviews, photos or video filming of patients or their family/whānau need to be referred to the Communications Team.

Leaks of confidential information to the media will be treated seriously and may be subject to disciplinary action.

Media are not allowed on any Canterbury or West Coast DHB property unless they have received permission to do so – you can confirm their status with the Communication Team. At all times

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patient care takes priority over media access. Media can be asked to leave if the patient or their next of kin, senior clinician or service manager deems it necessary.

Social Media

Canterbury and West Coast DHB is active on most major social media platforms and aims to have a consistent and positive online presence.

If you are identifiable on social media as a Canterbury or West Coast DHB representative, please make sure:

- it is clear your personal posts are your own view and not the DHB's view on an issue.
- your content does not reflect negatively on the reputation of Canterbury or West Coast DHB. It must also be in line with all Canterbury DHB policies [refer Code of Conduct, Photo/Video permission form, Patient Story Policy] and your profession's social media guidelines [Nursing Council Guide, NZNO Nursing Guide, Medical Practitioners Guide, Government Guide, District Health Boards Guide].

If you want to have a public, work-related social media presence and represent Canterbury or West Coast DHB, contact the Communications Team for advice.

Publications

If you are using Canterbury or West Coast DHB's name or logo in a publication or presentation please follow the Brand Guidelines. For public signage you must follow the Wayfinding Strategy.

Endorsement

Requests by providers/suppliers to use the Canterbury or West Coast DHB logo to endorse their work should be forwarded to the Communications Team who will seek approval from the Chief Executive or delegate.

Public events or consultation

Please contact the Communications Team if you are looking to hold an event on behalf of the DHB involving members of the public, media and/or VIPs.

If you are seeking to formally consult with or seek feedback from the public, please contact the Communications Team and they can provide guidance or direct you to the appropriate people who can help.

Please note formal visits to Canterbury or West Coast DHB sites are coordinated and approved by the Communications Team working alongside the Chief Executive's Office and relevant areas.

Applicability

This policy applies to all our employees, contracted individuals, volunteers, visiting health professionals and students (referred to as our people).

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This policy does not override employment agreements that have agreed alternative rights around external communications.

Principles

We are guided in this policy by the organisation's values/a matou uara:

- Care and respect for others – Manaaki me te kotua i etahi
- Integrity in all we do – Hapai i a matou mahi katoa i ruka i te pono
- Responsibility for outcomes – Kaiwhakarite i ka hua

Roles and Responsibilities

Our people must: Adhere to this policy and uphold our organisation's values, reputation and policies in all public communications.

Our Executive Director, Communications will: Hold accountability for maintaining a standard of Canterbury and West Coast DHB communications that: maintain public trust and confidence in the DHB; ensure timely, accurate information is delivered to the public; uphold the organisation's values and reputation; respect people's right to privacy.

Definitions

Public/external communications: the transferring of information relating to an organisation from a representative of the organisation, to a person or entity outside the organisation.

Policy measurement

The success of this policy will be determined by feedback from our people and the number of reported incidents where the policy has not been adhered to. Any updates to the policy will be determined by the Executive Director, Communications, as required.

Associated material

Controlled documents

- Code of Conduct
- Privacy Policy
- Internet and Intranet Policies
- Patient Story Policy

Supporting documents

- Photo/Video permission form
- Brand Guidelines
- Wayfinding Strategy
- Nursing Council of New Zealand: 'A nurse's guide to social media and electronic communication'
- New Zealand Nurses Organisation: 'Social media and the nursing profession: a guide to online professionalism for nurses and nursing students'

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- New Zealand Medical Association: 'Guide for medical practitioners'
- Social media guide for district health boards
- Department of Internal Affairs: 'Social Media in Government – High-level Guidance'

References

Relevant legislation includes, but is not limited to the following:

- Code of Health and Disability Services Consumers' Rights 1996
- Copyright Act 1994
- Defamation Act 1992
- Employment Relations Act 2000
- Films, Videos and Publications Act 1993
- Films, Videos and Publications Classification Act 1993
- Health and Disability Commissioner Act 1994
- Health Information Privacy Code 1994
- Local Government Official Information and Meetings Act 1987 and amendments
- National Library Act 1965 and amendment 1994
- Official Information Act 1982
- Privacy Act 1993
- State Services Commission Web Guidelines
- Trade Marks Act 1953
- Unsolicited Electronic Messages Act 2007
- Protected Disclosures Act 2000

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SOCIAL MEDIA
AND THE MEDICAL
PROFESSION

A guide to online professionalism for medical practitioners and medical students

AMA

NEW ZEALAND MEDICAL ASSOCIATION

nzmsa

amsa

A joint initiative of the Australian Medical Association Council of Doctors-in-Training, the New Zealand Medical Association
Doctors-in-Training Council, the New Zealand Medical Students' Association and the Australian Medical Students' Association

SOCIAL MEDIA AND THE
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The professional standards of doctors and medical students – which are based on the expectations of the community and medical peers – form the cornerstone of quality patient care. They are taught and assessed from the first year of medical school, and are continually re-emphasised throughout medical training and practice. The Australian and New Zealand Medical Councils have widely accepted guidelines on good medical practice,[1][2] and the Australian and New Zealand Medical Associations (AMA and NZMA) and the Australian Medical Students' Association (AMSA) have developed codes of ethics for their members. [3][4][5]

The world to which these professional standards apply is expanding rapidly. Society has enthusiastically embraced user-generated content such as blogging, personal websites, and online social networking.[6]   Research shows that use of social media by the medical profession is common and growing.[7][8] In one 2010 study, 220 out of 338 (65 per cent) medical students at the University of Otago, New Zealand, had a Facebook account.[9]

Although doctors and medical students are increasingly participating in online social media, evidence is emerging from studies, legal cases, and media reports that the use of these media can pose risks for medical professionals. Inappropriate online behaviour can potentially damage personal integrity, doctor-patient and doctor-colleague relationships, and future employment opportunities. Our perceptions and regulations regarding professional behaviour must evolve to encompass these new forms of media.

The Australian Medical Association Council of Doctors-in-Training (AMACDT), the New Zealand Medical Association Doctors-in-Training Council (NZMADITC), the New Zealand Medical Students' Association (NZMSA), and the Australian Medical Students' Association (AMSA) are committed to upholding the principles of medical professionalism. As such, we have created some practical guidelines to assist doctors and medical students to continue to enjoy the online world, while maintaining professional standards.

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BE CAREFUL ABOUT WHAT YOU SAY AND HOW YOU SAY IT

Confidentiality:

Example 1:

You are working in a rural hospital and make a comment on a social networking site about an adverse outcome for one of your patients. You are careful not to name the patient or the hospital. However, you mentioned the name of the hospital you are working at in a post last week.

A cousin of the patient searches the internet for the hospital's name in order to find its contact phone number. In the search results, the patient's cousin is presented with your posting mentioning the hospital. The cousin then sees the subsequent posting regarding the adverse outcome involving the patient.

Doctors have an ethical and legal responsibility to maintain their patients' confidentiality. This still applies when using any form of online tool, regardless of whether the communication is with other doctors, a specific group of people (e.g. 'friends' on social networking sites), or the public (e.g. a blog). The anonymity potentially afforded online is no excuse for unprofessional behaviour.

Before putting patient information online, think about why you are doing it. You should inform the patient and gain their express consent, and acknowledge that consent has been obtained in any online posts. If you feel it is appropriate to discuss a patient case – for example, to further that patient's care or the care of future patients who present with a similar condition – care must be taken to ensure that the patient is properly de-identified. Using a pseudonym is not always enough; you might have to change case information or delay the discussion. The accessibility and indexability of online information means that although a single posting on a social networking website may be sufficiently de-identified in its own right, this may be compromised by other postings on the same website, which are just a mouse click away.

In maintaining confidentiality, you must ensure that any patient or situation cannot be identified by the **sum** of information available online.

Breaching confidentiality can result in complaints to your medical registration authority (with potential disciplinary action, including loss of registration), involvement of the Privacy Commissioner, or even legal action (including civil claims for damages). In Australia, Medical Boards have already investigated doctors for patient-identifying information posted on social networking sites.[10][11] Moreover, breaching confidentiality erodes the public's trust in the medical profession, impairing our ability to treat patients effectively.

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Defamation:

> **Example 2:**
>
> *Dear Emergency Registrar,*
>
> *Thanks a million for misdiagnosing my patient's perforated bowel as constipation and treating aggressively with laxatives. I'm sure she appreciated the subsequent cardiac arrest and multiorgan failure. Don't worry, she just needs a new set of kidneys and a liver and she'll be right. And with that kind of performance, I'm sure you can help her acquire them.*
>
> *Kind regards,*
>
> *Lowly intern*
>
> *(based on an actual posting on a social networking site)*

Another potential risk of inappropriate online comments is defamation.

Defamatory statements:

* Are published to a third person or group of people;
* Identify (or are about) a patient/colleague/person ('subject'); and
* Damage the reputation of the subject.

Professional codes of conduct specify that doctors should not engage in behaviours that can harm the reputation of colleagues or the profession.[12] Be mindful about comments made about colleagues (medical or otherwise), employers, and even health departments. Defamation cases are civil claims, in which substantial monetary compensation can be awarded.

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KEEP YOUR FRIENDS CLOSE AND OTHERS … NOT SO CLOSE

Doctor-patient boundaries:

Example 3:

You get a friend request on a social networking site from someone whose name sounds very familiar, but they have a photo of a dog as their profile picture. You accept the request. After looking through their profile page, you realise that it is actually one of your previous patients. The patient sends you a message to let you know that they cannot make their next clinic appointment, but would like to know their histology results from a test ordered while the patient was in hospital. The patient also throws in a cheeky comment about some photos they saw of you wearing swimmers at the beach.

A power imbalance exists between doctors and patients, and the maintenance of clear professional boundaries protects patients from exploitation.[13] Doctors who allow patients to access their entire 'profile' (or similar) introduce them to details about their personal lives well beyond what would normally occur as part of the usual doctor-patient relationship, which may be a violation of professional boundaries. In general, it is wise to avoid online relationships with current or former patients. Boundary violations can occur very easily online, and serious indiscretions may result in disciplinary action against the doctor.

If a patient does request you as a friend on a social networking site, a polite message informing them that it is your policy not to establish online friendships with patients is appropriate. Another mechanism used by some doctors, who often work privately, is to create an online profile that is maintained as their professional page only, or to join a professional social networking site.[14] Patients can become friends or fans of this professional page, which only provides information relevant to the professional practice of that doctor. It is also possible to pay companies to manage social networking profiles.

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Other boundaries:

Other professional relationships may also become problematic on social networking sites. Think very carefully before allowing others (including employers, other doctors, nurses, allied health professionals, clerks, ancillary staff, students, or tutors) to access personal information.

