CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

School of Journalism,
Media and Culture

Ysgol Newyddiaduraeth,
y Cyfryngau a Diwylliant

Advice for Welsh NHS Confederation: Media coverage of Covid-19

Background:

The outbreak of COVID-19 is placing an unprecedented strain on health services in Wales and across the world. At the same time, there is a great demand from media organisations and their audiences to receive information about the outbreak and its frontline. This can put additional pressures on health care organisations and staff and may in certain cases interfere with their operations in dealing with the COVID-19 outbreak.

This document has been prepared by Professor Karin Wahl-Jorgensen, Cardiff School of Journalism, Media and Culture to support the work of the Welsh NHS Confederation. It draws on input from leading academics, journalists and PR practitioners from Cardiff University, the London School of Economics, and City, University of London (full list of contributors on p. 9). The document provides guidelines on how to work with media organisations to shield health care organisations and staff from unnecessary additional pressures, and to ensure that information transmitted to the media and the public is considered and accurate. The experts involved in preparing this document are independent from the NHS, and the document does not reflect official NHS policy.

Here is a summary of our advice:

1. Create a media triage system with dedicated staff members who are responsible for liaising with the media
2. Keep a clear line on all communications
3. Arrange regular media briefings with key media outlets
4. Repeat a few simple, core messages
5. Transparency is the best approach
6. Include reports on the number of cases, conditions of patients and the number of deaths
7. Support medical staff in media work.
8. Insist on media pooling and restricted media access to hospital premises
9. Set up dedicated briefing areas for journalists away from the hospital entrance
10. Enforce social distancing by media and insist on safe use of equipment
11. Decide on a clear social media policy
12. Share positive stories.

In addition to this advice, we share existing guidelines on managing coverage of pandemics from the World Health Organisation (see Appendix A) and media outlets, including the BBC (see Appendix B).

General guidelines:

1. Keep a clear line of control on all communications: arrange regular briefings with key media outlets at regular times.
2. Set up a strategic communications team with dedicated staff members who are responsible for liaising with the media at national level. The team should have a clearly identified manager who can work closely with newsrooms.
3. Insist on pooling of access and material to minimise media presence and to facilitate social distancing.
4. Decide on a set of simple messages that are repeated and emphasised again and again – through social media channels and regular briefings. Emphasise that health professionals need the collaboration of everyone so the NHS can carry on doing its duty.
5. Regular briefings should include reports on the number of cases, conditions of patients and the number of deaths.
6. Transparency is the best approach to ensure that information transmitted to the public is considered and accurate. Be honest about the limitation of medicine or health care provision.
7. Don't be afraid or embarrassed to NOT comment on something you're not sure of. Avoid speculation.
8. Avoid any messaging that might imply the NHS values some people's lives less than others.
9. Be inclusive in your communications, and avoid racist, sexist, ableist and ageist language. Think about who you mean when you use words like "us".
10. Positive and constructive stories should be shared, where possible and appropriate.
    o These might include stories about people recovering, simple positive initiatives and stories modelling constructive behaviour (e.g. what young, ordinary fun-loving, social people are doing during periods of isolation).
11. Where resources are available, monitor journalistic themes to be prepared to answer questions on "hot topics" (e.g. availability of PPE equipment; rates of NHS staff illness).

Social media:

1. Decide on a strategy for social media posts and stick to this policy (e.g. what will you use it for, and how frequently will you update your feeds)
2. Where possible, use NHS social media channels to provide constant flow of information (e.g. footage, interviews, messages and briefings) to facilitate news sharing and control internally and externally.
3. While social media can be a source of useful information for NHS staff and members of the public, they also contribute to the spread of conspiracy theories, misinformation and fear-mongering.
    o Ensure that journalists understand that the verification of any social media information about the outbreak is their own responsibility, not that of the NHS.

- NHS comms teams and staff cannot be expected to respond to questions from journalists about social media content.
- Ensure journalists understand that they should not submit questions via social media channels. Refer to NHS official channels (e.g. press office/email address) for answering questions.

