

**Standard Operating Procedure (SOP) for the Use of Body Worn Cameras (BWC)**  
**Northamptonshire Healthcare NHS Foundation Trust**

**Aim**

The primary purpose of the use and activation of Body Worn Cameras (BWC) in Northamptonshire Healthcare NHS Foundation trust (NHFT) is to improve the safety of patients and staff.

**Purpose**

Evidence indicates that the use of video recording devices may reduce the incidence of aggression and violence whilst also providing greater transparency and enabling increased scrutiny for any subsequent actions taken in response to such occurrences.

**FLOW CHART**

Staff Responders (SR) are trained in PMVA and will have received further training in the use of BWC



A member of staff from the designated wards will wear a BWC and they will be the designated 'staff responder' (SR) to incidents (responding to incident alerts via the pager system).



Staff will sign the BWC log and collect the BWC from the designated area at the start of their shift. They will wear the BWC for the duration of the shift.



In the event of an incident unfolding or member of staff feeling threatened, staff wearing the camera will immediately activate the BWC and notify the individual, wherever practical, that the incident is being recorded.



In the event that attack alarms have also been activated and other SRs attend the incident, SRs will activate their BWC on entrance to the unit in question. Wherever practical they will notify people that they are recording



The SRs should continue to record for as long as necessary to gain best evidence before announcing the cessation of recording. Following the use of prone restraint and or seclusion, SR's will continue to film after staff have disengaged from holding the patient to establish the patients state of health (focus on their respiration rate and consciousness level).



When completing a DATIX for the incident, the use of BWC's should be noted



At the end of their shift the SR will return their device to the docking station for uploading and recharging and sign the BWC log. They will report any faults or damage to the cameras to the PMVA Team forthwith.

## Introduction

This procedure should be read in conjunction with NHFT Security Policy (HSC004)

The concept of BWC has been piloted and evaluated in NHFT and found to be acceptable to patients, visitors and staff, their use remains under constant review.

Data collection and storage has been assessed through a Data Protection Impact Assessment and the Information Commissioners Office (ICO) Self-Assessment for Body Worn Video tool as compliant with trust legal requirements and expected standards.

BWC and their associated accessories have undergone a rigorous testing process to endure that they are suitable and safe for use within the service

## Scope

This procedure applies to all staff working on wards where BWC are deployed

## Training

Training in the content of this procedure and the use of the BWC's will be provided by the PMVA Department or designated Ward Matrons

## Systems and Recording

The BWC will be used at Berrywood Hospital and St Mary's Hospitals on the majority of inpatient mental health wards. They may also be activated when SR's attend to the attack alarms on other wards and areas. The BWC's will be activated where an incident is taking place.

Two SR's per shift will be allocated by the Ward Matron or Nurse in Charge of the Shift to wear the BWC.

If the designated member of staff is unable to wear the unit due to sickness or injury, the Nurse in Charge (NIC) will allocate another suitable member of staff and keep a record of the change.

If the designated SR leaves the hospital for any planned reason ie breaks or escorts, they should return their camera to the docking station, alert the NIC so that another staff member can be allocated to wear the BWC. The new staff member will make a note of the change on the BWC booking form.

The camera must be attached using the fitting provided

Any footage recorded during the shift will be uploaded when the camera is returned to the docking station and stored on Calla's (formerly Reveal Media) secure cloud

Footage should only be recorded when it relates to an incident / potential incident and should also be supported by a DATIX entry

The BWC (and associated fittings / harness) **must** be handed back at the end of the shift and any damage reported to the NIC

## Procedure

The following is guidance on the use of BWC when recording incidents

### **Recording an incident**

The allocated member(s) of staff will wear a BWC device for the duration of their shift. The device will not be recording until activated.

The decision to record or not record any incident remains with the staff member wearing the device.

In cases where a patient requests that a member of staff records an interaction, staff should consider this request in the context of potentially being an indication of a developing incident.

Recording an interaction with a patient at their request may help to defuse the situation and provide some assurance to the patient that their concerns are being dealt with the patients best interests in mind.

Start recording early: It is important to record as much of the incident as possible in order to secure the best possible overview, therefore recording should begin at the earliest opportunity.

