

# HYWEL DDA UNIVERSITY HEALTH BOARD



## MAKING, USING & STORING CLINICAL PATIENT PHOTOGRAPHY, VIDEO & AUDIO RECORDINGS POLICY & PROCEDURES

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Brief Summary of Document:	Covers issues relating to the production, use and storage of clinical photographs/video recordings of patients, including photographic procedure, consent, medico-legal photography, child protection photography (NAI), POVA, confidentiality, data protection, copyright, image processing, file management - IT and the use of chaperones. Contains copies of Health Board consent forms for the Clinical Patient Photography/video of patients, non-clinical photography of patients, staff and visitors.
Scope:	The term clinical patient recordings refer to visual, audiovisual and audio recordings made of patients made for the purpose of patient care, teaching and research. This policy applies to all healthcare staff who make, use and store clinical patient recordings. Illustrative and audio recordings by patients, such as art work, are not covered by this policy.
To be read in conjunction with:	008 Consent to examination or treatment policy 098 Safeguarding adults at risk interim policy 172 Confidentiality policy 183 Information security policy 193 Retention & destruction of records policy (Inc. Health Records) 249 Access to health records policy

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Owning Committee/ Group	Medical Photography
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Executive Director:	Director of Therapies & Health Sciences	Job Title	Alison Shakeshaft
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Reviews and updates		
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## 1. INTRODUCTION

Healthcare professionals have photographed and audio recorded patients for over a hundred years. These clinical patient recordings are used in patient care and provide source material for teaching and research. Whilst professionally trained medical photographers take the majority of clinical patient recordings, there is a growing number of clinical patient recordings which are made by healthcare professionals and it is anticipated that this trend is set to continue. Photographs, video- and audio-recordings are unlike many other recordings or tests performed in healthcare since the nature of these clinical patient recordings makes patients easily identifiable. Therefore in view of this, as well as recent changes to legislation i.e. Mental Capacity Act 2005, it is important that a framework of best practice is in place to govern the making, using and storing of clinical patient recordings in order to protect the patient, staff and the organisation. The medical photography profession provides the leadership for this.

## 2. POLICY STATEMENT

Hywel Dda University Health Board is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times, dignity and privacy is being respected, and the safety of everyone is of paramount importance. This policy offers guidance for making, using and storing of patients' clinical patient recordings and provides the correct procedures to be followed to do this with minimal risk to patients, staff and the organisation.

## 3. SCOPE

The term clinical patient recordings refers to **clinical** visual, audio-visual and audio recordings made of **patients** made for the purpose of **patient care / patient records, teaching and research**. This policy applies to all healthcare staff who require, make, use and store clinical patient recordings. Illustrative and audio recordings by patients, such as art work, are not covered by this policy. Recordings made of patients, staff and visitors unrelated to patient care do form part of this policy, as clinical photographers are often asked to make these recordings for purposes unrelated to digital publication. Non clinical photographs or videos (non-patient care based) intended for **digital publication** (e.g. intranet, internet or social media) are outlined in this policy (refer to section 13) but not detailed, as this type of non-clinical recording has a different purpose and therefore falls within the remit of the e-communications Department. (Refer to section 13)

## 4. AIM

The aim of this policy is to ensure that the making, using and storing of clinical patient recordings occurs within the governance framework of best practice.

## 5. OBJECTIVES

The aim of the policy will be achieved through the following objectives:

- To respect patient safety, privacy and dignity during clinical patient recordings.
- To provide a framework of 'best practice' for the protection of the patient, staff and organisation.

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- To ensure there are no surprises to patients regarding the purpose of clinical patient recordings
- To offer guidance for making, using and storing clinical patient recordings.
- To provide procedures to follow to make a clinical patient recording, with minimal risk to patients or staff.

## 6. PROCEDURE: PATIENTS REQUIRING CLINICAL PHOTOGRAPHY

Ideally Clinical Patient Photography and video-recording should be undertaken by the Medical Photography Department. The department is available Monday to Friday 9am to 5pm on telephone number **01267 283112**, extension **1712** (GGH) or bleep **095** (GGH). A pathway of the procedure for patients requiring clinical photography and video-recordings is attached as [Appendix 1](#).

### 6.1 Requesting Clinical Patient Recordings and Design Services

Clinical Patient Photography referrals should be made to the medical photography service utilising the Health board wide consent form for clinical patient photography (Consent Form 7: Patient / parental agreement to the taking and use of photographs, video or audio recordings) Refer to [Appendix 2](#) (example only). Only original carbon copy forms should be used - photocopies will not be accepted. Both yellow and white parts of the form are to be sent to the Medical Photography Department, when making a referral/request. The yellow part is sent back with the prints for filing in the patient record and the white copy filed in Medical Photography. For reasons for clinical patient recordings refer to section 8.1. For clinical recording for which permission/consent using consent form 7 is not required refer to section 8.3. More comprehensive information regarding services offered by the department of Medical Photography/Design and how to refer/request clinical patient photography by the Medical Photography Department, can also be located / downloaded by clicking on the following link:

[Medical Photography Service Information Guide](#)

We will make every possible effort to photograph patients at all Health Board sites however this will depend on our availability. Please call us between 9.30am-4.30pm Mon-Fri to arrange us to come to the ward/clinic. Before you call us make sure you fill in a Consent form 7 and ascertain that the patient has agreed to have medical photographs. On certain days we visit most of these hospital sites, so the appointment may be made to coincide with this (1st & 3rd Thursday's of the month - Prince Philip hospital (PPH) and 1st & 3rd Tuesday's - Witybush General hospital (WGH)), however we do not currently attend any scheduled clinics in Bronglais General Hospital (BGH), so an appointment would need to be made for BGH patients and any other Health Board location. If photography is needed more urgently, or if the request is from BGH, we will try to fit patients in at our earliest availability. It is of utmost importance that once an appointment has been made the patient is ready for medical photography at the time arranged. If staff are not ready we may have to leave and return at another time.

### 6.2. Photo/Video Referrals to other Local Specialisms & other Health Boards

If clinical patient recordings are required for referral to other local specialisms, such as Dermatology, then these recording should ideally be taken by a Medical Photographer, to ensure correct procedure is followed. Your Medical Photography team will send the images either directly to the desired recipient (within HDUDB) or to the Medical Photography Department concerned, if referrals are being made outside of the local



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Health Board (i.e. Swansea Plastics team). Images can only be sent once a paper referral has been made to the appropriate department, by the requesting clinician (not before). Follow the link above for more information. Clinical images taken by other Health Care Professionals can be sent electronically to your local Medical Photography team for referring on, via the correct channels. However if the recordings are not obtained in line with Health Board Policy, then the Department of Medical Photography reserve the right to refuse to handle clinical patient recordings or forward requests to another specialism. Please note, in these cases, the storage of these images is the responsibility of the person making the recording and not the Medical Photography Department.

Consultant Connect and other similar applications should only be utilised when absolutely necessary to obtain an urgent clinical opinion. It should not be used as a method of making clinical patient recordings as part of a patient's ongoing clinical care / for monitoring a clinical condition (Refer to sections 8.15 & 9.1). These images should always be taken by a Medical Photographer or certified Clinical patient photography Champion (refer to section 6.3) to maintain standards / produce a credible record of clinical value.

Clinical video recordings are generally too large to email and should therefore be sent directly to the recipient using the Secure File Sharing Portal (SFSP), as this application enables larger file sizes to be sent securely (25GB limit). Refer to [Appendix 3](#) for information regarding the emailing of clinical patient recordings.

### **6.3. Making Clinical Patient Recordings yourself / out of hours (OOH) requirement**

If a clinical recording is required for a patient's record and the medical photographers are not available, consider if the photograph or video-recording can be taken at another time before undertaking the photography or video-recording. If, however, clinical photographs or video-recordings are required out of hours or a medical photographer is unable to attend, then a person who has been appropriately trained (certified a 'Clinical patient photography Champion') may make clinical patient recordings. This person **MUST** be a Professional Lead, Team Manager, Ward Manager or Senior Clinician / Senior Nurse (such as a Specialist Nurse or Midwife) (refer to '[Medical Photography -Service Information Guide](#)' and appendix 1,2,3,4,5,8 and 10 for further guidance).

Applications such as Consultant Connect should not be used for making clinical patient recordings for inclusion in a patient's medical record. This type of application is only suitable for obtaining an urgent digital clinical opinion. Images taken on mobile phones are not suitable for documenting / monitoring a clinical condition, due to insufficient quality controls. These images also have limited value for diagnostic purposes. (Refer to sections 8.15 & 9.1)

**If staff in clinical areas need to make clinical patient recordings themselves for a patient's record, then they need to be comprehensively aware of the content of this policy.**

It is the responsibility of Service Managers, within each clinical specialism to decide who should be trained to be a '**Clinical patient photography Champion**' and to arrange for this training to take place within their clinical setting. It is not the responsibility of the Medical Photography Department to provide this training. However there is a guide created by the Medical Photography Department to support you through this process. [Guide To Making Clinical Patient Photography Recordings Yourself](#)

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A Clinical patient photography 'Champions' certification criteria – checklist form **MUST** be completed by Service Managers to certify an individual as a Clinical patient photography 'Champion' ([Appendix 4](#)). Excluding Consultant Connect use.