Interviews with NHS frontline staff:

1. Interviews with frontline staff are powerful tools in bolstering public support and can be both visually and emotionally appealing. However, such interviews should be carefully managed so that they do not interfere with medical care.
2. Set up a dedicated space for media interviews at a safe distance from the hospital entrance. The space doesn't need to be sophisticated: a sheltered, quiet spot against a plain background will do.
3. Social distancing should be observed between NHS staff and journalists, and between the journalists themselves, at all times.
4. Journalists need to make sure they use equipment that complies with social distancing requirements. For example, they should use a gun mic instead of a direct mic, and they must assume responsibility for disinfecting their equipment.
5. Ensure you know how many journalists will be on site and which media outlets they are from. Also make sure you are aware of when and where the item they've produced will be broadcast/published.
6. If specific requests for interviews are made, carefully consider whether the health body can provide this.
7. Don't shy away from protecting key frontline staff from the glare of the media, especially if tired or overwhelmed. Journalists might not like it, but the public will understand they are too busy with their work to do an interview.
8. Emphasise to NHS staff that their freedom of expression will be respected and that their views are valued and important.
9. In preparation for interviews, brief frontline staff to:
   - Avoid dramatisation
   - Avoid "off mic" comments or asides
   - Never say anything they don't want to be published/broadcast. As a rule of thumb, ask: 'Do I need to say this?' If the answer is no, do not say it. Err on the side of caution
   - Reflect on their role as a source – they are speaking to the media on the basis of your *experience*, but the media might frame them as an *expert* on everything relating to the pandemic
   - Staff may be asked to comment on a wide range of issues (e.g. social media speculation or misinformation). Comment only on the basis of their experience, expertise and specialism
   - Avoid politicising the situation
   - Consider how their comments will affect colleagues' morale and public perception
   - Consider how NHS will deal with coverage of frontline health professionals who are being treated for the virus
   - Reflect before describing distressing scenes.

DISCLAIMER: This is a briefing document incorporating advice from independent experts across journalism, PR and academia. It does not represent official NHS policy on media coverage of COVID-19.

10. In interviews, convey the importance of the whole multi-disciplinary team and allied healthcare professionals, as well as the full range of staff – e.g. cleaners and porters. The vital role of charities and independent providers who run care homes, and the social care system (including social workers), as well as the whole running of community services (e.g. garbage collection, postal services), should also be emphasised.
11. Consider the mental health implications for frontline staff carrying out media interviews – ensure they receive practical and emotional support from both employers and journalists.
12. Encourage NHS staff to report any concerns to a confidential telephone helpline. Make sure any messages are checked regularly and make sure you listen to your staff.

Filming inside hospitals:

1. Allowing journalists to film or photograph inside hospitals is strongly discouraged by public health experts because of the extreme risk associated with such activity.
2. However, it is advisable to show people the reality of frontline NHS work at this time of crisis.
3. There are many alternative approaches to filming inside hospitals.
    o In Italy and Spain, we have observed the following approaches so far:
        ▪ Shots inside hospitals have been limited.
        ▪ Activities associated with the outbreak have been covered through external filming, as far as possible (e.g. people moving caskets; journalists following an ambulance crew).
    o NHS can provide images or footage to media to limit the presence of journalists and control messaging. This may include images of hospital staff (where consent is granted) or equipment used to treat patients.
    o NHS can help facilitate remote interviews with recovered patients.

If filming inside hospitals is allowed:

1. No live coverage should take place inside hospital premises under any circumstances. Any footage should be pre-recorded.
2. Any such activity requires adherence to strict safety measures, including journalists wearing full protective gear. All equipment must be cleaned in front of NHS staff before entry into hospital. Journalists must provide their own personal protective equipment.
3. This should only be allowed if supply of safety gear/kit (cover, gloves and face mask) is adequate. The priority at all times is to provide medical staff with these kits.
4. Any such activity requires consultation with, and consent of, health care staff and patients/families.
5. Consider using a fixed rig approach, widely used in filming in hospital settings (e.g. 24 hours in A&E). This facilitates social distancing and minimises the presence of media personnel.
6. Be clear what is off limits, which prevents filming/reporting in sensitive areas.

7. No patient should be filmed or photographed unless they are able to grant their consent.

8. Ensure staff are fully informed about what the crew intend to film and why before they agree to participate. No member of staff who does not wish to participate should be persuaded to do so, no matter how much the hospital wants to be able to show the work it is doing.

9. Provide a release form for the media organisation to sign, confirming that material is strictly for the programme and purposes they have stated.

10. Risk assessments should be conducted for every site visit.

11. During any broadcasting, signs saying "filming in progress" should be prominently displayed. Sometimes staff may walk into shots unknowingly. They may prefer that their faces are blurred. Be sure that journalists understand this before any filming takes place.