### **Incident specific**

Employment of the BWC must be incident specific and therefore users should not indiscriminately record their day to day activities.

Inform: Patients will be informed about the use of BWC's via the Trust Web site, ward welcome packs, posters displayed on the wards and ward meetings. In addition to this at the commencement of any recording the SR should, where practicable, make a verbal announcement to indicate why the recording has been activated.

If possible this should include: Date and Time; Location; Confirmation to those present that the incident is now being recorded using both video and audio.

If recording has commenced prior to arrival at the scene of an incident, the SR should as soon as is practicable, announce to those persons present at the incident that the recording is taking place and that actions and sounds are being recorded.

Users should use straightforward speech that can be easily understood by those present such as 'I am wearing a Body Worn Camera and recording this incident'.

In so far as is practicable, users should restrict recording to areas and persons necessary in order to obtain evidence relating to the incident and should attempt to minimise collateral intrusion on those not involved.

### **Privacy**

During incidents in patient's rooms, bathrooms or toilets SRs may find that objections to recordings made with the BWC are voiced by the patient. In such circumstances, where the user feels that the recording is justified by the nature of the incident (for example an incident of serious self-harm) they should continue to record and explain the reason(s) for this to the patient.

These may include:

The user's presence might be required to prevent further self-harm / injury to any person / property.

Capturing the best evidence of incidents and the potential use of physical restraint in order to protect both staff and patients.

Continuing to record would safeguard both parties with a true and accurate recording of any significant statement or action made by any party.

It is also acceptable for SR's to capture audio only footage in situations where staff consider this the most effective method to protect the privacy and dignity of the patient whilst maintaining safety for all (during the administration of IMI, searching or changing into anti-rip clothing). If audio only recordings are made, the SR should clearly state the rationale for this.

### **Interruptions to Filming**

Unless specific circumstances dictate otherwise recording must continue uninterrupted from the commencement of recording until the conclusion of the incident.

### **Concluding of filming**

It is considered advisable that the SR continues to record for a short period after the incident to clearly demonstrate to any subsequent viewer that the incident has concluded, the user has resumed other duties or activities and that the individual is in no physical distress. This is particularly important after the use of tertiary responses, after administration of RT and also if the patient has been secluded.

SRs that have attended the incident from other areas will turn off their camera if instructed by the incident controller or when informed that their presence is no longer required at the incident.

Prior to concluding recording the user should make a verbal announcement to indicate the reason for ending the recording.

### **Data**

Uploading footage: At the end of the shift, the SRs will return the BWCs to the designated station where the camera will be connected to the PC (or docking station) and signed back in by the user. Docking the camera will simultaneously charge the device and upload recorded footage to the secure site.

THERE IS ONLY ONE WAY THAT THE BWC CAN FIT INTO THE DOCKING STATION SO STAFF MUST ENSURE THAT THEY DO NOT FORCE THE DEVICE INTO THE DOCKING STATION.

### **Storing and Reviewing footage**

All data captured will be stored on Calla's cloud. This has been reviewed by LGSS for compliance with the DPA and IG requirements for the Trust. Data will not be linked to any specific patient record and will be stored in line with the following guidance

Footage will be marked for retention by either the PMVA Team or relevant Ward Matron as follows:

Duplicated Footage, accidental activation and footage captured during staff training in camera use will be marked for automatic deletion within 30 days (or immediately if reviewed by PMVA Manager).

Footage captured showing an incident that was managed by non-physical staff interactions (verbal de-escalation) will be marked as evidential and kept for three months from recording date.

Footage captured where staff have physically restrained a service user will be marked as evidential and be stored for twelve months.

Footage captured that, in the opinion of the PMVA Team or senior management team, may assist in the investigation of a serious incident investigation (SI as per CRM 002) or be required by the Police will be marked as evidential and retained for 99 years.

If specific incidences are deemed relevant and valuable to learning and development they can be marked for retention for 12 months

Ward Matrons may show footage to the staff involved in that particular incident as a method to improve skills and learn lessons from incidents

### **Monitoring**

This procedure is subject to the same monitoring / review arrangements as described in the parent policy (Security Policy HSC004)

The procedure will be reviewed as required, with a minimum of annual review.