All clinical imaging devices used for making clinical patient recordings for patient records (excluding invasive and other diagnostic imaging devices, such as scopes) should be registered with the medical photography department (Appendix 5). **Registration forms must be completed, signed and returned to the Medical photography Department, by the appropriate Service Manager, prior making any clinical patient recordings.** Clinical patient recordings must not be used for purposes outside the scope of the original consent, without obtaining further consent. Clinical recordings for a patient's records must not be taken using an unauthorised personal device/ mobile phone. Refer to section 9.1.

If there is a need to send clinical patient recordings to a non-medical professional, such as the patient, then the Secure File Sharing Portal should be considered first. If recordings do need to be posted (prints/videos on storage device, CD, DVD) then prints/CD/DVD must be encrypted/password protected and sent by 'Special Delivery' so they may be tracked, where necessary (Refer to [Appendix 3](#) and policy 275 – Secure transfer of personal Information Policy). For emailing /referral to another Health Professional refer to [Appendix 3](#) and policy 280 – Email Policy. Refer to section 9 for information on storage/retention and destruction of clinical patient recordings.

Photographs must only be taken on a departmental camera owned by the Health Board or on another IT approved device with appropriate additional security measures in place. Personally owned devices are not acceptable devices for clinical patient photography use. Photographs taken on a personal mobile phone, without the use of a secure application, such as Consultant Connect are prohibited and staff found using a mobile phone inappropriately will be disciplined accordingly. It is the responsibility of each clinical area /department to provide training and to designate persons (to be decided by Service Managers) on how to use, store and maintain this equipment (including cleaning for infection control purposes), so it is fit for use. Equipment should be wiped down after each patient, using disposable disinfection wipes, such as Clinell or Sani Cloth universal wipes to avoid cross-infection. Care should be taken to avoid contact with lenses.

Please contact IT to discuss a suitable storage location for your medical photographs. There are minimum retention periods as stated by the Department of Health 2016, which need to be adhered to and as such photographs cannot be deleted after use. Medical photographs are considered as part of the patient's medical records and need to be given the same consideration as other patient identifiable records. Clinical photographs should not be kept / stored on an SD card or other similar temporary storage device. They should always be uploaded to a secure location on a networked Health Board PC. Access to this location should be controlled, with the support of the IT department. Furthermore, the device/camera should be securely stored and not left unattended, with the routine deleting of photographs, once uploaded to the networked drive. A weekly review must also be performed to ensure all historical clinical images have been deleted from the device. It is the responsibility of each clinical area/department/Service Manager to ensure clinical image files are managed in-line with Health Board Policy.



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Further guidance on the different types of clinical patient photography may be accessed from the Institute of Medical Illustrators website (IMI). These national guidelines have been developed by the Institute of Medical illustrators and should be considered as guides to good practice. IMI is the leading professional body in Europe for Medical Illustrators/Photographers.

[Institute of Medical Illustrators - National Guidelines](#)

## 7. LEGISLATION AND PROFESSIONAL GUIDANCE

Doctors should follow the General Medical Council's guidance: Making and Using Visual and Audio Recordings of Patients, updated March 2013.

[General Medical Council's guidance: Making and Using Visual and Audio Recordings of Patients.](#)

Medical Illustrators/Photographers follow the Institute of Medical Illustrator's: A Code of Professional Conduct for Professional members 2014 and National Guidelines (refer to link in section 6.3).

[Medical Illustrator's: A Code of Professional Conduct for Professional members](#)

All staff, regardless of their professional position, should adhere to the principles set out in these documents.

Other relevant legislation includes:

Copyright, Designs and Patents Act (1988)

Protection of Children Act (1999)

The Criminal Justice and Public Order Act (1994)

Children Act (2004)

Access to Personal Files Act (1987)

Access to Health Records Act (1990)

Data Protection Act 2018/General Data Protection Regulations 2016 or any subsequent legislation to the same effect

Obscene Publications Act (1964)

Video Recordings Act (2010)

Mental Health Act (1983/2007)

Mental Capacity Act (2005)

Human Rights Act (1998)

The Gender Recognition Act (2004)

The Equality Act (2010)

## 8. INFORMED WRITTEN CONSENT

Although clinical patient recordings must not disclose the patient's identity where possible, the Department of Health guidelines to consent state that there should be no surprises to patients regarding the use of information taken and held about them (GDPR 2016 states that consent must be clearly explained and the patient has a right by law to know where their personal data is being stored and how it is being processed. Staff must not use photographs, video- or audio-recordings for purposes outside the scope of the original consent, without obtaining further consent. Consent given for clinical patient recordings to be used in clinical care, does not allow for the clinical patient recordings to be used for teaching and/or research purposes without seeking further consent.

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In line with HDUHB Policy 008 – Consent to Examination or Treatment, informed written consent should always be obtained prior to making any clinical patient recordings, even if the person is not recognisable as other ways of disclosing a patient’s identity include distinguishing features such as birth marks, tattoos, unusual postures, items of jewellery and the written word as in case reports for example. Consent Form 7: Patient / parental agreement to the taking and use of photographs, video or audio recordings ([Appendix 2](#) – example only) must be used (original carbon copy forms only – no photocopies).

Informed written consent should always be obtained prior to making a clinical recording for any of the purposes described in section 8.1, unless the law permits otherwise. There are times when informed written consent cannot be obtained prior to making a clinical recording. In cases where patients temporarily lack capacity to consent for themselves, informed written consent should always be sought retrospectively, once capacity is regained. For cases where patients permanently lack capacity to consent for themselves refer to section 8.8. For cases where patients temporarily lack capacity to consent for themselves refer to section 8.9. There are exceptions regarding point 5 of section 8.1, in cases of suspected non-accidental injury of a child - child protection cases and other legal cases (refer to sections 8.5-8.6). For other exceptions refer to section 8.3.

## 8.1. Reasons for Clinical Patient Recordings

Clinical patient recordings may be made for any of the following reasons:

- As part of treating or assessing a patient, to be kept in the patient’s health record and made available to the patient in order to support self-management/monitoring, when required i.e. mole monitoring.
- For use in clinical supervision, education (including for use in exams) of fellow healthcare professionals or other appropriate groups e.g. at a conference. May be used to help establish reliability in a healthcare professional’s administration of an assessment or to a specific therapeutic approach or way of working.
- For use in clinical research.
- For publication e.g. in a book, a journal, a patient information leaflet, on a poster or in publicity material, any of which may also be accessible on the internet.
- As potential evidence e.g. following injuries sustained as the result of an accident or an assault or where there is suspected non-accidental injury.
- For use as part of an intervention, therapeutic approach or program, or following completion of the intervention. This may involve making the clinical recording available to other agencies with consent to support prescription of equipment or environmental modification.
- Purely for clinical opinion from another clinical specialist (Utilising mobile Apps such as Consultant Connect).

## 8.2. General Principles:

The following general principles apply to most clinical patient recordings:  
(see paragraph 8.3 for exceptions)

- Permission must be sought to make the clinical recording and get consent for any use or disclosure.
- Patients should be given or directed to [HDUHB privacy policy](#)
- Patients must be given adequate information about the purpose of the clinical recording when seeking their permission.

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- Ensure that patients are under no pressure to give their permission for the clinical recording to be made.
  - Stop the clinical recording at the patient's request, or if it is having an adverse effect on the consultation or treatment.
  - Do not participate in any clinical recording made against a patient's wishes.
  - Eyes or faces must not be blacked out in an attempt to conceal identity after a clinical recording has been made. Every effort must be made to conceal the identity of the patient whilst the clinical recording is being taken, where appropriate or possible. Where this is not appropriate or possible the patient must be informed that their face is visible in the clinical recording/s and confirms consent upon provision of this information.
  - Ensure that the clinical recording does not compromise a patient's privacy and dignity.
  - Do not use clinical patient recordings for purposes outside the scope of the original consent for use, without obtaining further consent.
  - Make appropriate secure arrangements for storage of clinical patient recordings.
  - Do not use a mobile device or mobile phone or any type of personally owned visual and audio recording equipment, to make clinical patient recordings for patient records.
- Before the clinical recording is made, healthcare professionals must ensure that:
- Patients understand the purpose of the clinical recording, who will be allowed to see it, the circumstances in which it will be shown, that copies are likely to be made if the clinical recording is for educational purposes, and that the clinical recording will be stored securely within the Health Board.
  - Patients understand that, in the case of publication, they will not be able to withdraw their consent or control future use of the material, once the clinical recording is in the public domain.
  - Patients are aware of whether a copy of the recordings is to be made available to them, as a component of the plan or care.
  - Patients understand that withholding permission for the clinical recording to be made, or withdrawing permission during the clinical recording, may affect the quality of care they receive, particularly if the recording is considered a necessary part of investigation or treatment.
  - Patients are given time to read the explanatory material associated with consent form 7 and to consider the implications of giving their written permission. The explanatory material should not imply that permission is expected. They should be written in language that is easily understood. If necessary, translations should be provided.
  - Patients have signed consent form 7: Patient / parental agreement to the taking and use of photographs, video or audio recordings.
  - If the Medical Photography Department is to make the recording, both copies of the consent form are sent to the department. The yellow form will be returned when the recording is returned to the requester.
  - If the patient requests a copy of the consent form 7 a photocopy should be provided and not the white copy, which is intended as a Medical Photography Department record.
  - If a recording is 'time critical' consent form 7 should not be posted to the Medical Photography Department, as this can result in delays and therefore missed opportunities.