Colleagues' online conduct:

Inevitably, many people choose to interact with colleagues via social media. While you need to be aware of what they see you doing, you may also notice colleagues posting information online or behaving inappropriately. Looking after colleagues is an integral element of professional conduct, so if you feel that a friend or workmate has posted information online that could be damaging for them, consider letting them know in a discreet way (such as a personal email, text message, or phone call).

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CONSIDER THE DESTINY
OF YOUR DATA

Extent of access to your information:

Many people are unaware of just how easily accessible and durable their online information is. Even if using the most stringent privacy settings, information on social networking sites may still be widely available, including to various companies and search engines. And deleting information is not sure-fire protection – it is almost certainly still stored somewhere in cyberspace, and theoretically permanently accessible. If there is something that you really do not want some people to know about you, avoid putting it online at all. It is much harder to prevent other people posting information about you online (e.g. photos, videos). However, you can report inappropriate content to site administrators and request that it be removed.

(See www.privacy.gov.au/faq/individuals#social_networking or www.netsafe.org.nz/ for more information).

Employee and college trainee background checks:

Recruiters are increasingly screening potential employees online. Employer surveys have found that between one-fifth and two-thirds of employers conduct internet searches, including of social networking sites, and that some have turned down applicants as a result of their searches.[16][17] In another survey, 21 per cent of colleges and universities said they looked at the social networking of prospective students, usually for those applying for scholarships and other awards and programs. [18]

Be conscious of your online image. While employers and colleges you are applying to may find information about you online that could actually prove to be advantageous (e.g. professional-looking photos, information on your extracurricular activities such as sports or volunteer work), material that portrays you in an unprofessional or controversial light can be detrimental.

Real life examples include an employer who turned down an applicant after discovering that he had used Facebook to criticise previous employers and disclosed company information,[19] a doctor who missed out on a job because the doctor's online activities revealed an interest in witchcraft,[20] and a female psychiatrist who failed to gain employment after a recruiting agency found explicit pictures on MySpace of her intoxicated.[21]

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Other issues with employment:

Example 5:

Seven doctors and nurses were suspended from Swindon's Great Western Hospital, UK, after they posted photos of themselves on Facebook playing the 'lying down game' on the hospital premises. The aim of the game is to take photos of yourself lying inert in ridiculous places such as on top of cars, bins, or tables. A hospital manager dobbed in the doctors and nurses after he saw pictures of them on a Facebook site posing on hospital trolleys and ward floors. Hospital management said the staff faced disciplinary action because the hospital set 'high standards for staff behaviour at all times and therefore takes any such breaches extremely seriously'.[22]

Employers and colleges may access online material and activities about their current medical staff or trainees, with potentially career-damaging outcomes. An insurance company employee was fired when she was caught on Facebook after calling in 'sick', having claimed she could not work in front of a bright computer,[23] and a trainee was suspended for making insulting comments about a senior medical colleague on an online forum.[24]

When using social networking sites, think before making offensive comments or jokes, sharing information about unprofessional activities (e.g. involving alcohol or drugs), or joining or creating groups that might be considered derogatory or prejudiced. Although online groups or webrings may seem innocuous, other people will not always treat the group with the same humour.

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University regulations:

Medical students are not held to any lesser standards of professionalism than doctors. They may face disciplinary action from their universities and, in Australia where all medical students are registered with the Medical Board of Australia, from the medical registration authority. In New Zealand, although the medical registration authorities do not have jurisdiction over medical students, they do advise disclosure of any infringements of the law or other misconduct as these may affect eventual medical registration.[25]

According to a 2009 US study, 60 per cent of responding deans of medical schools reported that medical students had posted unprofessional content online, including violations of patient confidentiality, use of profanity in reference to specific persons or faculties, discriminatory language, depiction of intoxication, sexually suggestive material, and pictures with illicit substance paraphernalia. In many cases, this led to disciplinary action by the universities, including dismissals.[26]

In other examples, a Twitter comment by an Australian medical student allegedly intended as a joke between friends resulted in an international media storm for referring to US President Barack Obama as a 'monkey'.[27] A student from Ryerson University in Canada was almost expelled for running a Facebook study group where students exchanged thoughts on test questions,[28] while a YouTube video of a medical parody caused a great amount of public upset and embarrassment for the students involved and their American university.[29]

Students are entitled to enjoy an active social life. But remember that online behaviour passed off as 'youthful exuberance' at this early stage in your career will still be available later on, and perhaps be seen in a less favourable light. You also need to consider whether your online activities violate university regulations (check with your university whether it has a policy relating to online behaviour), because this could form the basis of disciplinary action.

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TAKE CONTROL OF YOUR PRIVACY

Facebook's privacy settings:

Most social networking sites or blogs will have privacy settings enabling you to control (to some extent) how accessible your material is. The following information regarding Facebook, while specific to that particular site, highlights many of the issues you need to be aware of:

- In 2009, Facebook updated its Privacy Policy and Settings, and automatically defaulted a large number of people back to far more public settings. Facebook changes its privacy settings frequently, so be alert for these sorts of changes in the future. Privacy settings can be accessed by clicking 'Account' in the top right and selecting 'Privacy Settings.' This section also allows you to see what your profile looks like to someone who is not a Facebook friend;

- Your name, profile photo, friends list, gender, geographic location, and pages and networks to which you belong are considered 'publicly available' and do not have privacy settings;

- Even after you remove content from your profile, copies of that information may remain viewable elsewhere if it has been shared with others;

- The default setting for who can access many types of information on Facebook is 'Everyone'. The 'Everyone' setting makes information publicly available to any Facebook user and to search engines for indexing purposes;

- Adding an application to your Facebook profile shares all your profile information with that application and its parent company;

- The Privacy Policy allows for 'Social Advertisement Serving': this means that a Facebook activity you undertake, such as becoming a fan of a page, may be served to one of your Facebook friends, coupled with an advertisement for that page; and

- It is stipulated that Facebook 'cannot ensure that information you share on Facebook will not become publicly available'.

If you want to know more about how secure your information will be when using online forums, make sure you read their privacy policies. If you still have questions or concerns, you can contact the site operator. Additionally, Australia and New Zealand have Privacy Commissioners with expertise in this area (see www.privacy.gov.au or www.privacy.org.nz).

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ARE YOU MAINTAINING PROFESSIONAL STANDARDS ONLINE?

Online social media challenge: What is 'public' and 'private'?

Even though medical students and doctors are entitled to a private personal life, online social media have challenged the concepts of 'public' and 'private' and, in turn, changed the way in which online aspects of private lives are accessible to others.[30] Once information is online, it is almost impossible to remove and can quickly spread beyond a person's control. A moment of rashness now could have unintended and irreversible consequences in the future – inappropriate online activities can be detrimental to relationships with patients and colleagues, training and employment prospects, and personal integrity. This is not to say that medical professionals should avoid using social media, because their use can be personally and professionally beneficial. But traditional expectations regarding the conduct of the medical profession still apply in this non-traditional context; medical students and doctors always have a duty to patients and the community to maintain professional standards, including when using online social media.

Troubleshooting: Have you ever … ?

- Googled yourself? Search for your full name in Google, particularly 'Australian Sites Only' and 'New Zealand Sites Only'. Do you feel comfortable with the results that are shown?

- Posted information about a patient or person from your workplace on Facebook? Have a look through your old online posts and blogs;

- Added patients as friends on Facebook or MySpace?

- Added people from your workplace as friends?

- Made a public comment online that could be considered offensive?

- Become a member or fan of any group that might be considered racist, sexist, or otherwise derogatory? Browse through all the groups that you have joined and consider whether these are an accurate reflection of the person you are, and the values that you hold.

- Put up photos or videos of yourself online that you would not want your patients, employers or people from your workplace to see?

- Checked your privacy settings on Facebook or MySpace?

- Felt that a friend has posted information online that may result in negative consequences for them? Did you let them know?

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ACKNOWLEDGEMENT

This guide was developed by representatives from the AMA, NZMA, AMSA, and NZMSA, including Dr Sarah Mansfield, Dr Andrew Perry, Dr Stewart Morrison, Hugh Stephens, Sheng-Hui Wang, Dr Michael Bonning, Rob Olver and Dr Aaron Withers.

Our aim was to develop a simple guide for medical students and doctors that explores various risks posed by online social media. In order to achieve this, a literature review was conducted, which included an exploration of:

- Existing guides to professionalism by representative organisations for the medical profession, registration authorities, and medical defense organisations;

- Medical and non-medical journals in Australasia and abroad;

- Items from media (eg newspaper articles);

- Online discussion forums; and

- Our own interactions with social media.

Where possible, we have also drawn upon real life examples based on our own experiences and those of our colleagues.

We are very grateful to the other members and secretariats of the participating organisations who provided input. In particular, we acknowledge the generous assistance of the AMA with design and administrative support.

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See the references below for additional information. New Zealanders may also find the Medical Council of New Zealand's June 2006 statement on use of internet and email communication helpful:

http://www.mcnz.org.nz/portals/0/Guidance/Use%20of%20the%20internet%20and%20electronic%20communication.pdf

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14

Guidelines: Social Media and Electronic Communication

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

A nurse's guide to safe use of social media and electronic forms of communication.

This guideline has been developed by Te Kaunihera Tapuhi o Aotearoa/Nursing Council of New Zealand ('the Council') to provide advice to nurses on using social media and other forms of electronic communication.

DEFINITIONS

Social media are internet technologies that allow people to connect, communicate and interact in real time to share and exchange information. This includes Facebook, blogs, Twitter, email groups and instant messaging, and encompasses text, photographs, images, video or audio files.

Electronic communication includes email and text messaging by cell-phone.

The benefits and pitfalls

Social media is an exciting and valuable tool when used wisely. It can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Health care organisations that utilise electronic and social media typically have policies governing employee use of such media in the workplace. Careful control over the content of such sites is usually maintained. Nurses need to be aware of, and follow these policies.

Nurses may also use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Nurses are responsible for maintaining the same standards of professional behaviour in social and electronic media as they would when communicating face to face. The ease of emailing, texting and posting, and the commonplace nature of sharing information via social media may appear to blur the line between nurses' personal and professional lives. Quick, easy and efficient technology, and the introduction of hand-held devices reduce not only the time it takes to post, but also the time to consider whether the post is appropriate and the consequences of posting inappropriate content.

Nurses can unintentionally breach patient confidentiality and privacy if they assume that:

- the communication or post is private and accessible only by the intended recipient. The nurse may fail to recognise that content once posted or sent can be disseminated to others.

- content deleted from a site is no longer accessible.

- it is harmless if private information about health consumers is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.

- it is acceptable to discuss or refer to health consumers if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This, too, is a breach of confidentiality and demonstrates disrespect for patient privacy.

- because a patient has the right to disclose personal information about himself or herself (or a health care organisation has the right to disclose otherwise protected information with a patient's consent), nurses do not need to refrain from disclosing patient information without a care-related need for the disclosure.

Text messaging

Using texting for appointments may be appropriate but care should be taken when using texting for more comprehensive health matters. For example – it is not appropriate to give bad news or to try to assess a health consumer's condition by text messaging. In these cases a phone call or face-to-face meeting would be appropriate.