12. Filming should be strictly limited in terms of the amount of time crews are allowed to be on site. Each hospital must decide whether it has the resources needed to manage this type of media coverage.

13. Major news organisations have extensive experience of working in hostile environments and epidemics including cholera and Ebola. They have well-developed safety protocols and work processes. NHS should liaise with planning and in-house safety teams at media organisations including BBC, ITN, and Sky.

Appendix A: Relevant excerpts from WHO Guidelines: Hospital Preparedness for Epidemics (https://www.who.int/publications-detail/hospital-preparedness-for-epidemics)

For information, we have here summarised the most salient point from these guidelines. What follows below has been copied directly from the document.

Goals for communication with the media (p. 22):
- To raise public awareness of an epidemic or other emergency, of the associated risks the emergency poses to people's health and of the measures required to reduce these risks and to respond to the emergency.
- To limit the spread of unfounded rumours about the emergency.
- The WHO suggests that "Information for the media and general public should be communicated through a single source."
- Communications activities undertaken in response to an emergency should be coordinated through the hospital's Incident Command Group and senior hospital staff.

Relevant preparedness tasks (p. 23):
- For all staff members involved in communications activities prepare Job Action Sheets describing their roles and tasks in an emergency situation.
- Ensure that communications staff receive training and participate in regular exercises in order to enhance their ability to fulfil their roles in implementing the hospital's emergency response.
- Appoint a staff working group to identify priority information about emergency management and communication, as well as prevention, preparedness, response and recovery issues.
- Identify reliable sources of information about emergency risks and risk management strategies in the hospital, health authorities and others.
- Appoint official hospital spokespersons to address the public on behalf of the hospital (unless government policy prohibits hospitals from communicating to the public)
- Identify channels (including media) to be used for risk communication.

External communication (p. 24):
- Determine what information the public is likely to need with a view to reducing risks during an emergency.
- Develop, within the framework of the Hospital Emergency Response Plan (including the Epidemic Sub-plan), external emergency risk communication plans that address both the content of information to be communicated and the communication process itself and that are consistent with health ministry policies on communication during an emergency.
- Determine how, during an emergency, the hospital will share information on accessing hospital services and public health programmes (such as routine and emergency immunization, safe motherhood, laboratory referral, psychosocial support and mental health, and management of the dead and missing).
- Inform the public about measures required to reduce the risks associated with an emergency, such as preventing transmission of infection.
- Determine what information should be shared with response partners (emergency medical services, private practitioners, etc.) and how it should be shared.
- Assign additional spokespersons, as required, in order to organize collaboration with partners and stakeholders in communication of information.
- Develop and review, in collaboration with health authorities, the procedures needed for dealing with the media."

Appendix B: Guidelines for journalists: Relevant links

Covering coronavirus
BBC staff guidelines:
https://www.bbc.co.uk/safety/resources/safetynews/whatsnew/Coronavirus
This site shows the BBC guidelines for their staff, advising on how to be safe as well as how to travel and report safely in light of COVID-19. Some of the information might be useful for the NHS because it shows how aware journalists will be about safety when coming to report at medical facilities.

Committee to Protect Journalists guidelines:
https://cpj.org/2020/02/cpj-safety-advisory-covering-the-coronavirus-outbr.php
This resource provides journalists with health and safety advice when covering the COVID-19 pandemic. The information is relevant for the NHS if it considers granting journalists access to its premises.

Ethical Journalism Network guidelines:
https://ethicaljournalismnetwork.org/media-ethics-safety-and-mental-health-reporting-in-the-time-of-covid-19
This website gives journalists advice on how to stay safe and makes suggestions for the responsible and ethical reporting of COVID-19 (i.e. avoid sensationalism and scaremongering as well as racial profiling; ensure the protection of affected people; be accurate and report facts; seek expert opinions; provide context; be careful when using maps showing case distribution; be cautious of using images of people in masks). While it is not guaranteed that journalists will adhere to these suggestions, the NHS could draw on some of this information for interviews with journalists.

Risks of allowing journalists to film in hospitals:
https://edition.cnn.com/2020/03/17/media/news-broadcasts-coronavirus/index.html
This link reports that employees of several news organisations have been infected with COVID-19 and suggests that there are risks involved when covering the pandemic. This is useful information for the NHS if it considers granting journalists access to its premises.