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After the recording, the healthcare professional must ensure that:

- Patients are asked if they want to vary or withdraw their consent to the use of the clinical recording.
- Clinical patient recordings are used only for the purpose for which patients have given consent.
- Patients are given the chance, if they wish to see the clinical recording in the form in which it will be shown.
- Clinical patient recordings are given the same level of protection as patient's health records against improper disclosure.
- If a patient withdraws or fails to confirm consent for the use of the clinical recording, the clinical recording is not used and is erased as soon as possible.

### **8.3. Clinical recordings for which Permission is not required**

Permission and consent is not needed to make or use the clinical recordings listed below, provided that, before use, they are effectively anonymised by the removal of any identifying marks (writing in the margins of an x-ray, for example):

- Images taken from pathology slides.
- X-rays.
- Laparoscopic images or images from other medical 'scopes'.
- Images of internal organs (however, it is best practice to obtain written consent if the recording is to be used in education or publication and will be accompanied by verbal or written information which may enable inadvertent identification of the patient).
- Ultrasound images
- Any other diagnostic imaging technique for which consent has already been obtained as part of a patient's treatment; i.e. Fluorescein Angiogram of the retina.

### **8.4. Children and Young People**

Where children (under 16) lack the understanding to give their permission to clinical patient recordings, healthcare professionals must get permission to record from the person with parental responsibility. Children under 16 who have sufficient maturity and understanding to give permission for a clinical recording may do so (this is known as Gillick competence). Lord Frazer states: "...whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent." Healthcare professionals should make a note in the patient's health record of the factors taken into account in assessing the child's ability to consent for themselves. They should also consider the purpose/s of the clinical recording/s, as a child may have capacity to understand the use of the clinical recording/s as part of their clinical care, but may for example not fully understand all of the implications associated with clinical recording/s used for publication or research purposes (Refer to R&D SOP 4 & Guidance on Consenting Minors in Research).

### **8.5. Non-Accidental Injury in Children**

In cases of suspected non-accidental injury, allegations of non-accidental injury or neglect of a child, photographs may be taken without parental consent if necessary. However these photographs must only be used as part of the patient's health record, or as potential evidence with the consent of the requesting doctor (requesting doctor should sign in the

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'best interest' of the patient if without parental consent), refer to section 8.10 for further information. The clinical patient recordings must not be used for education, publication or research without obtaining written consent using consent form 7. In addition to completing a consent form 7, the clinician should also complete a detailed body map form (provided by the Medical Photography Department) to clearly indicate/label the location, size and lesion type for each lesion to be recorded ([Appendix 6](#) – Children and Adults).

**If written consent is given for use in education, publication or research, it is recommended that images are not used for these purposes before or during likely legal proceedings.** If clinical photographs are required only for legal use and not for the patient's health record then a Police 'Scene of Crime Officer' should be requested.

Photographs taken for the patient's health record cannot be used as evidence. Permission to obtain copies must be sought from either the Legal Services Department (adults) or Child Protection Team (children). An official application must then be made by a relevant qualifying body such as a Solicitor, Relative, Doctor, Legal Services, Local Authority Children's Services, the CPS, Police or Social Services, to the Access to Health Records Department (Refer to Policy 249 – Access to Health Records Policy). Where requests are made by Law Enforcement Officers, for photographic evidence, a police section 29 data protection form should be completed (NAI - Children & Adults). When the application has been processed and authorisation received for Medical records, copies can be made and released.

## **8.6. Non-Accidental Injury in Adults**

In the case of suspected non-accidental injury, allegations of non-accidental injury or neglect of an adult, effort should be made to obtain written consent using consent form 7 to the taking and using of photographs as potential evidence. In addition to completing a consent form 7, the clinician should also complete a detailed body map form (provided by the Medical Photography Department) to clearly indicate/label the location, size and lesion type for each lesion to be recorded ([Appendix 6](#)). If the patient is unwilling for clinical patient recordings to be made for evidential purposes, then the patient should either be asked for consent to photographs being taken for inclusion in their patient's health record, or should be asked for their consent for evidential purposes at another time; e.g. when an alleged perpetrator is not present. Refer to section 4.3 of HDUHB Interim Policy 098 - Safeguarding Adults at Risk for further information. If a patient lacks capacity to consent for themselves see section 8.8.

## **8.7. Foetal Loss, Stillbirth and Neonatal Death (Bereavement Photography)**

Photographs taken solely for the purpose of giving them to the bereaved parents are not considered clinical patient recordings and should therefore not be stored in a patient's notes. The Department of Medical Photography however considers it good practice to obtain written consent using consent form 7 from the person with parental responsibility before taking photographs. Having a record of parental consent informs the Medical Photographer that the parents are fully aware that their baby will be photographed. Photographs taken on behalf of the bereaved parents must not be used for any other purpose, without additional informed written consent from the parents. If images are taken without written consent (must have verbal consent) from a parent and written consent using consent form 7, cannot be obtained retrospectively, then the images should be



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destroyed. Images must not be released until retrospective written consent has been obtained.

Medical photographers are the best people to take bereavement photographs and should be approached first where possible. When making a request for bereavement photographs to be taken by a medical photographer, it is imperative that the consent form is **completed comprehensively**, as inadequate information could result in unnecessary delays or missed opportunities. As bereavement photography is time-critical, it is **essential that consent forms are not posted**, but sent to the mortuary with the infant. The request must then be backed up with a telephone call / message from the Maternity Department. It is the responsibility of the Midwife/ Neo-natal Outreach Leader to notify the Medical Photography Department that bereavement photographs are required (refer to [Appendix 7](#): Requesting Bereavement Photography: Pathway).

There may be times when the medical photographer is not available and the maternity/antenatal unit may wish to take their own photographs. With training the midwives may take the photographs on a departmental camera, and then either contact the Medical Photography Department to download and print the images, or upload the images onto a networked Health Board PC. However if uploaded onto a networked Health Board PC, staff should adhere to the procedures on uploading and storage in this policy at all times (Refer to sections 12, [Appendix 1](#) and [Appendix 3](#)).

Midwives should carefully consider the condition of the infant, before offering this service to bereaved parents. The decision to only photograph hands and/or feet should be considered in cases where the condition of a deceased infant is very poor. Presenting images in black and white should also be considered.

Bereavement photographs should be considered as having clinical information pertaining to the patient and thus must be stored and protected in accordance with the Health Board information governance policies as set out in section 12 and [Appendix 3](#). Also refer to [Institute of Medical Illustrators - National Guidelines \(Bereavement Photography\)](#)

## 8.8. Adults who Lack the Capacity to Consent for Themselves

When an adult patient has been assessed as lacking the capacity to make a particular decision for themselves, any decisions made for them must be in the patient's best interests (in accordance with the Mental Capacity Act 2005). No-one can make a decision on their behalf unless they are given the necessary authority through a Lasting Power of Attorney or are a Deputy appointed by the Court of Protection (Health & Welfare). This principle applies as much to clinical patient recordings as to any other decision made on behalf of a patient who lacks capacity

As a general principle you must not make, or use, any such clinical recording if the purpose of the clinical recording could equally well be met by recording patients who are able to give or withhold consent. Where a patient lacks capacity, the requesting doctor must request clinical patient recordings '**in the patient's best interests**'. A decision as to whether or not the clinical patient recordings are in the patient's best interests must be taken in consultation with those close to the patient e.g. relatives, friends, informal carers, (Refer to HDUHB Policy 374 - Mental Capacity Act 2005). Clinical patient recordings made in the patient's best interests, must only be used as part of the patient's on-going clinical care. They must not be made and used for education or publication, since neither



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of these purposes can be deemed as being in the patient's best interests. (See section 8.9)

## **8.9. Clinical patient recordings Made in a 'Patient's Best Interests'**

If it can be demonstrated that it is in the patient's best interests, then clinical patient recordings can be made as part of the patient's clinical care, or as potential evidence. If there is someone with a Lasting Power of Attorney or a Deputy of the Court of Protection with the necessary authority to give consent (the legal documentation must be available), they should be asked to consent on behalf of the patient. Otherwise the healthcare professional requesting/making the clinical recording should document on the patient's consent form 7 and in the patient's medical notes that they have assessed capacity and are acting in the patient's best interests. They must not be made and used for education or publication, since neither of these purposes can be deemed as being in the patient's best interests.

## **8.10 Adults who temporarily Lack the Capacity to Consent for Themselves**

The situation may sometimes arise where the patient is temporarily unable to give or withhold consent because, for example, they are unconscious, under anesthetic, or under the influence of drugs or alcohol. In such cases you may make a clinical recording, but you must seek consent as soon as the patient regains capacity or wait until the patient regains capacity where possible. You must not use the clinical recording until you have received informed written consent using consent form 7 for its use and if the patient does not consent to any form of use, the clinical recording must be destroyed.

## **8.11 Adults Who Have Capacity, but are Physically Unable to Sign Consent**

Inability to sign a consent form does not detract from the patient's ability to give consent for themselves. Where patients are physically unable to sign, consent should be taken in the presence of an independent witness. **This should not be a family member or the requesting clinician, as they are not deemed to be independent.** Clinical patient recordings can then be used in the same way as if the patient had signed consent form 7.

## **8.12 Recordings Made for Research**

There are strict rules within the Mental Capacity Act 2005 regarding involving people who lack capacity in research (See reference sections 4.34 - 4.37 of HDUHB Policy 008 - Consent to Examination or Treatment).

## **8.13 Video Conferencing / Consultation**

The patient must be aware of the purpose of the video consultation and who will be participating. Video conferences / consultations should only be performed real-time and not recorded. Only dedicated video conferencing / consultation equipment is to be utilized for video consultation. The use of personal equipment, including mobile phones and other mobile devices is not permitted. Only authorised video applications, such as Skype and/or Microsoft Teams are permitted.