The Council has set out principles and standards to guide professional behaviour in the *Code of Conduct for nurses* (2012). These principles and standards can be applied to social and electronic media.

Respect health consumers' privacy and confidentiality

Standards

5.2 Treat as confidential information gained in the course of the nurse-health consumer relationship and use it for professional purposes only.

5.8 Maintain health consumers' confidentiality and privacy by not discussing health consumers, or practice issues in public places including social media. Even when no names are used a health consumer could be identified.

Examples of how patient confidentiality and privacy can be breached intentionally or inadvertently are when patient information or images are posted online, comments are made about health consumers who may not be named but can still be identified or health consumers are referred to in a degrading or demeaning manner. Be aware that patient emails or answerphones could be accessed by others.

EXAMPLE

John, an experienced nurse, takes a photo on his phone of a resident. The resident is not able to give consent because of her mental and physical condition but her brother says it's okay. Later that night he sees a former co-worker from the same home at a bar and shows him the photo and discusses the resident's condition. John's employer finds out about it and John loses his job.

John thought it was okay to take the resident's photo because he had a family member give consent. However, was this a valid consent in these circumstances? John thought it was okay to discuss the resident with someone who used to be involved in her care. Should confidential information be disclosed to someone no longer involved in care?

Guidance: Confidentiality and privacy in the health context

Confidentiality and privacy are related, but distinct concepts. Any health consumer information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the health consumer's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

Privacy relates to the health consumer's expectation and right to be treated with dignity and respect. Effective nurse-health consumer

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Work respectfully with colleagues to best meet health consumers' needs

Standards

6.4 Your behaviour towards colleagues should always be respectful and not include dismissiveness, indifference, bullying, verbal abuse, harassment or discrimination. Do not discuss colleagues in public places or on social media.

Be respectful to your employer, colleagues and other health providers in all communications or posts. Be professional in your language and the opinions you express.

EXAMPLE

Max gets drawn into a discussion of the behaviour of a colleague on his friend's Facebook page. Max didn't realise his friend is 'friends' with other work colleagues and his comments quickly get passed back to the colleague he was discussing. His colleague complains to the nurse manager and Max is asked to attend a disciplinary meeting. Max is asked to apologise and is given a warning about this behaviour.

Max is now aware that anything he posts or emails could be disseminated to others. He now refrains from entering into any discussions about his workplace on electronic media.

relationships are built on trust. The health consumer needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Health consumers will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate 'need to know'. Any breach of this trust, even inadvertent, damages the particular nurse-health consumer relationship and the general trustworthiness of the nursing profession.

Adapted from National Council of State Boards of Nursing (2011), *White paper: A nurse's guide to the use of social media.*

Act with integrity to justify health consumers' trust.

Standards

7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.

Examples where professional boundaries may be breached are when health consumers are made 'friends' on personal social media websites. Nurses generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.

EXAMPLE

Gemma, a nurse, receives a friend request from someone who seems vaguely familiar. It turns out to be a current patient who reveals on her site that he is a patient and starts 'chatting' very inappropriately with her and asks her out.

It is Gemma's responsibility to maintain the professional boundaries of the relationship. By 'friending' a current patient she may have inadvertently encouraged him to believe they could also have a personal relationship. She may also have compromised her professional reputation with others who view her site.

Guidance: professional boundaries

- Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current or former health consumers. Do not use social media or electronic communication to build or pursue relationships with health consumers.

- Text messaging may be an appropriate form of professional communication,

e.g. reminding health consumers about appointments. Nurses must be aware of professional boundaries and ensure communication via text is not misinterpreted by the health consumer or used to build or pursue personal relationships.

More information is contained in Nursing Council of New Zealand (2012), *Guideline: Professional Boundaries.*

Maintain public trust and confidence in the nursing profession.

Standards

8.1 Maintain a high standard of professional and personal behaviour. The same standards of conduct are expected when you use social media and electronic forms of communication.

If you are identified as a nurse online you should act responsibly and uphold the reputation of your profession.

EXAMPLE

One of Debbie's health consumers looks her up on Facebook and is surprised to find out that she attended the Chunder mile as a student and still has the photo on her front page. She no longer wants Debbie to look after her.

It is every nurse's responsibility to maintain public confidence in the profession. Debbie would be wise to think carefully about any information she posts and to ensure she uses appropriate privacy settings.

For more information please refer to:

New Zealand Nurses Organisation, NZNO National Student Unit and Nurse Educators in the tertiary sector (2012) *Social media and the nursing profession: a guide to online professionalism for nurses and nursing students.*

The Council acknowledges the following documents that have contributed to this draft:

• Nursing and Midwifery Council (July 2011) *Social networking sites*; and

• National Council of State Boards of Nursing (NCSBN) (2011), *White paper: A nurse's guide to the use of social media.*

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Nursing Council of New Zealand (2012) *Code of Conduct for nurses.*

Nursing Council of New Zealand (2012) *Guidelines: Professional Boundaries.*

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Social media and the nursing profession: a guide to online professionalism for nurses and nursing students[1]

Introduction

The New Zealand Nurses Organisation (NZNO), Nurse Educators in the Tertiary Sector (NETS) and the NZNO National Student Unit (NSU) are committed to upholding the professional standards of nursing and have adapted these practical guidelines to assist nurses and nursing students to enjoy online activity while maintaining professional standards in Aotearoa New Zealand.

Nurses are expected to maintain the highest professional standards at all times. Professional standards are set by nursing's professional bodies and the Nursing Council of New Zealand (the Nursing Council), based on the expectations of the community and peers. The Nursing Council provides guidelines on professional boundaries, publishes a code of conduct, and sets competencies for practice.[1] NZNO publishes standards of practice and a code of ethics.[2] Professional standards are taught and assessed from the first year of nursing education and nurses are expected to maintain these standards throughout their careers.

The use of social media has increased rapidly in recent years and it has been reported that more than 1.8 million New Zealanders are interacting via social networking sites.[3] Social media consists of the internet or web-based technologies that allow people to connect, communicate and interact in real time to share and exchange information.[4] This may include using Facebook, Twitter, YouTube, blogs, forums, and personal websites. The key element of social media that differentiates it from traditional internet usage is the active nature of the dialogue, enabling user-generated content to be communicated instantly.

Nurses and nursing students are increasingly participating in online social media but evidence is emerging from studies, legal cases and media reports that the use of social networking can pose risks for health professionals. Inappropriate online behaviour can potentially damage personal integrity, nurse-patient relationships, nurse-colleague relationships, current and future employment opportunities.

Be careful about what you say and how you say it

Confidentiality:

Example 1:
You are working in a rural hospital and make a comment on a social networking site about an adverse outcome for one of your patients. You are careful not to name the patient or the hospital. However, you mentioned the name of the hospital you are working at in a post last week.

A cousin of the patient searches the internet for the hospital's name to find its contact phone number. In the search results, the patient's cousin is presented with your posting mentioning the hospital. The cousin then sees the subsequent posting regarding the adverse outcome involving the patient.

Nurses have an ethical and legal responsibility to maintain their patients' confidentiality. This still applies when using any form of online tool, regardless of whether the communication is with other nurses, a specific group of people (eg 'friends' on social networking sites), or the public (eg a blog). The anonymity potentially afforded online is no excuse for breaching confidentiality.

Before putting patient information online, think about why you are doing it. You should inform the patient and gain their express consent, and acknowledge that consent has been obtained in any online posts. If you feel it is appropriate to discuss a patient case – for example, to further that patient's care or the care of future patients who present with a similar condition – care must be taken to ensure the patient is properly de-identified. Using a pseudonym is not always enough; you might have to change case information or delay the discussion. The accessibility and indexability of online information means that, although a single posting on a social networking website may be sufficiently de-identified in its own right, this may be compromised by other postings on the same website, which are just a mouse click away.

In maintaining confidentiality, you must ensure that any patient or situation cannot be identified by the sum of information available online.

Internationally, there have been a number of prominent cases involving nurses or nursing students who have breached patient confidentiality through online postings.[5] Moreover, breaching confidentiality erodes the public's trust in the nursing profession, impairing our ability to care for patients effectively. In New Zealand, breaching patient confidentiality can result in complaints to the Nursing Council (with potential disciplinary action, including loss of registration), involvement of the Privacy Commissioner, or even legal action (including civil claims for damages).

Defamation:

Example 2:

You are a newly graduated nurse on your first job in a large city hospital. You have been working for about six months and are an avid Facebook user. A friend sends you a link to a post made by a nursing colleague from the same unit you work in that accuses you of being incompetent and a bully.

Example 3:

A group of nursing students used the Facebook page they had set up to support their learning, to discuss the marking of a recent assignment. One of the students made a 'flippant' comment that she thought the lecturer who had marked her assignment must have been drunk while doing so. The marking lecturer and the tertiary institution were clearly able to be identified. The situation was brought to the lecturer's attention by a colleague. The lecturer felt particularly compromised by the suggestion that she was drunk because she does not consume alcohol at all. She was also concerned because the organisation in which she was employed was identified and she did not feel able to refute the claim that she had been drunk while marking.

Defamatory statements:

- are published to a third person or group of people;
- identify (or are about) a patient/colleague/person ('subject'); and
- damage the reputation of the subject.

Defamation cases may be brought in a court of law against a nurse, and are civil claims, in which substantial monetary compensation can be awarded. The NZNO Standards of Nursing Practice specify that nurses are responsible for entering into, and maintaining a professional relationship with colleagues and employers.[6] Be mindful about comments made about colleagues (nursing or otherwise), employers, and even health departments.

Keep your friends close and others … not so close

Nurse-patient boundaries:

Example 4:
You get a friend request on a social networking site from someone whose name sounds very familiar, but they have a photo of a dog as their profile picture. You accept the request. After looking through their profile page, you realise that it is actually one of your previous patients. The patient sends you a message to let you know that they cannot make their next clinic appointment, but would like some information about how to care for their plaster cast. The patient also throws in a cheeky comment about some photos they saw of you wearing a bikini at the beach.

Boundary violations can occur very easily online, and serious indiscretions may result in disciplinary action against the nurse. A power imbalance exists between nurses and patients, and the maintenance of clear professional boundaries protects patients from exploitation.[7] Nurses who allow clients to access their entire 'profile' (or similar) introduce them to details about their personal lives well beyond what would normally occur as part of the usual nurse-patient relationship. This may be a violation of professional boundaries. In general, it is wise to avoid online relationships with current or former patients. In 2008, a nurse who started a sexual relationship with a former patient after contacting her on Facebook was removed from the UK Register of Nurses.[8]

If a patient or former patient does request you as a friend on a social networking site, a polite message informing them that it is your policy not to establish online friendships with patients is appropriate. Ignoring a Facebook friendship request is also an acceptable approach. It allows you to ignore the request without the person being informed, avoiding the need to give unnecessary offence. Another mechanism used by some health professionals, is to create an online profile that is maintained as their professional page only, or to join a professional social networking site.[9] Patients can become friends or fans of this professional page, which only provides information relevant to the professional practice of nursing. It is also possible to pay companies to manage social networking profiles.

