Standard Operating Procedure (SOP) for Press Releases in Print, Electronic and Social Medias

1. Objective

To establish a formal internal workflow for departments to request the release of official information intended for public dissemination through the Public Relations Office, in alignment with institutional and government communication norms.

2. Scope

This SOP is applicable to all departments of the hospital, including but not limited to:

- Clinical and Non-Clinical departments
- Administrative units
- Specialty centers or units
- Research & Academic departments

3. Definitions

- **Requesting Department:** Any internal unit that wishes to disseminate information via press or media.
- **PRO:** Public Relations Officer, responsible for managing media interactions and official releases.
- **Director:** Director, final approving authority for all external communications.

4. Roles and Responsibilities

Role	Responsibility
Requesting Department	Drafts request with relevant attachments
HOD (Head of Dept)	Verifies and forwards request to Director through PRO
Public Relations Office	Formats, edits, and processes the release
Director	Final approval before dissemination

5. Procedure for Submitting Press Release Requests

5.1. Triggering Events

Departments may initiate a press release for reasons such as:

- Institute's annual celebrations/convocation/common events/GOI promotional or observational programmes
- Any clinical & Non-clinical information of Public Health Education avenues
- Rare or Unique medical/Surgical assessments/interventions for public to know
- Announcement of health camps or public awareness drives
- Important research findings or academic events
- New services/facilities launched/milestones

- National health days or special observances
- Public health alerts or outbreak notifications
- Any faculty/staff/students' achievements
- Any administrative information for public information
- Any other relevant events/information to be disseminated for public

5.2. Step-by-Step Procedure

Step 1: Preparation by the Requesting Department

- Draft a brief note or press input (max 1-2 pages) including:
    1. Subject and purpose
    2. Key facts/data
    3. Suggested language (English, Tamil & Hindi)
    4. Date when release is expected
    5. Name and designation of the contact person
- Attach relevant documents (program brochures, notices, statistics, pictures, videos)

Step 2: Department Head Review

- HOD must verify:
    1. Factual accuracy
    2. Relevance and appropriateness for public dissemination
- HOD signs or endorses the request formally
- If a faculty/staff/students communicates through email, kindly endorse the same through respective HODs email as well

Step 3: Submission to PRO Office

- Submit to PRO Office via:
    1. Official internal note (hard copy and email to pro@jipmer.ac.in) addressed to Director, JIPMER
    2. Subject line: "Request for Press Release – [Topic]"
    3. For clarifications: 0413-2296524, 7867086339

Step 4: Review by PRO

- PRO reviews for:
    1. Clarity, grammar, formatting and presentation style
    2. Sensitivity and compliance with media policies and JIPMER's rules & regulations
- May coordinate with concerned department for clarification

Step 5: Approval

- PRO submits final version for approval to:
    1. Director
- For sensitive issues (e.g., outbreaks), clearance from MoHFW may be needed

Step 6: Dissemination

- Upon approval, the PRO handles:
    1. Media outreach (print, digital, TV)

2. Website and social media update
3. Record-keeping

6. Timeframe

Task	Suggested Timeline
Department drafts and submits request	3–5 days before desired release
PRO review and formatting	Within 24–48 hours
Approval and dissemination	Within 1–2 working days of final draft
Emergency press releases	Act upon immediate requirements

7. Record Keeping

- PRO office maintains a Press Release Request Logbook, which includes:
  1. Requesting department
  2. Date of request
  3. Date of release
  4. Subject
  5. Approval status
  6. Post press release follow up and sharing press clips respectively

8. Confidentiality and Legal Compliance

- All requests must avoid disclosure of:
  1. Patient names/records
  2. Unverified medical claims
  3. Content under embargo by government authorities

9. Review and Updates

- SOP to be reviewed every 12 months or earlier based on Ministry/PIB guideline changes.

Officer-in-charge 28/10/25
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