## **8.14 Clinical Patient Recordings Made as Part of Therapy**

Clinical recordings made solely for the purposes of giving them to the patient as part of therapeutic programs or interventions are not considered clinical patient recordings. However, it is considered good practice to obtain written consent, using consent form 7 from the patient or person with parental responsibility, before taking photographs, video-

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or audio-recordings. Photographs/video/audio-recordings taken on behalf of the patient must not be used for any other purpose, without additional informed written consent from the patient/parent. If images/recordings are taken without written consent (must have verbal consent) from a patient/parent and written consent cannot be obtained retrospectively, then the images/recording should be destroyed.

### **8.15 Clinical Patient Recordings Made for Urgent (OOH) Clinical Opinion ONLY (Consultant Connect App)**

Clinical recording made solely for the purposes of sending them digitally to another Health Care Professional, to sought clinical opinion may be taken by a Medical photographer or 'Clinical patient photography Champion' or by utilising secure authorised applications such as Consultant Connect. The use of Consultant Connect should be considered the only exemption for making clinical patient recordings on a mobile device, as these images are not stored in the camera roll / photo gallery and cloud storage on that device. However, these images should only be used for urgent digital clinical opinion and not for printing / inclusion in a patient's medical record. Images should never be taken on an unencrypted personal mobile device (i.e. without the additional security provided by Apps such as Consultant Connect) as these images are saved to the camera roll / photo gallery and cloud storage on that device, resulting in significant risk of confidentiality breach.

If however there is also the need to make a recording for clinical observation / monitoring, education, publication or referral, then professional clinical patient recordings should be requested from the Medical Photography Department or taken by a designated 'Clinical Patient Photography Champion'. Only this type of clinical recording should be included in a patient's medical record and stored / retained according to Health Board policy. Clinical patient recordings taken on a mobile device (with or without the use of Consultant Connect) should not be used for a patient's medical record, due to variables in quality. Mobile phones / ipads have varying capabilities with regards to capture quality, lighting / colour controls, close-up capability (macro), magnification and exposure controls. These controls, together with high quality printing, are fundamental for creating reliable, repeatable / comparable clinical patient records.

### **8.16 Withdrawal of Consent**

Patients have the right to withdraw consent for the use of their clinical patient recordings for education and or publication at any time. This should be documented on the consent form 7 and the form, or the appropriate section of the form, should be scored through. In the case of publication, it is particularly important to make it clear to patients, when consent is originally obtained, that once the recording is in the public domain there is no opportunity for effective withdrawal of consent.

## **9 CONFIDENTIALITY AND DATA PROTECTION**

Confidentiality and privacy is the patient's right and may only be waived by the patient or by someone legally entitled to do so on his/her behalf (Refer to HDUHB Policy 172 – Confidentiality). All clinical patient recordings, which demonstrate a patient's condition or an aspect of treatment, form part of that patient's health records and are protected in the same way as any other patient's health record (Refer to HDUHB Policy 255 – Data protection). They are subject to the same statutory, common law and professional duties of confidentiality. This applies whether the clinical recording originated by staff in the Medical Photography Department or by other healthcare staff using recording equipment

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owned by the Health Board (purchased by individual departments/clinical areas, with NHS finances). Clinical cameras, including video-cameras (non-diagnostic) must be registered with the Medical Photography Department using the clinical camera registration form ([Appendix 5](#)). Personal recording equipment, mobile devices and mobile phones must not be used to make clinical patient recordings for a patient's record. (Refer to section 9.1 and [Appendix 3](#)).

## 9.1 The Use of Mobile Devices and Mobile Phones to Make Clinical Patient Recordings

Mobile devices and mobile phones have a combination of internet connectivity and the ability to send data files and therefore are subject to hacking and security breaches, resulting in potential disclosure of highly sensitive patient information. In recognition of the significant risk of breach of the Data Protection Act/General Data Protection Regulations 2016 or any subsequent legislation to the same effect, in regard to security of personal data, Hywel Dda University Health Board does **NOT** permit the use of any mobile device and mobile phone / smart phone to make clinical patient recordings for a patient's record (including Health Board issued mobile devices and mobile phones) (Refer to [Appendix 3](#)). The only exemption is with the use of secure authorised applications such as Consultant Connect. These images are more secure as they are NOT stored in the camera roll / photo gallery and cloud storage on that device when taken within the App). However, these images should only be used for urgent digital clinical opinion and not for printing / inclusion in a patient's medical record (Refer to section 8.15).

Images taken on an unencrypted personal mobile device (i.e. without the additional security provided by Apps such as Consultant Connect) ARE saved to the camera roll / photo gallery and cloud storage on that device, resulting in significant risk of confidentiality breach. A personal device should not be utilised in this way, not even with a view to later sending them for clinical opinion via Consultant Connect or similar Apps. Clinical patient recordings taken on a mobile device (with or without the use of Consultant Connect) should not be used for a patient's medical record, due to variables in quality. Mobile phones / ipads have varying capabilities with regards to capture quality, lighting / colour controls, close-up capability (macro), magnification and exposure controls. These controls, together with high quality printing, are fundamental for creating reliable, repeatable / comparable clinical patient records.

National Guidelines on all aspects of Clinical Patient Photography, including Mobile Phone Photography Guidelines, can be accessed from the Institute of Medical Illustrators: [Institute of Medical Illustrators - National Guidelines \(Mobile Phone and Mobile Apps for Clinical Patient Photography\)](#).

## 9.2 Patient Anonymity (including transgender patients)

Every effort must be made to eliminate a patient's personal details from clinical patient recordings, when they are to be used for teaching, research or publication. Clinical patient recordings must however never be manipulated in an attempt to conceal identity with the use of black bands across the eyes in facial views, or by any other method. A patient either gives informed consent for use in teaching, research or publication or they do not. Particular care must be taken not to reveal the identity of a transgender person, due to the right to gender anonymity. There must therefore be no recordings of the face or other identifying characteristics, such as tattoos or jewellery. Care must also be taken not to

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reveal identity in writing, when used for teaching or research, such as a case report or clinical publication. The patient must be informed that anonymity cannot be guaranteed, despite best practice being followed.

## 9.3 The use of Photographic film

The use of photographic film for clinical patient recordings is prohibited, as there are insufficient processing and printing facilities within the Health Board.

## 10 PATIENT DIGNITY

All parties undertaking patient clinical patient recordings shall respect the dignity, culture, religion, nationality and individual sensibilities of the patient. They shall be aware of and act appropriately upon the need for chaperones (Refer to section 11).

## 11 CHAPERONES

- When making a clinical recording a chaperone should always be offered for:  
Any child under the age of 16 years. (It is acceptable for a parent to be present too, except in circumstances where this might prejudice the recording).
- Any unconscious / semi-conscious patient.
- Any vulnerable adult (those in need of care because they are without capacity, have a disability, or due to age, or suspected abuse / neglect).
- Any prisoner (likely to be chaperoned by a prison officer).
- Male photographer and fully or semi-naked female patient.
- Female photographer and fully or semi-naked male patient.
- When recording intimate areas of the body (chaperone: same sex as the patient).

The chaperone is ideally a healthcare professional, or a specifically trained non-clinical staff member, who meets the following criteria:

- Sensitive and respectful of the patient's dignity and confidentiality.
- Prepared to reassure the patient if they show signs of distress or discomfort.
- Familiar with the procedures involved in the procedure or examination.
- Prepared to raise concerns about the healthcare professional if misconduct occurs.
- Ideally is the same sex as the patient.
- Ideally be able to liaise with the patient in a common language.

The decision about who is capable of chaperoning the patient relies on agreement between the healthcare professional undertaking the clinical recording as well as the chaperone, understanding what is required in relation to the nature of the situation and the function required of the chaperone at the time. The patient has the right to decline a particular person as chaperone. Refer to the HDUHB Policy 312 - Chaperone for further information.

It is acceptable for a patient to request the company of a relative or a friend during the clinical recording session. However, neither family nor friends must be expected to undertake any formal chaperoning role. The use of chaperones must be recorded on consent form 7.

## 12 STORAGE / RETENTION & DESTRUCTION OF CLINICAL PATIENT RECORDINGS

Clinical patient recordings are only to be stored and/or synchronised to a Health Board network or other approved secure storage system to ensure that it is backed up daily or

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when mobile working permits. Folders on network drives must be restricted to specific staff members. Files must be stored on departmental/service shared drives and have the access to the folder restricted by the Informatics Department for authorised users only. All data which has been approved for storage on a secure un-networked storage device is to be copied to an appropriate network drive, or other approved secure storage device, as soon as practicable to ensure that data is backed up in line with HDUHB Policy 320 - Acceptable use of IT. (Refer to [Appendix 3](#)). The photographs should then be deleted off the device used for recording to minimise the risk of breach of confidentiality. Ideally this should be done after each recording, by the person who made the recording, but as this is not always possible a weekly review must be adhered to, ensuring images are removed from devices / memory cards routinely.

SD and other similar storage cards are not considered an acceptable independent storage medium. Staff making their own clinical patient recordings are responsible for the management, storage, retention and destruction of their own clinical files/images. Retain for the period of time appropriate to the patients/ speciality e.g. children's record should be retained as per the retention period for the records of children and young people, mentally disordered persons (within the meaning of the Mental Health Act 1983) 20 years after the last entry in the record of 8 years after the patient's death, if patient died while in the care of the organisation. (Refer to Policy 193 – Retention and Destruction of Records Policy (including Health records)).