Other boundaries:

Example 5:

Jan has been a nurse for 12 years and works in a hospice. One of her current patients, Melody, maintains a Facebook page to keep friends and family updated on her condition. Jan periodically reads this page but has never posted. One day, Melody posts that she is struggling with her pain relief. Wanting to support Melody, Jan posts a comment stating "I know this week has been difficult, hopefully the new happy pill will help along with the increased dose of morphine". The next day Jan was shopping at a local supermarket when a friend stopped her and said "I read your post on Facebook about Melody, how long do you think she has left?" Jan suddenly realises that her expression of concern on the webpage has been an inappropriate disclosure. She thanks her friend for being concerned and said she could not discuss Melody's condition any further. She immediately went home and tried to remove her comments but that wasn't possible. Further, others could have copied and pasted her comments elsewhere. After her next visit with Melody, Jan explained what had happened and apologised. She also self-reported to the Nursing Council and is awaiting the Nursing Council's decision.[10]

Example 6:

In September 2008, a junior medical officer (JMO) in the UK was suspended from work for six weeks after describing a senior colleague as a 'f***ing s***' on an online social networking forum. Another colleague, who happened to be friends with the JMO and the senior colleague, saw the posting and made a complaint about the comments to the JMO's employer. The complainant said she felt compelled to complain after seeing the 'scatological' language used in the posting. The JMO apologised for the comments and organised for their removal from the website.[11]

Other professional relationships may also become problematic on social networking sites. Think very carefully before allowing others (including employers, other nurses, doctors, allied health professionals, clerks, ancillary staff, students, or tutors) to access personal information.

Colleagues' online conduct:

Inevitably, many people choose to interact with colleagues via social media. While you need to be aware of what they see you doing, you may also notice colleagues posting information online or behaving inappropriately. Looking after colleagues is an integral element of professional conduct, so if you feel a friend or workmate has posted information online that could be damaging for them, consider letting them know in a discreet way (such as a personal email, text message, or phone call).

Consider the destiny of your data

Extent of access to your information:

Many people are unaware of the easy accessibility and durability of their online information. Even if using the most stringent privacy settings, information on social networking sites may still be widely available, including to various companies and search engines. Deleting information is not sure-fire protection – it is almost certainly still stored somewhere in cyberspace and, theoretically, permanently accessible. If there is something you really do not want some people to know about you, avoid putting it online at all. It is much harder to prevent other people posting information about you online (eg photos, videos). However, you can report inappropriate content to site administrators and request its removal.

(See www.netsafe.org.nz/ for more information).

Employee and student background checks:

Recruiters are increasingly screening potential employees online. Employer surveys have found that between one-fifth and two-thirds of employers conduct internet searches, including of social networking sites, and that some have turned down applicants as a result of their searches.[12] In another survey, 21 per cent of colleges and universities said they looked at the social networking of prospective students, usually for those applying for scholarships and other awards and programmes.[13]

Be conscious of your online image. While employers, universities, polytechnics or wananga you are applying to may find information about you online that could actually prove to be advantageous (eg professional-looking photos, information on your extracurricular activities, such as sports or volunteer work), material that portrays you in an unprofessional or controversial light can be detrimental.

Real life examples include an employer who turned down an applicant after discovering he had used Facebook to criticise previous employers and disclosed company information,[14] a doctor who missed out on a job because the doctor's online activities revealed an interest in witchcraft,[15] and a psychiatrist who failed to gain employment after a recruiting agency found explicit pictures of her intoxicated on MySpace.[16] In a further example, a nurse working in an older adult care facility posted on her Facebook page that a nurse colleague was about to be fired. The nurse colleague then contacted the nurse manager to find out if this were true. In this case, the nurse manager then had to both discipline the nurse who had made the original posting, and reassure the nurse colleague she was not about to lose her job – a situation that could have easily been avoided, if the original nurse had never made the Facebook posting.

Other issues with employment and study:

Example 7:

Seven nurses and doctors were suspended from Swindon's Great Western Hospital, UK, after they posted photos of themselves on Facebook playing the 'lying down game' (also known as 'planking') on the hospital premises. The aim of the game is to take photos of yourself lying inert in ridiculous places such as on top of cars, bins, or tables. A hospital manager dobbed in the nurses and doctors after he saw pictures of them on a Facebook site posing on hospital trolleys and ward floors. Hospital management said the staff faced disciplinary action because the hospital set 'high standards for staff behaviour at all times and therefore takes any such breaches extremely seriously'.[17]

When using social networking sites, think before making offensive comments or jokes, sharing information about unprofessional activities (eg involving alcohol or drugs), or joining or creating groups that might be considered derogatory or prejudiced. Although online groups or web-rings may seem innocuous, other people will not always treat the group with the same humour. Employers, universities, polytechnics and wananga may access online material and activities about their current nursing staff or students, with potentially career-damaging outcomes. Two nurses were censured after photos were posted on Facebook of them having a food fight in a ward kitchen,[18] and a nurse who was arrested in relation to contaminated saline claimed the media portrayal of her as a party girl, after accessing photos on Facebook of her out partying, , has made her 'scared to go out'.[19] A student took photos of himself in his clinical uniform in the simulation suite depicting inappropriate poses and activities with one of the manikins. There were also classmates in the background of the photos, which were then posted on the student's Facebook page. The photographed classmates who were also Facebook friends of the student, objected to being associated with his behaviour, both in the simulation suite and online, and complained to the programme leader for the nursing programme in which he was enrolled. The matter was referred to the faculty dean who took disciplinary action against the student

University/Polytechnic/Wananga regulations:

Nursing students are not held to any lesser standards of professionalism than fully qualified nurses – they may face disciplinary action from their universities, polytechnics or wananga. At present Nursing Council jurisdiction does not cover nursing students. All nursing students must comply with their university, polytechnic or wananga regulations and are required to provide consent for the Ministry of Justice to release a copy of evidence of whether they have any convictions to which the Criminal Records (Clean Slate) Act 2004 does not apply with their application to sit the Council's state final examination for registered nurses.[20] All candidates for registration as a nurse in New Zealand must meet the criteria for fitness to practise found in Section 16 of the Health Practitioners Competence Assurance Act 2003.

According to a 2009 US study, 60 per cent of responding deans of medical schools reported that medical students had posted unprofessional content online, including violations of patient confidentiality, use of profanity in reference to specific persons or faculties, discriminatory language, depiction of intoxication, sexually suggestive material, and pictures with illicit substance paraphernalia. In many cases, this led to disciplinary action by the universities, including dismissals.[21]

In other examples, a Twitter comment by an Australian medical student, allegedly intended as a joke between friends, resulted in an international media storm for referring to US President Barack Obama as a 'monkey',[22] and a student from Ryerson University in Canada was almost expelled for running a Facebook study group where students exchanged thoughts on test questions.[23]

Students are entitled to enjoy an active social life. A study of health professional students including nurses found the majority used online media as their primary source of information and over 91 per cent of students aged 18 to 25 used Facebook.[24] But remember that online behaviour passed off as 'youthful exuberance' at this early stage of a career will still be available later on, and perhaps be seen in a less favourable light. You also need to consider whether your online activities violate university,polytechnic or wananga regulations and guidelines found in student handbooks (check with your university/polytechnic/wananga whether it has a policy relating to online behaviour), because this could form the basis of disciplinary action.

Take control of your privacy

Most social networking sites or blogs have privacy settings that enable you to control (to some extent) access to your material. Review your privacy settings regularly in order to control and restrict who has access to your personal information. Insufficient privacy protection might have a professional impact.

It is recommended you check your privacy settings weekly.

Protect your passwords and be aware that revealing personal data, such as your date of birth and contact details, can put you at risk of identity fraud.

Facebook's privacy settings:

The following information regarding Facebook, while specific to that particular site, highlights many of the issues you need to be aware of:

- Facebook changes its privacy settings frequently, so be alert for these sorts of changes in the future. As at September 2011, privacy settings can be accessed by clicking the small arrow at the top right hand side of your profile page next to the 'home' button and selecting 'pPrivacy sSettings.' If you want to see what your profile looks like to someone who is not a Facebook friend, click on the cog next to the 'Activity Log' button in the middle right hand side of the page and select the 'View as' button.

- Your name and profile photo are considered 'publicly available' and do not have privacy settings, but you can manage who sees your friends' list, gender, geographic location, and pages and networks to which you belong, by selecting who you want to see these things when editing your profile;

- Privacy settings can also be adjusted to enable you to share different levels of information or photographs with different 'groups' of friends;

- Be aware that if you remove content from your profile, copies of that information may remain viewable elsewhere if it has been shared with others – this shared information can still be copied and distributed further;

- The default setting for who can access many types of information on Facebook is 'Public. The 'Public' setting makes information publicly available to any Facebook user and to search engines for indexing purposes;

- Adding an application to your Facebook profile shares all your profile information with that application and its parent company;

- The Privacy Policy allows for 'Social Advertisement Serving': this means that a Facebook activity you undertake, such as becoming a fan of a page, may be served

to one of your Facebook friends, coupled with an advertisement for that page; and

- It is stipulated that Facebook does their best to keep Facebook safe, but they cannot guarantee it.

- Further information can be found on Facebook's policies at http://www.facebook.com/terms.php

If you want to know more about how secure your information will be when using online forums, make sure you read their privacy policies. If you still have questions or concerns, you can contact the site operator. Additionally, New Zealand has Privacy Commissioners with expertise in this area (see www.privacy.org.nz).

Are you maintaining professional standards online?

Online social media challenge: What is 'public' and 'private'?

Even though nursing students and nurses are entitled to a private personal life, online social media have challenged the concepts of 'public' and 'private' and, in turn, changed the way in which online aspects of private lives are accessible to others.[25] Once information is online, it is almost impossible to remove and can quickly spread beyond a person's control. A moment of rashness now could have unintended and irreversible consequences in the future – inappropriate online activities can be detrimental to relationships with patients and colleagues, training and employment prospects, and personal integrity. This is not to say that nurses should avoid using social media, because their use can be personally and professionally beneficial. But traditional expectations regarding the conduct of the nursing profession still apply in this non-traditional context; nursing students and nurses always have a duty to patients and the community to maintain professional standards, including when using online social media.

Since the Christchurch earthquakes, some DHBs have established organisational Facebook pages but have not established policies for use by staff. The linking features of Facebook pages mean personal information becomes visible on an organisational Facebook page without an individual realising it.

Be vigilant regarding photos. A simple photo taken by a smartphone can be downloaded and shared on Facebook in a matter of moments. Never post a photo online without the express permission of the person/people in the photo.

Troubleshooting: Have you ever ... ?

- Googled yourself? Search for your full name in Google, particularly 'New Zealand Sites Only'. Do you feel comfortable with the results that are shown?