Columbia Journalism Review – advice on how to cover a pandemic:
https://www.cjr.org/analysis/coronavirus-covid19-cover-pandemic-journalism.php
This website provides advice on how to report a pandemic and might be relevant for the NHS when suggesting topics/events to journalists for possible coverage.

First Draft News Resources for reporters covering coronavirus:
https://firstdraftnews.org/long-form-article/coronavirus-resources-for-reporters/
This site collected and regularly updates information for journalists to support accurate and responsible reporting about COVID-19.

Other relevant information
BBC guidelines for working in hospitals:
https://www.bbc.co.uk/safety/resources/aztopics/hospitals.html

DISCLAIMER: This is a briefing document incorporating advice from independent experts across journalism, PR and academia. It does not represent official NHS policy on media coverage of COVID-19.

This resource shows the BBC guidelines for production practices when reporting in medical facilities. It lists some of the things that can go wrong and mentions control measures to avoid possible mishaps, all which is useful for the NHS if it grants journalists access to its premises.

BBC guidance for working with viruses etc (mainly aimed at foreign reporting):
https://www.bbc.co.uk/safety/resources/aztopics/disease.html
This website provides guidance for anyone deployed to areas with infectious diseases as well as control measures that should be adopted as a precaution.

Explanation of how the fixed rig approach in 24 hours in A&E works:
https://cstonline.net/fixed-rig-documentaries-how-they-do-it-by-john-ellis/
This resource explains the fixed rig approach in television production, which allows the remote live-filming of places that are difficult to access.

DISCLAIMER: This is a briefing document incorporating advice from independent experts across journalism, PR and academia. It does not represent official NHS policy on media coverage of COVID-19.

Prepared by:
Professor Karin Wahl-Jorgensen (School of Journalism, Media and Culture, Cardiff University, Director of Research Development and Environment, School of Journalism, Media and Culture)

With input from (in order of contribution):
- Dr Linda Mitchell (School of Journalism, Media and Culture, Cardiff University; formerly Head of Diversity, BBC; and Media Management Advisor, UNIPSIL, Freetown Sierra Leone)
- Dr Susan Kinnear (School of Journalism, Media and Culture, Cardiff University; Director MA International Public Relations and Global Communication Management, former Public Sector Communications Director, Advisor to the Office of the Deputy Prime Minister).
- Professor Jenny Kitzinger (School of Journalism, Media and Culture, Cardiff University; Director of Research: Impact and Engagement; Co-Director of the Coma and Disorders of Consciousness Research Centre).
- Professor Richard Sambrook (School of Journalism, Media and Culture, Cardiff University, Deputy Head of School; Director of the Centre for Journalism; formerly Head of Newsgathering for the BBC, responsible for developing safety policies; past chair of the International News Safety Institute).
- Professor Charlie Beckett (Director, Polis, London School of Economics, former BBC and ITN journalist).
- Professor Wouter Poortinga (School of Psychology, Understanding Risk Research Group, Cardiff University; formerly RCUK Research Fellow in Risk, Health and Science Communication)
- Dr César Jimenez Martinez (School of Journalism, Media and Culture, Cardiff University; formerly of Ogilvy Public Relations; and journalist for newspapers and television stations in Latin America).
- Dr Zahera Harb (Department of Journalism, City, University of London; board member trustee of the Ethical Journalism Network, formerly journalist for Lebanese and international media organisations).
- Dr David Dunkley Gyimah (School of Journalism, Media and Culture, Cardiff University; formerly freelance journalist for Channel 4 News, ABC News and BBC's Reportage, Newsnight, Radio 4, and the World Service).
- Mr Mike Hill (School of Journalism, Media and Culture, Cardiff University; former health correspondent, editor and Head of Multimedia for Reach plc, the UK's largest regional and national news publisher).
- Sali Collins (School of Journalism, Media and Culture, Cardiff University; former Head of BBC Radio Wales and Editor at BBC Radio 5 Live).
- Dr Andy Williams (School of Journalism, Media and Culture, Cardiff University; formerly RCUK Research Fellow in Risk, Health and Science Communication)

Research assistance:
Julia Boelle (School of Journalism, Media and Culture, Cardiff University, PhD Candidate).

Copy-editing:
Vicky Anning (freelance writer and editor for clients including UNICEF and CAFOD).

Cardiff, March 30, 2020