It is the responsibility of each clinical area/department/Service Manager to ensure clinical image files are stored in-line with Health Board Policy.

## 12.1. Future Plans

The Department of Medical Photography are currently working on plans to introduce a Health Board wide Medical Image Management System (MIMS) by Wabalogic.

Key benefits of implementing such a system include:

- Medical images to be stored centrally, so they may be easily located / backed up.
- Images will be distributed across the Health Board via the intranet, allowing instant access to historic images and patient records.
- Faster delivery of medical images to the clinicians that evaluate and report on them. Leading to medical photography becoming an integral part of the clinical pathway, rather than a retrospective record-keeping exercise.
- No lost or misplaced images, meaning fewer patients being postponed or cancelled for consultations or operations due to images not being available.
- Better collaboration, MIM can be viewed from multiple workstations and locations by a range of clinicians, allowing discussion over diagnoses.
- Data protection will improve considerably – with the system providing a comprehensive security model which supports The Caldicott Report, The Data Protection Act and the Freedom of Information Act.
- The software integrates with Health Board Patient Administration Systems (PAS), and also allows for the migration of data from existing departmental administration systems.
- Savings will be made on visible costs as a result of reduced printing.
- There is also a saving in invisible costs, from reduced exposure to litigation and reduced administration (e.g. filing prints in patient records, filing negatives, prints and slides etc.).



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## **13 RECORDINGS OF PATIENTS, STAFF AND VISITORS: NON CLINICAL CARE**

Consent must be obtained where patients, visitors or staff are used in photography or video/audio recordings, not specifically attached to a patients care i.e. for educational purposes. Consent must be obtained using the consent forms in this policy ([Appendix 9 - Adults](#)) ([Appendix 10 - under 16 years](#)). These forms may also be obtained from the Communications Team (Comms), when requesting this type of recording through the Comms Team. Care must be taken not to include other patients in the background, without the appropriate consent. If an event or lecture (or similar) is being photographed under the GDPR a notice must be visible for attendees stating that the event is being recorded/photographed. If they should wish to not be included they should make themselves known the person photographing/recording the event.

Non clinical photographs or videos (non-patient care based) intended for digital publication (e.g. intranet, internet or social media) should be directed to the e-communications Department within the Health Board. These types of recordings are subject to approval from an appropriate e-comms Scrutiny Group, to ensure content meets Digital Accessibility Standards and Welsh language requirements. For more information please visit the Communications Department intranet pages.

<http://howis.wales.nhs.uk/sitesplus/862/page/43351>

## **14 COPYRIGHT**

All parties undertaking clinical patient recordings on Health Board premises in Health Board-employed time should be aware that, since the Copyright, Designs and Patents Act of 1988, full copyright and reproduction rights have been assigned to the Health Board, irrespective of who owns/purchases the equipment / materials. All images, when published (e.g. digital images on a Web-site), must be accompanied with a copyright statement assigning copyright to the Health Board and displaying the conventional copyright symbol ©. Copies of clinical patient recordings may only be made with the permission of the clinician in charge and within the constraints of sections 8 & 9 of this policy (Informed Written Consent / Confidentiality & Data Protection).

## **15 RESPONSIBILITIES**

### **15.1 Chief Executive Officer**

The Chief Executive Officer has ultimate responsibility for ensuring patient safety. This responsibility is delegated to the Nominated Director.

### **15.2 Nominated Director and Executive Directors**

The Nominated Director has delegated responsibility for ensuring Clinical Directors and operational senior managers are familiar with this policy. Executive Directors must be familiar with this policy and support the implementation of the policy throughout the organisation.

### **15.3 Clinical Directors and Operational Senior Managers**

Clinical Directors and operational senior managers are responsible for the policy implementation and compliance within their respective locality and speciality.



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## 15.4 Professional Leads/Team Managers/Ward Managers

Professional leads / team managers / ward managers are responsible to ensure members of their teams are familiar with this policy and understand their responsibilities in relation to the implementation of this policy and procedure. They are responsible for delegating staff to this role, ensuring staff are trained to use, maintain, and on where to store the equipment within their own clinical area/ward (controlled conditions). They are also responsible for ensuring images are stored in-line with Health Board Policy, for reviewing/auditing storage methods in-line with Health Board policy and that departmental shared drive access is IT restricted to only those who should have access (i.e. designated clinical staff).

## 15.5 Healthcare Professionals Undertaking Clinical Patient Recordings for a Patient Record Must:

- Obtain the patient's consent to make and use a clinical recording, by providing a clear explanation of the reason/s for the recording and for what use.
- Ensure that the environment is suitable to maintain the patient's dignity and privacy.
- Use a registered departmental device/camera & not a personal device/mobile phone.
- Offer the patient the choice of a chaperone, where necessary.(Section 11)
- Document details of the recording on the consent form and in the patient's notes. (Consent Form 7: Patient / parental agreement to the taking and use of photographs, video or audio recordings). (Refer to [Appendix 2](#) – example only, do not photocopy)
- Follow the procedures in this policy, relating to: consent, confidentiality, dignity, chaperones, photography/video procedure, IT procedure and secure storage of recordings.
- Register camera equipment with Medical photography, using [Appendix 5](#).
- Not utilize mobile applications including Consultant Connect and other similar Apps. These applications should only be used for obtaining urgent clinical opinion.

## 15.6 Staff

Staff are responsible for the implementation of this policy and procedure in their area of responsibility. This extends to the supervision of unregistered/support staff when tasks are delegated. Staff are also responsible to ensure that they have the required competencies to implement this policy and procedure.

## 16 TRAINING

All staff undertaking clinical patient recordings must have an understanding the content of this policy, and be aware of the risks involved if aspects of the policy are breached. It is advisable that staff entrusted to take clinical patient recordings has a basic understanding of the technical use of the recording equipment and if relevant the principles of medical photography. (Refer to section 6.3 for more information). There are also 2 service documents containing information about Medical photography and making clinical patient recordings yourself.

[Medical Photography Service Information Guide](#)  
[Guide to making Clinical Patient Recordings Yourself](#)

## 17 FURTHER INFORMATION

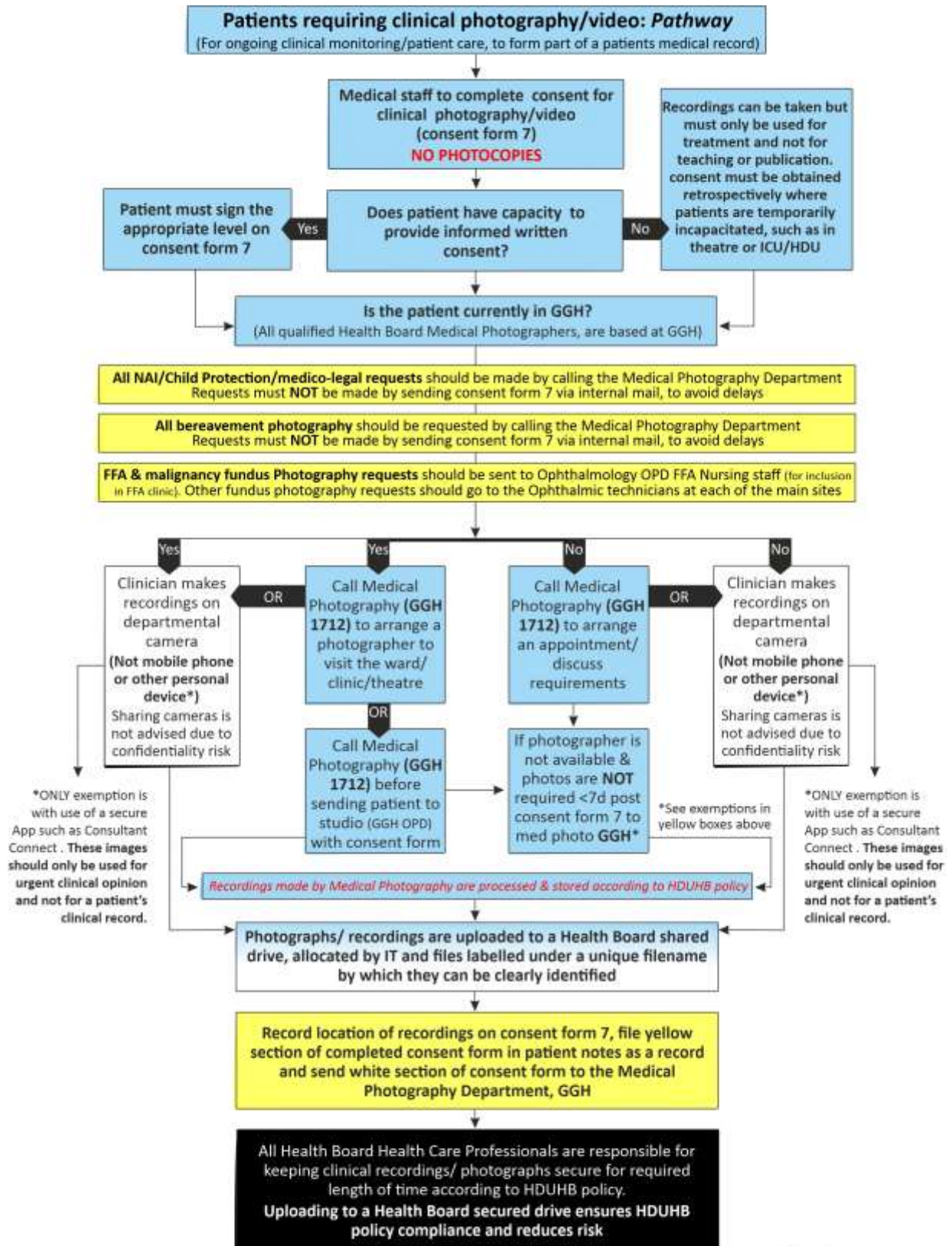
[General Medical Council guidance: Making and Using Visual and Audio Recordings of Patients](#) 2013 provides further detailed advice in the use of recordings when treating or assessing patients. Further information can also be found in the Information

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Commissioners "Use and Disclosure of Health Data: Guidance on the application of the Data Protection Act/[Guidance to the General Data Protection Regulation](#) (GDPR) 2018 or any subsequent legislation to the same effect.