- Posted information about a patient or person from your workplace on Facebook? Have a look through your old online posts and blogs;

- Added patients as friends on Facebook or any other social media platform, eg MySpace?

- Added people from your workplace as friends?

- Made a public comment online that could be considered offensive?

- Become a member or fan of any group that might be considered racist, sexist, or otherwise derogatory? Browse through all the groups you have joined and consider

whether these are an accurate reflection of the person you are, and the values you hold.

- Put up photos or videos of yourself online that you would not want your patients, employers or people from your workplace to see?

- Checked your privacy settings on Facebook or any other social media platform, eg MySpace?

- Felt that a friend has posted information online that may result in negative consequences for them? Did you let them know?

General principles

As a rule, the following guiding principles adapted from the American National Council of State Boards of Nursing[26] should help keep you safe as you use social media:

- You have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Never transmit by way of electronic media any patient-related image or any information that may either actually, or potentially violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient, or information gained in the nurse-patient relationship, with anyone unless there is a patient care related need to disclose the information, or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Never refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer, university, polytechnic or wananga policies for taking photographs or video of patients for treatment or other legitimate purposes using employer, university, polytechnic or wananga-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients and/or their family/whānau members – it may be prudent to avoid such contact.
- Consult employer, university, polytechnic or wananga policies, or an appropriate leader within the organisation, for guidance regarding work or student related postings.
- Promptly report any breach of confidentiality or privacy.
- Be aware of and comply with employer, university, polytechnic or wananga policies regarding use of organisation-owned computers, cameras and other electronic devices, and use of personal devices in the workplace or school.
- Do not make disparaging comments about employers, co-workers, teachers or fellow students. Never make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer, university, polytechnic or wananga, unless authorised to do so, and follow all applicable policies.

Using social media constructively...

While usage of social media poses particular challenges for nurses, social media can also provide opportunities for connecting nurses with others, as well as enhancing and supporting nursing practice. While it is essential that nurses who choose to utilise social media follow the guidelines provided above, and are aware of the pitfalls of social media use prior to engagement, this should not limit the potential of social media to provide a useful platform for the development of the nursing profession.

Example 8: Discussion forums (either through Facebook or other platforms) provide an opportunity to reflect and discuss issues relevant to nursing. Students preparing for their final exams at a New Zealand university have utilised such forums to discuss exam preparation techniques, potential questions, and potential answers, enhancing their preparedness for the examination. The College of Nurses Aotearoa, the NZNO Gastroenterolgy Nurses' Section, the New Zealand College of Primary Health Care Nurses NZNO, and a number of other New Zealand based specialist nursing groups have active discussion forums that provide information, support and advice to nurses throughout New Zealand.

Example 9: The Victorian branch of the Australian Nursing Federation utilised social media networks – in particular Facebook – to mobilise support among nurses and the public when plans were announced in 2011 to scrap safe staffing measures and replace nursing fulltime equivalent positions with unregulated caregivers. Facebook became a primary channel for nurses and midwives across the state to share information, support one another and maintain morale.

Example 10: Clinical applications utilising social media are also growing. These range from hospitals 'tweeting' progress in surgery to family members, and private networks for information sharing and clinical consultation.[27]

Example 11: Facebook became a very effective means of communicating with Christchurch Polytechnic Institute of Technology (CPIT) nursing students and staff in the months following the Christchurch earthquakes. Head of Nursing at CPIT, Cathy Andrews, who was previously fairly negative in her view of Facebook, has now come to depend on it as a means of communication, and is an avowed fan.[28]

Nurses utilising public platforms such as social media to express their opinion (which all people have the legal right to do[2]) must make a professional judgement regarding any potential risk to their own, their colleagues' and/or patient privacy, and their professional accountability.

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[2] All nurses have a legal right to express their opinion as contained in the Bill of Rights Act, 1990, and to freedom from discrimination based on political opinion contained in the Human Rights Act 1993:

- "Everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinions of any kind in any form".
- "It is unlawful to discriminate on the ground of political opinion in any of the prohibited areas of public life."

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The original guide – "Social media and the medical profession" can be accessed on http://ama.com.au/node/6231

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SOCIAL MEDIA GUIDE FOR DISTRICT HEALTH BOARDS

As the lines blur between our private, personal and public life district health boards (DHBs) urge employees to take care when using social media.

Social media allows people to connect, communicate and interact in real time to share and exchange information. The DHBs support and recognise the benefits of social media particularly in the areas of public health information and recruitment. However, there are risks to both the DHBs and individuals when using social media.

This guide identifies the expectations, advantages, risks and traps to consider when using social media in the workplace and outside it. This guide sits alongside other known professional guidelines such as:

- Social media and the nursing profession
- Guide for medical practitioners
- A nurse's guide to social media and electronic communications
- Social media in government.

Good "netiquette" can be a tricky balancing act. The DHBs want to prevent the risk of individuals inadvertently damaging the organisations' brands, divulging private information or getting themselves into trouble. In the same vein, it does not want to restrict employees' freedom of expression or create a culture of intimidation.

Some of the advantages of social media:

- Easy, inexpensive route for engaging in conversations with patients and our communities on public health matters to targeted groups
- Useful tool in recruiting staff
- A well-managed social media presence is an invaluable communication tool and can enhance the reputation of the DHBs.

However, there are risks associated with social media if we do not behave responsibly. These include:

- Disclosure of confidential information – breaching patient or work colleagues' privacy
- Damage to the DHBs reputations
- Being linked to derogatory, obscene, racist or otherwise offensive comments by a staff member
- Workplace bullying, harassment or discrimination
- Productivity lost through engaging in social media in work time
- Employees who do not appreciate the distinction between public and private lives risk making personal comments that appear to be their DHB's view.

DHBs have the following expectations of employees using social media:

- All employees will understand the importance of keeping confidential, sensitive work matters private, knowing careless social media chatter could be a serious breach of an employment contract
- All employees will understand their workplace obligations of trust and confidence and therefore will not bring the DHBs into disrepute

- Engaging in social media activities on privately owned mobile devices should not take place in work time.

Some basic principles need consideration in any online social interaction:
- Where staff utilise social media in their personal capacity, they should adhere to professional standards and must not make comments/postings on behalf of their DHB or in their role as a DHB employee. Point out that you are not an official spokesperson. Be sure to make clear in some way that your profile is not an official DHB communication channel. If necessary, add a disclaimer (e.g. "The opinions and positions expressed are my own and don't necessarily reflect those of the DHB") to indicate that you are not speaking on behalf of the organisation

- Recognise that you are entering a social system behave with good manners as you would in any other social event such as a meeting or gathering: But remember social media is much bigger and involves people you don't know

- Take care to ensure that your actions and behaviour are consistent with the image you want to portray in the workplace. If you have a gripe at work, try to deal with it in the usual internal way with your manager rather than broadcasting your concerns.

- Remember search engines never forget: Everything you post stays online for a long time. Think before posting something you might regret later.

Please remember that in work and private time employees must abide by their own DHB policies:

- Media and Communications Policy
- Information Security Policy
- Information Privacy
- IS Acceptable Use

Definitions

Social Media – primarily internet and mobile-based tools for sharing and discussing information. The term most often refers to activities that integrate technology, telecommunications and social interaction, alongside the construction of words, pictures, video and audio.

Social Media Channel – a website that leverages Social Media and communications tools for its visitors. Examples include YouTube, Facebook, Wikipedia, Twitter, forums, blogs, message boards etc.

Measurement criteria

DHBs regularly monitor social media channels to identify any issues arising from unauthorised use and misrepresentation of the DHBs.

March 2013

CDHB Communications Toolkit

'How to' tips for **social media**

Guide to using social media for work and personal purposes.

What are the main social media platforms?

- **Facebook** – a social networking site for you to connect and share text, pictures and video. As of 2017 it is the most popular platform and is used by a wide age range.
- **Instagram** – a social networking service that allows you to share pictures and short videos with small amounts of text. Popular with people aged 20-30.
- **Twitter** – allows you to share posts of 280 characters or less and photos. Good for rapid news sharing but mainly popular with journalists and politicians.
- **YouTube** – a forum to discover, watch and share originally created videos.

Personal / general use of social media

- **The Canterbury DHB** does not discourage staff from personal use of social media in their own time but **strongly advises that staff keep personal and work social media activity separate**.
- Remember – the internet has a long memory. **Think carefully before you post/publish**. Anything you publish will stay online, including photos, whether you change your mind about it or not. Facebook automatically creates "community" pages of its own based on broad topics of interest – it will harvest your posts to do this.
- **Don't post anything that could reflect negatively** on the reputation of Canterbury DHB and/or be in breach of our Code of Conduct as employees. See our Communications Policy for more details about this.
- Staff who use social media can act as a "scout" for compliments and criticism about the Canterbury DHB. If you see positive or negative remarks about Canterbury DHB that warrant a reply, please forward them to the Strategic Communications Manager to deal with.

Work use of social media at CDHB

Who is your audience? Do you want to create **a public or private social media presence?** Each option has some special considerations.

Option one: going public

- **Canterbury DHB is on most major social media platforms** and **aims to have a consistent and positive online presence**. Think about your audience / demographic – what social media platform do they use most often? That's where you need to be.

- A **public** page or profile may be useful if you want to regularly share information that's **accessible to anyone**.

- **IMPORTANT:** If you want to have a public work-related social media presence you are **representing CDHB**. You need to**:**

- Get **approval** from the Communications Team.

- Appoint administrators to ensure the page is regularly monitored and updated and have logins and passwords saved somewhere secure in case you need to modify the page while someone is away.

- Make sure your content does not reflect negatively on the reputation of CDHB and is in line with all CDHB policies [refer to the Communications Policy, Photo/Video permission form, Patient Story Policy] and your profession's social media guidelines [Nursing Council Guide, NZNA Nursing Guide, Medical Practitioners Guide, Government Guide, District Health Boards Guide].

- If you want to set up a **public Facebook page** check out this guide.

- If you want to close your page but save the content follow these steps.

Option two: going private

If you want to **share content with your colleagues** or select people in a more **private setting,** you have a range of options, including:

- **Facebook:** set up a Facebook 'Group' and check the privacy settings so content is only visible to your group. You will have to set 'Administrators' who have to approve any requests to join the group. Keep in mind that the name of a Facebook Group and profile picture remain public, so choose something appropriate.

- **Instagram:** Set your privacy settings so only people you accept as followers can see your content.

You do not need approval to create a **private** group or profile.

Security and privacy

- **Protect your passwords** and **check/update your security settings regularly**.
- **Protect your personal privacy and that of others** by not including personal information in your posts (such as names, email addresses, private addresses, phone numbers or other identifying information).
- **Respect the privacy of individuals** and check with someone if they are comfortable with being tagged in a photograph or mentioned in a comment before you post.
- **Do not use personal photos of people in social media without their permission.**
- **Check photography usage rights** before you post. Credit the original source if you are re-posting someone else's social media post.

