

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Non-Emergency Communication Protocols and Procedures

Purpose: To disseminate consistent communication to internal and external audiences including but not limited to media, community partners, stakeholders, and the public, in an accurate and timely manner.

Dissemination Process

1. Press release and interagency notification
 - a. Original message crafted and written by Health Commissioner or appointee
 - b. Reviewed and edited using the press release checklist (appendix A) by Health Commissioner
 - c. Health Commissioner or appointee acts as spokesperson to address questions from the media, community partners, and stakeholders
2. Social Media
 - a. Posts to the organization's online social media sites may be made by the Health Commissioner or appointee.
 - b. Posts should be relevant to healthy living, services provided or events sponsored by the organization. Other acceptable posts include sharing messages from community partners and community resources.
 - c. Topics of avoid: religion, politics and product endorsements
3. Web Site
 - a. Each division is responsible for having an individual trained and appointed to use the web site editor.
 - b. The appointed individual updates and maintains the divisions landing pages.
 - c. Questions submitted through the webpage are directed to the appropriate department or content specialist.

Please see Communication Plan and Risk Communication Plan for additional policies and procedures regarding communication.

Date	Revision	Responsible Party
March 3, 2017	Documented Created	Health Commissioner
April 12, 2017	Approved	Board of Health



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TCHD Press Release Checklist



Public Health
Prevent. Promote. Protect.

Press release title: _____

Today's Date: _____ Date/Time needed: _____ / _____

Distribution Requested (check all that apply)	
<input type="checkbox"/> County Print Media	
<input type="checkbox"/> County Radio Media	
<input type="checkbox"/> Social Media	
<input type="checkbox"/> TCHD Administration	
<input type="checkbox"/> TCHD Staff via email	
<input type="checkbox"/> TCHD website	
<input type="checkbox"/> TCHD newsletter	
Department Director initials: _____	Health Commissioner initials: _____

1a: First Review by Department Director (Date and initials)
1b: Second Review by Department Director if needed (Date and initials)

1a: First Review by Health Commissioner (Date and initials)
1b: Second Review by Health Commissioner if needed (Date and initials)

Final Approval Signature by Health Commissioner: _____

Date: _____

**** Please attach release with this form**