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## 18. APPENDIX 1: PATIENTS REQUIRING CLINICAL PATIENT PHOTOGRAPHY/ VIDEO: PATHWAY



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## 19. APPENDIX 2: CONSENT FORM 7 – EXAMPLE ONLY

Available to all employed by Hywel Dda University Health Board, as a carbon copy (cc), 2-way form. Only original cc forms to be used (Oracle order)

**Under no circumstances should the form in this policy be photocopied for use**

### Consent Form 7: Patient / parental agreement to the taking and use of photographs, video or audio recordings

<b>Patient details (or pre-printed label)</b> Patient's surname/family name ..... Patient's first names ..... Date of birth ..... <input type="checkbox"/> Male <input type="checkbox"/> Female NHS Number (or other identifier) .....	<b>Special requirements</b> (e.g. other language/other communication method) ..... ..... (Please press hard to ensure all 4 copies are legible)
---	---

**Details of what is to be photographed, videoed or audio recorded** (including diagnosis & anatomical regions)  
.....  
.....

**Means of recording to be used (TICK ALL THAT APPLY)**  
*[Instamatic cameras should be avoided as photographs bleed and fade / you must not use a mobile phone to make the recording]*  
 Digital photography  Video recording  Audio recording

**Use to which the recording will be put (TICK ALL THAT APPLY)**  
 Personal medical records  Education  Research  
 Publication  Potential evidence  
 Other .....

**Additional information provided regarding special use of the recordings** (e.g. whether 'publication' includes books, journals, patient information, posters, publicity material, internet etc):  
.....  
.....

**Statement of health professional (Please tick ONE of the following)**

**People who are able to consent for themselves OR parents of children under the age of 16**  
 I have explained the reason that a photograph/video/audio recording will be taken and have informed the patient/parent of the use to which it will be put, that copies may be made, and that the recordings will be stored securely within the Health Board. I have informed the patient/parent that every effort will be made to conceal their identity when the recording is being taken, although this cannot be guaranteed. I have informed the patient/parent that the recording will be used for no purpose other than that agreed to on this consent form. The patient/parent understands that they can withdraw consent at any time.

**People (16 years and over) who lack the capacity to consent for themselves**  
 I have assessed the patient's capacity and recorded the assessment in the case notes. I have confirmed that the person does not have capacity to consent to the taking and use of this recording. I confirm that the recording(s) described on this form are in the person's best interests and that they will only be used in relation to clinical care or as potential evidence.  
**[N.B. If you have been made aware of someone with a Lasting Power of Attorney or a Court Appointed Deputy who can consent on behalf of the patient then their consent should be obtained and they should be asked to sign this form overleaf (you should see and read the LPA document / Court order and file a copy in the notes.)]**

Signed ..... Date .....  
Name (PRINT) ..... Job title .....  
Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc) .....  
Specialty / Department ..... Contact details .....

**Statement of interpreter** (where appropriate). I have interpreted the above information to the patient / parent to the best of my ability and in a way in which I believe s/he can understand.

Signed ..... Date .....  
Name (PRINT) ..... Contact details .....

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## Guidance to health professionals (Read in conjunction with Consent & Privacy Policy)

### Statement and signature of patient or their representative

You will be offered a copy of this form. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time**, including after you have signed this form.

#### I agree:

- to the recording (photographs, video or audio) described on this form being taken.
- that the recording can be used for the purpose/s described on this form.

#### I understand:

- that the recording will be stored securely and subject to the same degree of confidentiality and security as my medical records.
- that I am free to stop the recording at any time and can view it/listen to it if I wish.
- that I can change my mind at any time, and if I am not happy for any recording to be used, it will be destroyed.
- that it may not be possible to withdraw the recording once it is in the public domain, or that publications may be seen by general public as well as health professionals.

#### I confirm that (please tick one box):

- I am the patient
- I am the person with parental responsibility for the patient
- I have witnessed the patient give their verbal consent for the recording(s) to be taken and used in the way described on this form (for patients with capacity who are medically unable to sign for themselves)
- I am an attorney under a personal welfare Lasting Power of Attorney, authorised to make treatment decisions
- I am a Deputy of the Court of Protection, authorised to make treatment decisions

Signature ..... Date .....

Name (PRINT) .....

### Patient / parent has withdrawn consent

Ask patient / parent to sign and date and write "VOID" across all pages of the form.

Signature ..... Date .....

Name (PRINT) .....

### For use by health professionals who are making the recordings themselves

\*Date recordings made: ..... \*Time recordings made: .....

Person making the recording (PRINT NAME and JOB TITLE): .....

Number of images taken: .....

Location: .....

*\*if utilising camera date and time settings, ensure they are set correctly on digital cameras / video recorders*

### Requirements, if the Medical Photography Department are to make the recording (photographs only) To be completed by the requesting health professional.

Prints  Extra set  File on CD Other: .....

Date of request:..... Consultant:.....

Location of the patient (include hospital and ward/clinic etc): .....

### Medical Photography Department Use Only

Date: ..... Time: ..... Photographer (PRINT): .....

Scales & views: .....

#### Audit trail:

File no(s)	Brightness	Contrast

NAI/CP Camera file numbers:.....



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## **Consent to photography, video & audio**

This consent form can be used to record a patient's consent to photographs, video or audio recordings. This is mainly in relation to recordings of the patient themselves (e.g. photograph of a skin lesion) however, if required, the form may also be used to obtain consent to make a copy of art work produced by a client during therapy (e.g. Art Therapy).

It is Health Board policy that informed written consent (using consent form 7) must always be obtained prior to making a recording (photographs, video or audio recordings) even if there is no possibility of the patient being recognised. However, consent is **not** needed to make or use the recordings listed below, provided that, before use, they are effectively anonymised:

- Images taken from pathology slides
- X-rays
- Laparoscopic or endoscopic images
- Images of internal organs
- Recordings of organ functions
- Ultrasound images

In cases of suspected non-accidental injury of a child, photographs may be taken without parental consent.

You must not use photographs, video or audio recordings for purposes outside the scope of the original consent, without obtaining further consent.

Recordings (photographs, video and audio recordings) may be made for any of the following reasons:

- As part of assessment, investigation or treatment of a patient, to be kept in the patient's medical record.
- For use in teaching, training or assessment of fellow health professionals and students or other appropriate groups e.g. at a conference.
- For use in clinical research.
- For publication e.g. in a book, a journal, a patient information leaflet, on a poster or in publicity material, any of which may also be accessible on the internet.
- As potential evidence e.g. following injuries sustained as the result of an accident or an assault or where there is

suspected non-accidental injury (see Policy for Protection of Vulnerable Adults).

A series of photographs may be taken using a single consent form (e.g. photographs of the same wound, over a period of time in order to assess healing) but it must be made clear on the consent form that this is the intention.

## **Seeking consent**

Consent should be obtained from the patient, or in the case of a child, from the person with parental responsibility. The person taking consent should obtain permission to both make and use the recording.

You must inform the patient about:

- what will be photographed recorded
- the purpose of the recording
- who will see the recording
- under what circumstances it will be used, including the fact that it may not be possible to withdraw it once it is in the public domain
- that copies may be made
- arrangements for storage (location & security)

Patients must be informed that they are free to stop the recording at any time or withdraw their consent without it affecting the quality of care they receive. They should be told that they are entitled to view/listen to it if they wish, before deciding whether to give consent to its use. If the patient decides that they are not happy for any recording to be used, it must be destroyed as soon as possible.

## **Patients who temporarily lack capacity to consent for themselves**

If an adult patient is temporarily unable to give or withhold consent because, for example, they are unconscious, you may make a recording, but you must seek consent for its use as soon as the patient regains capacity. You must not use the recording until you have received consent for its use, and if the patient does not consent to any form of use, the recording must be destroyed.



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## **Patients who permanently lack capacity to consent for themselves**

If an adult lacks capacity to consent for themselves then photographs, video or audio recordings can be made as part of the patient's clinical care, or as potential evidence if it can be demonstrated that it is in the patient's best interests (you must consult with the patient's close relative or carer). If someone holds a personal welfare Lasting Power of Attorney or is a Deputy of the Court of Protection with the necessary authority to make treatment decisions, they should be asked to consent on behalf of the patient. Otherwise the health professional making the recording must sign the consent form to confirm that they have assessed capacity and are acting in the patient's best interests.