Creating the best social media presence

- Social media is an informal channel, so **keep your tone chatty** and snappy.

- **Posts with images** tend to perform better than posts with text only.
- Post content **regularly and respond quickly** to any comments.
- Say how often your page will be monitored, or when you won't be online.
- You can **proactively moderate comments** by blocking words and turning on the profanity filter – read this guide to moderating your Facebook page.

Social Media in Government

High-level Guidance

Government Information Services
Department of Internal Affairs
November 2011
Version 1

Contents

1. Executive summary

Given the significant uptake of social media tools by New Zealanders, we have reached the point where social media needs to be considered when developing any modern, professional communications strategy.

Social media is a set of online technologies, sites and practices which are used to share opinions, experiences and perspectives. Fundamentally it is about conversation. In contrast with traditional media, the nature of social media is to be highly interactive.

Purpose and scope

This document has been written to help government agencies when they are trying to decide if they should use social media in a communications, community engagement or policy consultation context. It is intended to be useful to managers and leadership teams, but also provides basic principles, addresses code of conduct and legal issues, and contains templates that are important for practitioners of social media.

As with any communications channel, social media projects require proper planning, benefit and risk assessment, resourcing and commitment.

This document takes you through the issues that need to be considered before your agency begins using social media. It offers information to help with benefit and risk assessment and, finally, a business case template designed to stimulate thinking around some of the key areas that need to be considered when planning to use social media.

Companion document

A companion document, entitled 'Social Media in Government: Hands-on Toolbox', has been written to help practitioners who are setting up social media profiles and using the tools on a daily basis. It has been written for public servants with limited experience using social media, but also offers tools and tips that will be useful for those practitioners who have been using social media for some time.

The 'Hands-on Toolbox' document:

- gives an overview of the strengths and weaknesses of the five core social media tools: social networks, media-sharing networks, blogs, wikis and forums

- provides tips and templates for reporting, participation and moderation policies, accessibility issues and legal considerations

- provides useful examples of how social media is being used effectively by government agencies

- does not offer advice on specific social media applications (for example, it does not specify the specific steps necessary to set up a Facebook page or a forum on Bang the Table)

- is not meant to be read from start to finish, but rather to be used as a reference when facing specific issues or using specific tools.

Together, these two 'Social Media in Government' documents will help those willing to engage with social media to take positive action from which they and their organisations can benefit.

2. About Social media

Changing media landscape

'Social media' is consuming increasing amounts of New Zealanders' time and attention.[1] Just as television did not replace but supplemented the media channels that existed before its arrival, 'social media' is now another valid and legitimate media channel. This new channel can be used as a lead medium or in a supporting role to traditional media, depending on objectives and intended audience.

Public servants need to understand social media and take action in order to ensure government agencies are operating effectively in what is becoming a very dynamic, and at times challenging, media environment.

We have reached the point where social media needs to be considered alongside all of the other appropriate channels when developing any modern, professional communications strategy.

What is social media?

'Social media is a set of online technologies, sites and practices which are used to share opinions, experiences and perspectives. Fundamentally it is about conversation.

Social media is different from traditional media -- such as print, TV and radio – as it is not a broadcast medium.

Social media is a dialogue that happens between Government and its citizens. This means that the level of control assumed from traditional media is replaced with a deeper level of engagement with the public. The main benefit of social media for governments is that well-considered and carefully implemented social media can create greater transparency, an interactive relationship with the public, a stronger sense of ownership of government policy and services, and thus a greater public trust in government.

The potential uses of social media are wide and varied. Government can use social media to raise awareness of certain issues, build credibility with specific audience groups, engage New Zealanders on policy consultation, or as an internal communications tool to improve collaboration between government agencies or within a single agency.

The following guidelines are intended to help agencies decide if they should use social media.

While this guidance is based around best practice at the time of writing, when using this material you and your agency should be guided first and foremost by common sense and the 'Basic principles' on page 8 for participation.

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[1] Nielsen: 1.8 Million New Zealanders Interacting via Social Networking Sites http://www.nielsen-online.com/pr/social_media_report.pdf

3. Social media in New Zealand

New Zealanders have been early and enthusiastic adopters of social media. New Zealanders have already begun forming opinions and making decisions based on the information they receive through social media.

Consider the following statistics about internet use in New Zealand, from a July 2010 Nielsen study:[2]

- 1.8 million New Zealanders are interacting via social networking sites.

- 82% of New Zealand internet users have visited Facebook.

- 70% of New Zealand internet users have a Facebook profile.

- 79% of social networkers name Facebook as their main social networking platform (up from just 19% in 2007).

- Of those who say Facebook is their main social networking platform, 54% visit the site at least daily.

- The biggest increases in social media usage are in reading wikis (up 26%), updating and creating social networking profiles (up 17% & 16% respectively) and looking at others' social networking profiles (up 16%).

- More than one quarter of New Zealanders (27%) have visited Twitter, and 11% have created Twitter profiles.

- 44% of New Zealand Twitter users have 'followed' companies or brands via Twitter.

- More than two in five New Zealanders (42%) are interacting with companies via social networking sites.

- 44% have published opinions about products, services and brands.

- 73% have read other consumers' product opinions online.

- Of those who haven't read consumer reviews and discussions online, almost two thirds intend to begin doing so.

- Nearly 2 million online New Zealanders have looked to their fellow internet users for opinions and information about products, services and brands.

According to Alexa[3], the top social media websites in New Zealand are:

1. Facebook
2. YouTube
3. Wikipedia
4. Blogger.com
5. Twitter
6. LinkedIn
7. WordPress.com
8. Flickr

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[2] The Nielsen Company www.nielsen-online.com//intl.jsp?country=nz

[3] Based on Alexa traffic rank for July 2011 (http://www.alexa.com/topsites/countries;0/NZ). Note that Blogger and WordPress are platforms for social media, not social networking sites.

4. Before you start

Would your agency pay for a radio advertisement without thinking about what the goal of the advertisement was? Would you commit to writing a monthly newsletter without determining your audience, key messages, and a list of possible topics? Of course not.

Radio and newsletters are channels for communication, just as social media is. Before embarking on a social media project you need to consider things such as:

- your goals and objectives

- your target audience(s)

- the benefits, risks and mitigations for those risks

- the ongoing resources required

- your measure for success.

Of course, if you are targeting pensioners on a fixed income, you are less likely to have an effect with social networking than if you are targeting teens. Social networking may be fashionable but it is not the best communications channel in every instance or for every audience.

Resourcing

Resource planning for social media is especially important. Blogs that haven't been updated in months can make your agency look incompetent and disorganised. The same can be said of Facebook and Twitter accounts that don't get updated.

Social networking is not a 'quick win'. It takes time to build a community. You're in for the long haul, and resource commitments need to reflect this.

Forums that debate specific policies, however, may be time-specific. Resource planning should take that into account.

When calculating resources, be sure to consider the need to publicise your social media investment. Promotion work can be done by adding links from your corporate website, doing marketing campaigns, or simply leaving comments in forums and blogs with links back to your social media profile. However you decide to publicise, there will be resource implications.

Resources may also be needed to create back-ups, transcripts, and other records of social media activity

Learning the ropes

One of the best ways for staff to learn how to use social media is to start off using it themselves. Setting up their own personal Facebook or Twitter profile or starting up a personal blog in their own time will help them to learn the ropes with minimal risks, and without the added weight that comes with representing the agency in a professional manner. Once staff have 'learned the ropes' they will be better prepared to start using social media professionally.

Staff should only engage in social media on behalf of the agency if they have received the authority and, where necessary, training to do so. See 'Codes of Conduct and online participation' on page 8.

Trusting staff

Social media tools require quick responses and direct communication with stakeholders, often in real or near-real time. Successful social media projects are ones where delegated staff are trusted, after proper training, to understand and manage the risks around release of information. If information needs further

verification or is potentially contentious, staff need to be trusted to escalate as appropriate – and those escalation paths must be quick and efficient.

Nothing kills the effectiveness of a social media project more quickly than slow response times where each and every statement or 'tweet' needs to go up the chain of command to be approved before publication.

Passive, active, engaged

There is a spectrum of involvement in social media. Your organisation doesn't have to jump in boots and all on the first day. You can start with a passive involvement and move through to becoming more active and finally fully engaged with the audiences you have identified.

Passive

One of the first things your organisation can do in social media is simply to listen. What's being said about you?

Social media monitoring tools can help you discover what's being said about your organisation. You can, for example, do a twitter search for relevant terms (your organisation name, or the name of a specific issue relevant to your organisation). There are also services which can send you alert emails every time a certain term is mentioned in blogs and other social media tools. One example of such a service is Social Mention (http://www.socialmention.com/). Other examples include Trackur, Klout, and NetVibes.

At a minimum, government communicators should find and assess the social media tools that their target audiences are using. This landscaping can then be used to inform strategic plans, future communications, or budgets for greater participation in social media, if necessary.

Active

Once you've listened for a while and understand the tone and concerns of a social media community, you can begin becoming more active. You can post links to information to help people answer questions they have, or you can actively correct an inaccuracy on a blog, forum or a wiki.

This sort of activity can be done in 'other people's houses' – that is, in the blogs, forums and wikis that others have established. Make sure you follow the 'Basic principles' (see page 8) and always identify yourself as a public servant if you are responding on behalf of your organisation.

Engaged

Finally, your organisation can become fully engaged. You can set up a group on a social networking site and regularly introduce content for discussion, or you can establish a Twitter profile and begin contributing and actively posting and answering questions.

Be aware that once you've become fully engaged, you have a responsibility to be a good custodian. You'll need to post regularly, moderate comments as appropriate, and check regularly for messages that require a response.

There are more examples of the 'Passive, active, engaged' spectrum in the 'Benefit, risk and mitigation tables' on page 12.

5. Basic principles for staff

There are some common principles shared across all forms of social media. Knowing these basic 'rules of engagement' will serve staff well whether they are simply contributing to or actually managing an online community.

- **Be credible** - Be accurate, fair, thorough and transparent.

- **Be consistent** - Encourage constructive criticism and deliberation. Be cordial, honest and professional at all times.

- **Be responsive** - Answer questions in a timely manner. Share your insights where appropriate.

- **Be integrated** - Wherever possible, align online participation with other offline communications.

- **Be a public servant** - Remember that you are an ambassador for your agency. Wherever possible, disclose your position as a representative of your department or agency.

- **Be a good custodian** – If you've introduced and/or are managing your organisation's social media profile or blog, make sure that you're posting content and checking messages regularly. An untended and out-of-date account looks unprofessional. Also ensure that information is created, kept and, if necessary, disposed of in accordance with organisational policies.

Codes of Conduct and online participation

Both the Code of Conduct for the State Services (www.ssc.govt.nz/code) and the Code of Conduct for your individual agency apply to staff participation online as a public servant. Staff should participate in the same way as they would with other media or public forums such as speaking at conferences.

- Seek authorisation to participate in social media on behalf of your agency. Do not disclose information, make commitments or engage in activities on behalf of government unless you are authorised to do so.

- If you are participating in social media on behalf of your agency, disclose your position as a representative of your agency unless there are exceptional circumstances, such as a potential threat to personal security. Never give out personal details like home address and phone numbers.

- Always remember that participation online results in your comments being permanently available and open to being republished in other media.

- Stay within the legal framework and be aware that defamation, copyright and privacy laws, among others, apply (see Section 6 - Legal considerations).

- If you're using social media in a personal capacity, you should not identify your employer when doing so would bring your employer into disrepute

- Keep in mind that even social media sites restricted to your 'friends' are in effect public, as you cannot control what friends do with the information.

- Always make sure that you are clear as to whether you are participating in an official or a personal capacity. Be aware that participating online may attract media interest in you as an individual, so proceed with care regardless of what capacity you are acting in.

If you have any doubts, take advice from your manager or legal team.

Special advice to Chief Executives

As social media use increases, many Chief Executives are considering whether or not to participate in social media in a professional capacity themselves – for example, using Twitter or Facebook under their own name and as a representative of their organisation.

When undertaking any new communications strategy, all channels should be considered, and if social media is deemed appropriate, Chief Executives need to consider the risks, benefits, goals, and audiences before directly participating. A Chief Executive's presence on social media should be considered part of the larger communications strategy.

While social media has benefits, it needs to be actively managed if the benefits are to be realised and the risks minimised. One of the most serious drawbacks for Chief Executives is the amount of time social media takes up and the risk that, if they are not familiar with social media, Chief Executives might come across as too formal and, therefore, 'inauthentic'. Consideration should be given to resourcing or delegating to a social media expert within the organisation.

As with any media tool, Chief Executives should ensure they are adequately trained in using social media before they begin participating. It is a public forum, and should be considered as such at all times. Content posted in error in social media often cannot be withdrawn and may damage the organisation's reputation, as well as the professional reputation of the Chief Executive.

6. Legal considerations

A number of legal issues can arise in the context of an agency's deployment of social media. Most legal issues are avoided by exercising common sense and observing existing codes of conduct. At the same time, it is important to understand the legal parameters within which an agency is operating, particularly when the rapid pace of development and some of the unique dynamics of social media may give rise to unfamiliar or ambiguous legal issues.

Section 7 of the Hands-on Toolbox provides an introduction to the more common issues that may arise in the context of an agency's use of social media and should be consulted when deploying social media sites or tools. It addresses:

- the inclusion of appropriate terms of use
- copyright issues and potential application of the New Zealand Government Open Access and Licensing framework (NZGOAL)
- privacy issues
- the need for care around party political comment
- staff contributions and the potential need for staff contribution guidelines
- security of people
- defamation and other objectionable content
- linking
- conflicts of interest
- confidentiality
- Public Records Act 2005 and Official Information Act 1982 compliance
- the Public Finance Act 1989 and indemnities in the terms of use of third party social media tools
- the need to comply with procurement rules when they apply
- authentication issues
- issues that may arise under the Guidelines for the Treatment of Intellectual Property Rights in ICT Contracts
- the need for care when using social media as a channel for legally required consultation processes
- the need for care, in Fair Trading Act 1986 terms, when using social media as a channel for commercial activity
- data sovereignty (or control).

7. Benefit and risk analysis

As with any communications channel, there are benefits and risks to using social media. Before your organisation actually starts using the tools, it is important to assess these benefits and risks adequately.

Benefits

Social media can bring a variety of benefits in supporting your agency's communications and wider objectives, including:

- Increase audience reach and improve the accessibility of government communication
- Reflect the communication channel preferences of many New Zealanders
- Meet public expectations of modern service organisations and enhance reputation
- Promote transparency in government
- Support more involved relationships with citizens, partners and other stakeholders
- Enhance our ability to quickly adjust or refocus communications
- Improve the long-term cost-effectiveness of communication
- Benefit from the credibility of non-government channels
- Increase the speed of public feedback and input
- Reach specific audiences on specific issues
- Reduce dependence on media and counter inaccurate press coverage
- Lead New Zealanders directly to online transactional services.

Risks

Because social media is an evolving area of government engagement, there are risks. These can be cultural, technical or reputational and must be factored into planning. But they should not dissuade you from using social media. Over time, as experience builds and case studies provide us with precedents, risks will be more easily identified and reduced.

Risks in using social media include:

- Government activity in some social media websites and forums may not be welcome
- A post by government employees may be inaccurate or inappropriate, creating legal or reputational risk
- Some sites may be open to manipulation by interest groups or those with malicious intent
- User generated content may be difficult to check for accuracy
- Negative impact on a community when a public figure has to pull out of a debate
- Greater resource requirements than expected
- Comments may unintentionally inflame a situation
- Without appropriate planning, you may not be able to meet information management obligations under the Public Records Act 2005, Official Information Act 1982 or Privacy Act 1993.

There are appropriate mitigations for these risks. For a closer look at specific benefits, risks, and mitigations, see the 'Benefit, risk and mitigation tables' on the following pages.

Benefit, risk and mitigation tables

Passive	→	Active	→	Engaged
Monitor	Signpost or support	Respond	Discuss	Debate

Monitor

Potential activity	Potential objectives	Benefits	Risks	Risk mitigation	Example
Monitor social networking sites, forums and blogs for discussion on the agency, its proposals or services delivered	• Understand how opinion is forming • Identify gaps in service delivery • Identify service users'/audience's information needs • Understand how stakeholders are related	• Situational awareness • Increase understanding of nature and range of commentary	• Monitoring tools are emerging, and standards of practice have yet to be formed • Debate may be unrepresentative	Should supplement, not replace, other media monitoring and stakeholder activity	Civil Defence monitored Twitter conversations after earthquakes in Christchurch twitter.com/nzcivildefence

Signpost or support

Potential activity	Potential objectives	Benefits	Risks	Risk mitigation	Examples
Provide links to user-generated or government sites for information, advice or discussion	• Increase discussion on live consultation or current services • Signpost information, advice and services to specific groups of users who indicate particular needs • Reduce level of duplicated information/advice provided from government and user-generated sites	• Promote transparency in government by distributing information more widely and publicising government in more places • Lead New Zealanders directly to online transactional services	• Information or advice provided by linked-to site may be inaccurate or misleading • The link may offer sites a competitive advantage, by increasing the volume of visitor traffic • The debate on linked-to sites may contain inappropriate content • Uncertainty around cost/benefits	• Where feasible and appropriate, use of standard disclaimers relating to content of external (e.g., non-government) sites • Provide contact for other sites to request links • Monitor content of sites to ensure that they are relevant and appropriate	• Careers New Zealand provides links to careers resources in TradeMe job forums. • Civil Defence released links to its website via Twitter after Christchurch earthquakes

Respond

Potential activity	Potential objectives	Benefits	Risks	Risk mitigation	Example
• Correct inaccuracy on blog, forum or wiki • Answer query raised on social networking site, forum or blog	• Increase audience for information • Increase speed of response to misinformation and requests for information • Build trust of public • Move resource-intensive offline tasks to (existing) online self-help communities	• Promote transparency in government by distributing information more widely and publicising government in more places • Achieve accurate media coverage by better distribution of rebuttals and clarifications	• Getting the tone of voice correct (it needs to be tailored to the context, and cannot simply be 'government') • Government intervention in site may not be welcomed • Corrections of information may not be believed • A post by government may be inaccurate or inappropriate	• Post rules should be prominent and understood by site users • Corrections should relate to facts only, not opinion • Posts should be short and provide links to where details of policy or evidence can be found • When possible, contact centre scripts should be followed when providing information or advice	During the 2008 web harvest, National Library received some negative feedback via twitter and blogs, responded, and as a result changed web harvesting policy. http://librarytechnz.natlib.govt.nz/2008/10/2008-web-harvest-let-us-know-how-we-can.html

Discuss

Potential activity	Potential objectives	Benefits	Risks	Risk mitigation	Example
• Set up a group on social networking site • Start discussion thread • Feed in content to a website, or post content on social media site • Departmental-developed (factual) tool dropped on to the site, e.g. one of the Sorted calculators (http://www.sorted.org.nz /calculators)	• Feedback on services • Increase reach of information • Identify gaps in service delivery or information provision • Facilitate discussion across different organisations, e.g. non-governmental organisations, media, government • Move resource-intensive offline tasks to (existing) online self-help communities • Seek input to solutions from the public to regional or national issues or problems	• Reach specific audiences on specific issues • Benefit from the credibility of non-government channels by providing facts and support in the right manner • Complaints may be made, which is an opportunity to truly engage with stakeholders and gain valuable feedback.	• Open to manipulation by interest groups or those with malicious intent • What is the status of complaints made? How will they relate to standard channels? • Responses may be difficult to analyse due to lack of context or difficult to check for accuracy • Government endorsement may add credibility to inaccurate information posted on site • May generate large volume of responses • May be unable to manage information in accordance with organisational policies	• Clarify how long discussions will be active • Understand the audience of the host site – what profile they have and why they visit the site • Contingency planning to accommodate large number of responses • Select either a pre-or post-moderation approach and ensure that participants understand • Make objectives of clear and what might change as a result • Ensure terms of use address the handling of objectionable content and hostile commenters • Clarify how organisational IM policies will be applied	Ministry of health established an active Breastfeeding NZ group on Facebook to discuss issues relevant to breastfeeding mothers. http://www.facebook.com/ breastfeedingnz

Debate

Potential activity	Potential objectives	Benefits	Risks	Risk mitigation	Example
• Set up a group on a social networking site and regularly introduce content for discussion • Instigate an iterative discussion with input from government • Open up material on relevant government site for comment	• Consultation, where appropriate • Move resource-intensive offline tasks to (existing) online self-help communities • Seek input to solutions from the public to regional or national issues	• Benefit from the credibility of non-government channels by providing facts and support in a helpful manner • Complaints may be made, which is an opportunity to truly engage with stakeholders and gain valuable feedback.	• Open to manipulation by interest groups or those with malicious intent • Responses may be difficult to analyse due to lack of contextual information • Could create expectations that results provide a mandate for action • Providing feedback on specific issues needs active management • Heated nature of the debate may prompt participants to say the wrong thing, which is then permanently on record • May generate large volume of responses • May be unable to manage information in accordance with organisational policies	• Communicate objectives to participants • Clarify how long discussions will be active, how information will be used and what feedback will be provided • Identify the level of information about respondents that will be required for analysis • Contingency planning to accommodate large number of responses • Have dedicated resource to actively manage online debate • Establish and communicate clear posting guidelines or rules • Clarify how organisational IM policies will be applied	DIA engaged the web community before developing the 2011 'Rethink Online' strategy http://rethinkonline.newzealand.govt.nz/

8. Business case template

The template on the following pages can be used to make the outline case for use of social media. This document is a guide to setting out the rationale and justification for selecting social media as a communications channel, together with relevant risks and mitigations. As with all other channel evaluation, it is important to consider the context in which it will be applied and how that will contribute towards achieving the overall strategic aims.