If an adult lacks capacity to make decisions for themselves, then photographs, video or audio recordings **must not** be taken and used for education or publication, since neither of these purposes may be deemed as being in the person's best interests. In determining whether recordings can be made for research purposes, the best interests test will apply. The Mental Capacity Act 2005 requires that carers or other persons who have an interest in the patient's welfare must be consulted. If there is no one who can be consulted, then a person who is unconnected with the research project must be appointed to advise on whether the patient should take part in the research. If at any time during the research it appears that the patient is upset or unhappy, it should cease immediately.

## **Adults with capacity who are physically unable to sign the consent form**

Inability to sign a consent form does not detract from an individual's ability to give consent for themselves. Patients can indicate their consent verbally or non-verbally, in the presence of a witness, who should then sign the consent form to confirm that the patient's consent was given. Recordings can then be used in the same way as if the patient had signed the consent form themselves.

## **Withdrawal of consent**

Patients have the right to withdraw consent for the use of the recording at any time. This should be documented on the consent form and then the form, or the appropriate section of the form, should be scored through. In the case of publication, it is particularly important to make it clear to patients, when consent is originally obtained, that once the recording is in the public domain there is no opportunity for effective withdrawal of consent.

## **Making the recording**

Where possible you should ask the Medical Photography Department to make the recording (photographs only) on your behalf. If you are making the recording yourself you should use digital recording equipment, ensuring that the date and time are correctly set, particularly if the image is to be used as potential evidence. Instamatic cameras should be avoided as images bleed or fade. You must **not** use your mobile phone to make the recording (unless it is with a secure App such as Consultant Connect). These images should only be used for referral and not for patient records.

Every effort must be made to conceal the identity of the patient whilst the recording is being taken. You must ensure that the patient is informed if their face will be visible in the recording. Eyes or faces must **not** be blacked out in an attempt to conceal identity after the recording has been made.

## **Storage**

Photographs, video and audio recordings must be given the same level of protection as medical records against improper disclosure.

## **References**

1. GMC, Making and using visual and audio recordings of patients (2011)
2. Institute of Medical Illustrators, National Guidelines: Photography of non-accidental injuries (March 2006)

## 20. APPENDIX 3: CLINICAL PATIENT RECORDINGS: IT PROCEDURE

### The use of mobile devices and mobile phones to make Clinical patient recordings

Mobile devices and mobile phone cameras differ from conventional 'stand-alone' cameras as many have a combination of internet connectivity and the ability to send picture messages. Therefore, they are subject to hacking and security breaches resulting in potential disclosure of highly sensitive patient information.

In recognition of the significant risk of breach of the Data Protection Act/General Data Protection Regulations 2016 or any subsequent legislation to the same effect, in regard to security of personal data, **Hywel Dda University Health Board does NOT permit the use of any personally owned mobile devices / smart phones for clinical patient recordings to be included in a patient's record.** The only exemption where a mobile device may be utilized is with authorized encrypted applications, such as Consultant Connect. However, these images should only be used for **urgent digital referral purposes** and **not to form part of a patient's printed record** (Refer to sections 8.15 & 9.1).

### File Encryption

A file encryption framework for protecting data and devices has been developed and implemented across all Health Boards in Wales. This framework stipulates that all potentially identifiable patient information (PII), including clinical patient recordings, must be transported on encrypted devices only. HDUHB Policy 281 - Mobile Working contains guidance on the encryption of computer files, CD's, DVD's and other portable devices, including health board issued USB flash storage devices. Staff who chooses to store clinical patient recordings on such devices, for use in Power Point presentations for example, must therefore adhere to this policy.

### The Use of Personal Cameras to make Clinical patient recordings:

Clinical patient recordings must only be taken on a Local Health Board issued /departmental cameras and NOT on a personal camera and must not under any circumstances leave Health Board property other than during transit to other Health Board sites or an authorised community setting, such as a patient's home. Clinical patient recordings must never be taken home. If clinical patient recordings are to be transported to other Health Board sites on USB Flash pens / drives or on laptops, devices MUST be encrypted, to protect from unauthorised access, unless a file is intended for the patient.

### File Download, Storage and Network Security

Clinical patient recordings are only to be stored and/or synchronised to a Health Board network or other approved secure storage system to ensure that it is backed up daily or when mobile working permits. Folders on network drives must be restricted to specific staff members. It is advised to store files on departmental shared drives, under unique file/folder names, by which patients can be clearly identified. Access to folders containing clinical images should be restricted by the Informatics Department for authorised users only. All data which has been approved for storage on a secure un-networked storage device is to be copied to an appropriate network drive, or other approved secure storage device, as soon as

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practicable to ensure that data is backed up (HDUHB Policy 320 - Acceptable use of IT).

Particular care must be taken if clinical patient recordings are downloaded onto mobile devices, such as laptops, because of the ease with which these can be stolen. These mobile devices must be Health Board issued devices, must be encrypted and password protected.

Clinical patient recordings must be downloaded from Health Board registered equipment, to a Health Board network computer, where they must be uniquely labelled and renamed. Information such as job number, date and patient's hospital number must be recorded as a minimum (not patient's name). Download must occur as soon after capture as practical. Images must be regularly deleted from the camera memory card once download is complete and files have been processed. There should also be a weekly interval review, ensuring images are removed from devices / memory cards routinely. It is good practice to save a copy of the raw, unmodified image files (originals are admissible as evidence). The second copy will become the "working copy". Clinical patient recordings must never be backed up onto 'Cloud Storage', as this is unsecure and a breach of confidentiality and data protection law.

Unfortunately the Department of Medical Photography does not have the capacity to store clinical patient recordings made by other healthcare professionals/clinical areas. Only in exceptional circumstances will this be considered.

### **E-mailing / posting Clinical patient recordings**

Clinical patient recordings must never be transmitted over a public network (e.g. via a non-Health Board e-mail address such as 'Hotmail' or 'Yahoo') or to any email address outside the .wales.nhs.uk directory.

Clinical patient recordings may be sent via internal networks, providing it is only to addresses within the .wales.nhs.uk or other domain with mandatory transport layer security (TLS) so emails are sent securely using encryption.

For an up-to-date list of organisations please visit:

[Transport layer security \(TLS\) Enabled Organisations.](#)

If there is a need to email clinical patient recordings to a NHS Health Board or organisation outside of the above list, then clinical images must be sent via the Secure File Sharing Portal (SFSP), so emails are sent securely using encryption. Clinical video recordings are however generally too large to email and should therefore be sent using the Secure File Sharing Portal (SFSP), as this application enables larger file sizes to be sent securely to any appropriate recipient.

If there is a need to post clinical patient recordings to a non-medical professional, such as the patient, then the Secure File Sharing Portal should be considered first. If recording do need to be posted (prints/videos, on memory card such as an SD or other similar storage device, CD, DVD) then CD/DVD must be encrypted/password protected and prints sent by 'Special Delivery' so they may be tracked, where necessary (Refer to policy 275 – Secure transfer of personal Information Policy). Contact Medical photography if you require any support in this area.

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## 21. APPENDIX 4: CLINICAL PATIENT PHOTOGRAPHY ‘CHAMPIONS’ CERTIFICATION CRITERIA – CHECKLIST

**FORM TO BE COMPLETED BY SERVICE MANAGERS / HEAD OF DEPARTMENT ONLY**  
(Service Manager to retain a copy + sent copy to Medical Photography Department).

If **clinical** photographs or video-recordings are required for a patient’s clinical record out of hours or a medical photographer is unable to attend, then a person who has been appropriately trained (‘Clinical Patient Photography Champion’) can make clinical patient recordings (excludes use of Consultant Connect App).

To certify an individual as a Clinical Patient Photography ‘**Champion**’, they must meet **ALL** of the following criteria:

They are a Professional Lead, Team Manager, Ward Manager or Senior Clinician/Nurse, including Specialist Nurses/Midwives.	
They have comprehensive knowledge of the Medical Photography Policy (404).	
They have received a copy of ‘Clinical Patient Photography - Making Clinical patient recordings Yourself’.	
Their clinical area has Consent form 7 carbon copy forms available and is familiar with how to complete these forms / obtain informed written consent.	
The intended imaging device/camera is a Health Board owned device and not a personally owned device/mobile phone.	
The device/camera has been registered with Medical photography.	
Training has been provided on camera use, camera maintenance/storage/cleaning/file management, image upload/storage, consent, sharing clinical images, technical considerations (angles, views, focus, exposure, lighting, orientation and background).	
Secure storage (S: drive) has been allocated by the IT Department for departmental clinical image storage.	
The imaging device/camera has been authorised by the IT Department for connection to a departmental Health Board pc.	

### Clinical Patient Photography ‘Champion’

I confirm, I have met **ALL** of the above criteria

Name (PRINT): ..... Job Title: ..... Band/grade: .....

Signature: ..... Date: .....

### Service Manager / Head of Department

I confirm that the above named person has met **ALL** of the above criteria and has been given authorisation to make clinical patient recordings to form part of a patient’s medical record, under my care. (Authorisation should never be given for mobile phone use).

Name (PRINT): ..... Signature: ..... Date: .....

### Registration confirmation by Head of Medical Photography

Name (PRINT): ..... Signature: ..... Date: .....



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## 22. APPENDIX 5: CLINICAL CAMERA REGISTRATION FORM (CLINICAL PATIENT RECORDINGS)

(For staff making illustrative clinical records (photographic/video patient recordings) (excluding specialised diagnostic imaging devices or devices that take photographs that form part of a medical examination such as radiological recordings, cameras used only for the photography of histology slides, Endoscopic imaging devices, Fundus Fluorescein Angiography cameras and ultrasound imaging equipment). The purpose of this form is to record the location and storage of equipment and images throughout the Health Board to ensure equipment is of reasonable quality and fit for purpose.