The suggestions here are not intended to be prescriptive, but instead aim to stimulate thinking around some of the key areas that need to be considered when planning to use social media.

Tips:

- **Be specific** – where possible use hard data to support your business case.

- **Be realistic** – identify where there are gaps and detail how they are being addressed.

- **Be measured** – build in specific targets and a means of evaluation from the start.

- **Be integrated** – consider social media in the context of your wider communications strategy.

Section heading	Prompts for content in this section
Strategy context and aims	• What is the context for this social media project? • What are the strategic vision and aim(s) that this work will contribute to?
Communication objectives	• What are the specific communication objectives that will support delivery of the aims(s), including who you are communicating with and why? • Can these objectives be made SMART (specific, measurable, achievable, realistic and time-bound)?
Critical success factors	• What does success look like? • What are we hoping to achieve (e.g. changes in attitude, awareness, behaviour)? • Can success against these factors be measured?
Audience	• Who are the audience for this communication? • What information or insight do we have about them (e.g. what are their beliefs, attitudes, behaviours and influences)? • What previous attempts at communication with this audience have been made and what has been learned? • What else is out there in terms of social media for this audience?

Section heading	Prompts for content in this section
Options appraisal	• Have a wide range of other communication options been considered? What are they? Social media can be one channel amongst others. • Which factors contributed to your selected approach? • What is your proposed approach, what will be the main activities and when will they be implemented? • How well does the proposed approach help achieve the identified critical success factors, objectives and aim(s) of the strategy? • How well does the proposed approach help achieve the identified critical success factors, objectives and aim(s) of the strategy? • How well does the selected approach fit within your wider communications strategy? • Is your chosen approach accessible to your target audience? • Is there any evidence of similar approaches that have been successful, to support the recommended approach? • What trade-offs, if any, need to be made (e.g. foregoing some off the benefits in order to keep costs low or carefully accepting a higher level of risk to achieve more substantial benefits)?
Benefits	• What direct benefits can be identified (e.g. return on investment, resource requirements)? • How will direct benefits be calculated? • What indirect benefits are there (e.g. quality of service, improved credibility, ability to reach specific audiences on specific issues, better understanding of audience views)? • How will indirect benefits be measured? • Are there any trade-offs in terms of benefits (e.g. balancing the level of benefits against risks and costs)?

Section heading	Prompts for content in this section
Risks and mitigation	• What are the risks or threats to achieving the stated objectives and benefits? • Do you have the necessary skills, experience and resource to support this approach? • Have you ensured that the terms of use and privacy policy of any third party service provider you propose to select are acceptable to your agency, if necessary in consultation with your legal team? • Do you have the relevant authority to do this and have you consulted the necessary communication guidance? • How likely is it that the identified risks will happen and what could the impact be? • What could be done to mitigate the risks and who will own these actions?
Dependencies and assumptions	• What assumptions underpin this approach and what is being done to test them? • What skills, experience and resource (e.g. IT capability or funding) will be needed to implement this approach? Are they available and, if not, where will they be found? • If the approach does not address all of the communication objectives, what other activity is planned? • How does this approach fit with other strategy and policy issues in the department?
Resources required	• What skills, experience and resource will be needed to implement this approach? Are they available and, if not, where can they be found? • How much ongoing resource will be needed to maintain this approach and is it available? • Will delivery be largely in-house or will an external provider be required? • What is the total budget required?
Evaluation	• How will success at all levels (i.e. against benefits, critical success factors and specific objectives) be measured? • Have you considered both quantitative (e.g. number of interactions) as well as qualitative (e.g. measure of influence) means of evaluation? • Are metrics in place to monitor progress against targets/objectives?

Organisational Wide Policy Statement

Te Whatu Ora
Health New Zealand
South Canterbury

Social Media Policy

1. Purpose

As the lines between private, personal, and public life blur, this guideline has been developed on the careful use of this powerful resource.

Social media allows people to connect, communicate and interact in real time to share and exchange information. TWO South Canterbury supports and recognises the benefits of social media particularly in the areas of public health information and communication amongst stakeholders. However, there are risks to stakeholders when using social media that need to be considered and mitigated.

2. Scope

All employees of TWO South Canterbury.

3. Policy Statement

This guide identifies the expectations, advantages, risks and traps to consider when using social media in the workplace and outside it. This guide sits alongside other known professional guidelines such as:

- Social media and the nursing profession
- Guide for medical practitioners
- A nurse's guide to social media and electronic communications
- Social media in government.
- Particular Districts and union guidelines.

Good "netiquette" can be a tricky balancing act. TWO South Canterbury wants to prevent the risk of individuals inadvertently damaging the organisations' brands, divulging private information, getting themselves into trouble, or undermining collegiality. In the same vein, it does not want to restrict employees' freedom of expression.

4. Staff Responsibility

- Must not disclose confidential information – breaching patient or work colleagues' privacy.
- Must not damage stakeholder reputations
- Must not be linked to derogatory, obscene, racist or otherwise offensive comments
- Must not take part in workplace bullying, harassment or discrimination

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- Productivity must not be lost through engaging in frivolous or vexatious social media activity in work time
- Refrain from making posts where the commenter does not appreciate the distinction between public and private lives and risks making personal comments that appear to be on behalf of a stakeholder organisation.
- All employees must maintain the confidentiality of keeping sensitive work matters private and must understand that careless social media chatter could be a serious breach of an employment agreement
- All employees will understand obligations of trust and confidence to stakeholders and therefore will not bring stakeholders into disrepute
- Engaging in social media activities that are not associated with matters associated with being a health sector employee must be kept to a minimum during work time and must not adversely impact the employee's performance of their role.

Basic principles that need consideration in any online social interaction:

- Where employees utilise social media in their personal capacity to comment about matters related to their employment, they must be clear that their view does not represent the view of a stakeholder. It may be prudent either to refrain from mentioning any particular stakeholder's name or to add a disclaimer (e.g. "The opinions and positions expressed are my own and don't necessarily reflect those of TWO South Canterbury") to indicate that they are not speaking on behalf of an organisation. Administrators could include a similar disclaimer in the description of the group.
- Behave with good manners just as is the case in any other social setting. Remember though that social media is big and involves many unknown people
- Take care to ensure that all actions and behaviour are professional
- Remember search engines never forget: Everything that is posted stays online for a long time. Thinking before posting can prevent later regret.
- Be mindful that screen shots may be used to spread posts beyond closed groups and result in breaches of privacy or disciplinary action.
- Administrators can monitor posts and be proactive in intervening in threads and in some cases deleting posts that breach standards.

Please remember that other TWO South Canterbury policies also apply when using social media, including:
- Media and Communications Policy
- Information Technology Policy
- Privacy Policy

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5. Definitions

Social Media – primarily internet and mobile-based tools for sharing and discussing information. The term most often refers to activities that integrate technology, telecommunications and social interaction, alongside the construction of words, pictures, video and audio.

Social Media Channel – a website that leverages Social Media and communications tools for its visitors. Examples include YouTube, Facebook, Wikipedia, SnapChat, Instagram, TikTok, Twitter, forums, blogs, message boards etc.

Stakeholders - DHBs and Employees.

6. References

National Bag Social Media Guidelines
TWO South Canterbury Code of Conduct
TWO South Canterbury Bullying and Harassment Policy
TWO South Canterbury Use of Information Technology Policy
Communication/Media/Public Information Policy AF13

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Te Whatu Ora
Health New Zealand

Social Media Guidelines

This guideline provides responsibilities and expectations for Te Whatu Ora Southern (Te Whatu Ora) employees (and related roles, please see below) about social media. Please also see the national social media guidelines for all public sector employee.

- Social media in government.

Applies to:

- All Te Whatu Ora Southern employees.
    - This includes temporary employees, and contractors, who must comply with this policy.
    - It also applies to any person who is involved in the operation of Te Whatu Ora Southern, including joint appointments, volunteers, those people with honorary or unpaid staff status.

Associated Policies:

Release of Patient Information Policy (21414)

Health Records Policy (10798)

Fraud Policy (25546)

E-mail, Internet and Computer Policy (24497)

Code of Conduct and Integrity (18679)

Media Policy (16106)

Definition:

- **Social Media** is websites and applications that enable users to create and share content or to participate in social networking. The content created and shared in social media can often be seen by a large group of people or even anyone on the internet. This makes social media a powerful tool, but also potentially risky to use.
    - Examples of social media include YouTube, Facebook, LinkedIn, Wikipedia, Twitter, and TikTok.

Te Whatu Ora regularly monitor social media channels to identify any issues arising from unauthorised use and misrepresentation of Te Whatu Ora.

Responsibilities and expectations

Te Whatu Ora employees are free to use social media in their private lives, in the same way as other citizens. When using social media, Te Whatu Ora Employees must

- Uphold the confidentially of patients, patient's visitors and whānau, work colleagues, and Te Whatu Ora. This means not disclosing:
    - Information about patients, their visitors / whānau, and work colleagues.
    - Sensitive and/or confidential work matters.

- Make clear they are using social media in a personal capacity. If necessary, add a disclaimer (e.g. "The opinions and positions expressed are my own and don't necessarily reflect those of Te Whatu Ora ").

- Uphold the Code of Conduct, especially the section on private conduct (avoid behaviour on social media that negatively reflects on the standing or integrity of Te Whatu Ora).

- Not use social media during work time (unless it is for a valid work purpose).

There are risks associated with social media if we do not behave responsibly. These include:

- Disclosure of confidential information – breaching patient, visitor, or work colleague' privacy.
- Damage to the reputation of Te Whatu Ora.
- Being linked to derogatory, obscene, racist or otherwise offensive comments by a staff member.
- Workplace bullying, harassment or discrimination.
- Productivity lost through engaging in social media in work time.
- Employees who do not appreciate the distinction between public and private lives, making personal comments that appear to be Te Whatu Ora's view.

Principles to consider

Below are some basic principles to consider in any online social interaction:

- Be careful when talking about work-related matters on your personal social media (be mindful of both confidentiality and not disparaging patients, visitors, your colleagues, profession, and/or the organisation).
- Recognise that you are entering a social system. Behave with good manners as you would in any other social event such as a meeting or gathering; but remember social media is much bigger and involves people you don't know.
- Take care to ensure that your actions and behaviour are consistent with the image you want to portray in the workplace. If you have a gripe at work, deal with it in the usual internal way with your manager rather than broadcasting your concerns.
- Remember search engines never forget; everything you post stays online for a long time. Think before posting something you might regret later.

Associated Documents:

- [Records Retention Schedule](#) (100631)
- [Release of Patient Information Policy](#) (21414)
- [Health Records Policy](#) (10798)
- [Fraud Policy](#) (25546)
- [E-mail, Internet and Computer Policy](#) (24497)
- [Code of Conduct and Integrity](#) (18679)
- [Media Policy](#) (16106)