Main camera User: .....

Contact number: .....

Department/clinical area: .....

Head of Department: .....

Service Manager: .....

Camera make and model: .....

Is this a University Health Board owned camera?      Yes / No

Number of staff using the camera: .....

Camera storage media Type (E.g.SD/Micro SD etc.): .....

Storage location of consent forms: .....(room number)

Person responsible for camera maintenance: (charging, image deletion from device (Review weekly) and camera cleaning (infection control) in between patients.

.....  
How will/are the images backed-up? (All clinical files should be stored on an IT designated shared drive. Please state other method, if not on a shared drive/ network drive)

.....  
Location on shared drive/networked drive i.e. S:\HywelDda\VirtualDepartment:

.....  
Storage location of discs/other media storage, if backed up by alternative methods:

.....  
PC Service tag number (Dell - sticker on PC tower unit) or serial number (if not Dell):

.....  
**I confirm that I have read and understand the Hywel Dda University Health Board Policy 404 Making, using and storing Clinical Patient Photography, video & audio recordings and that I comply with its contents.**

Name: .....Signature: .....Date: .....

### Service Manager / Head of Department

I confirm that the above named person/s have been authorised to take clinical patient recordings of patients under my care.

(Authorisation should never be given for unauthorised personal mobile phone use).

Name.....Signature.....Date.....

Registration confirmation by Head of Medical Photography

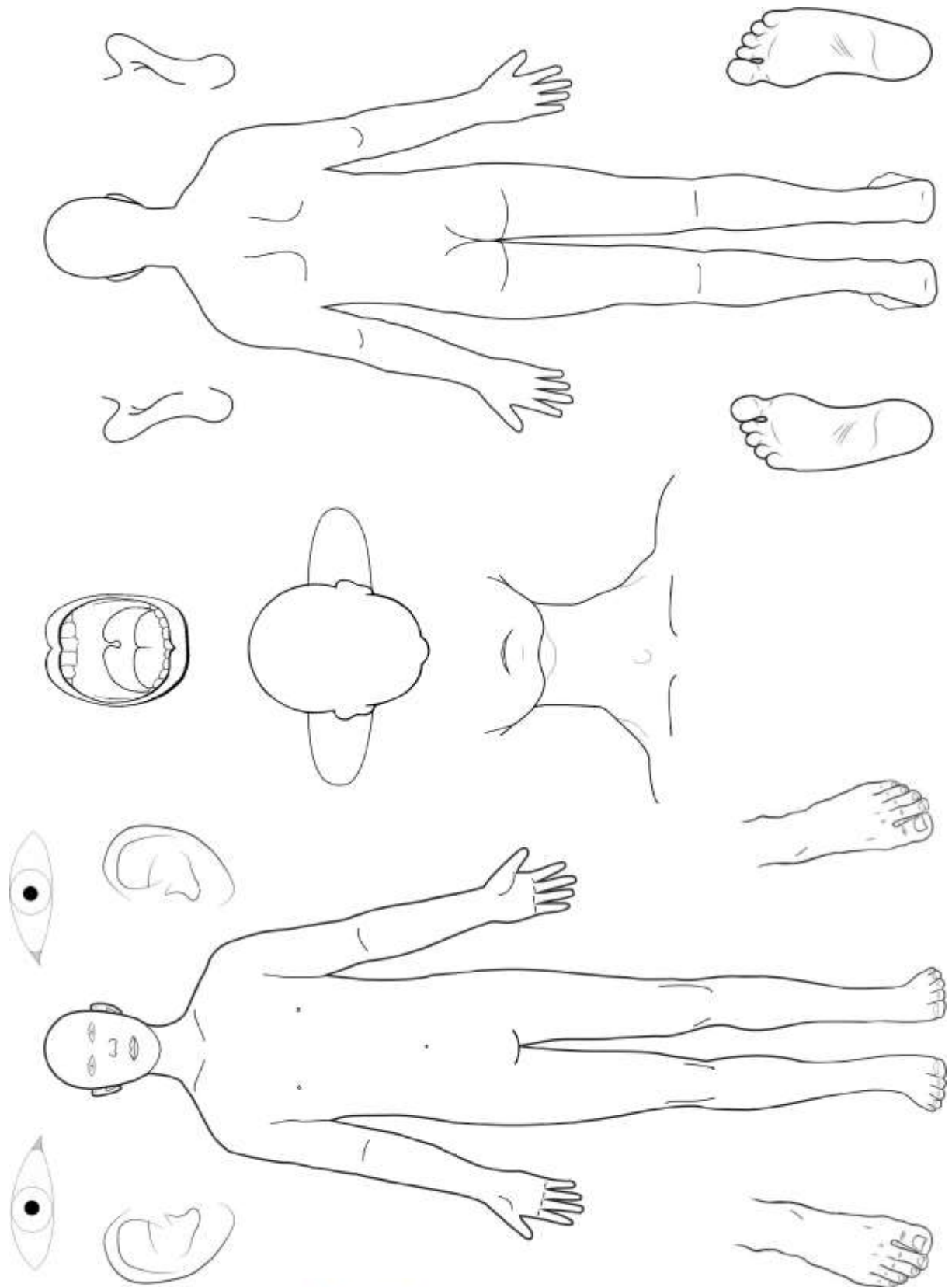
Signature.....Date.....





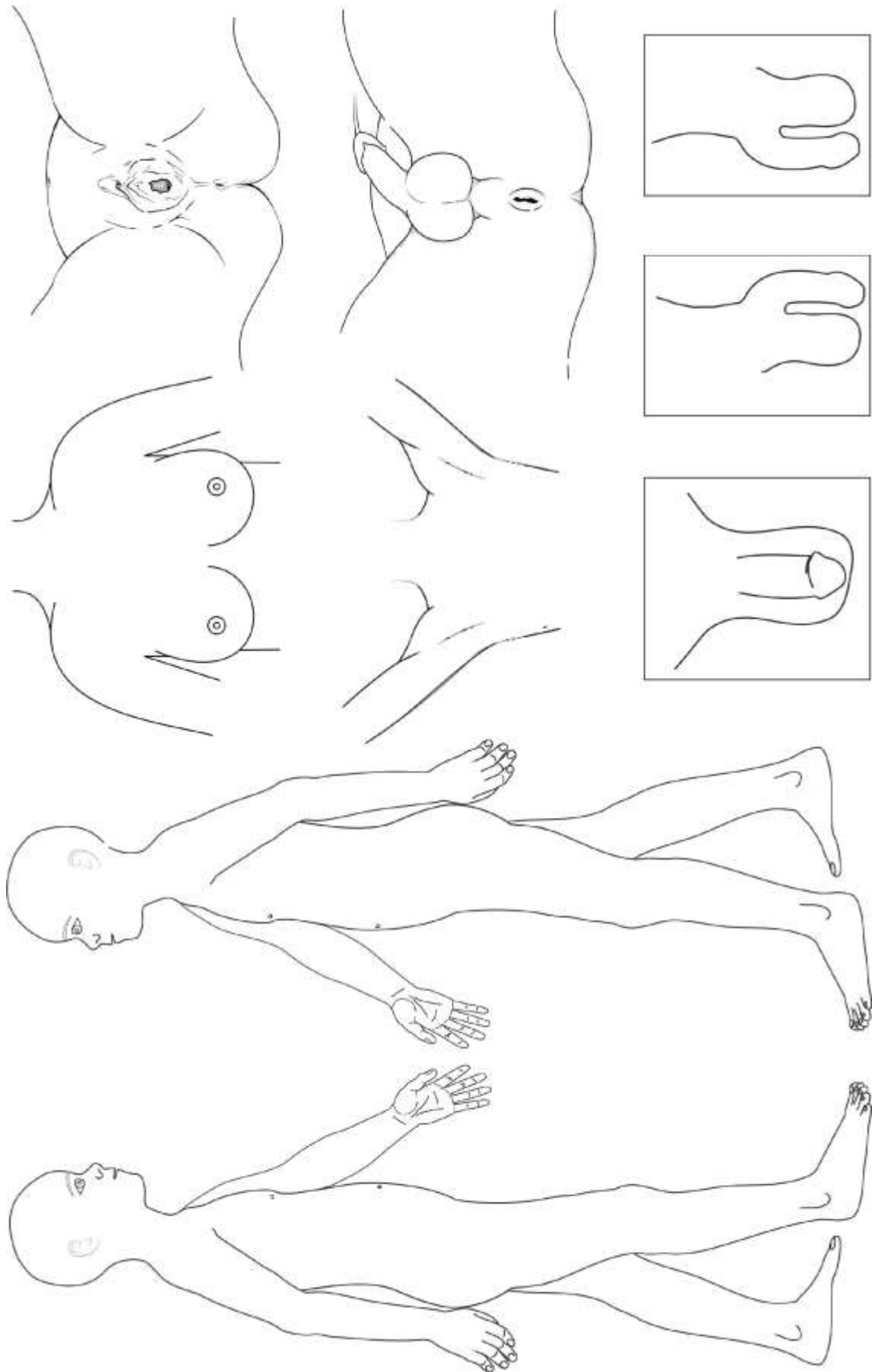
# HYWEL DDA UNIVERSITY HEALTH BOARD

## 23. APPENDIX 6: SAFEGUARDING BODY MAP (CHILDREN AND ADULTS)





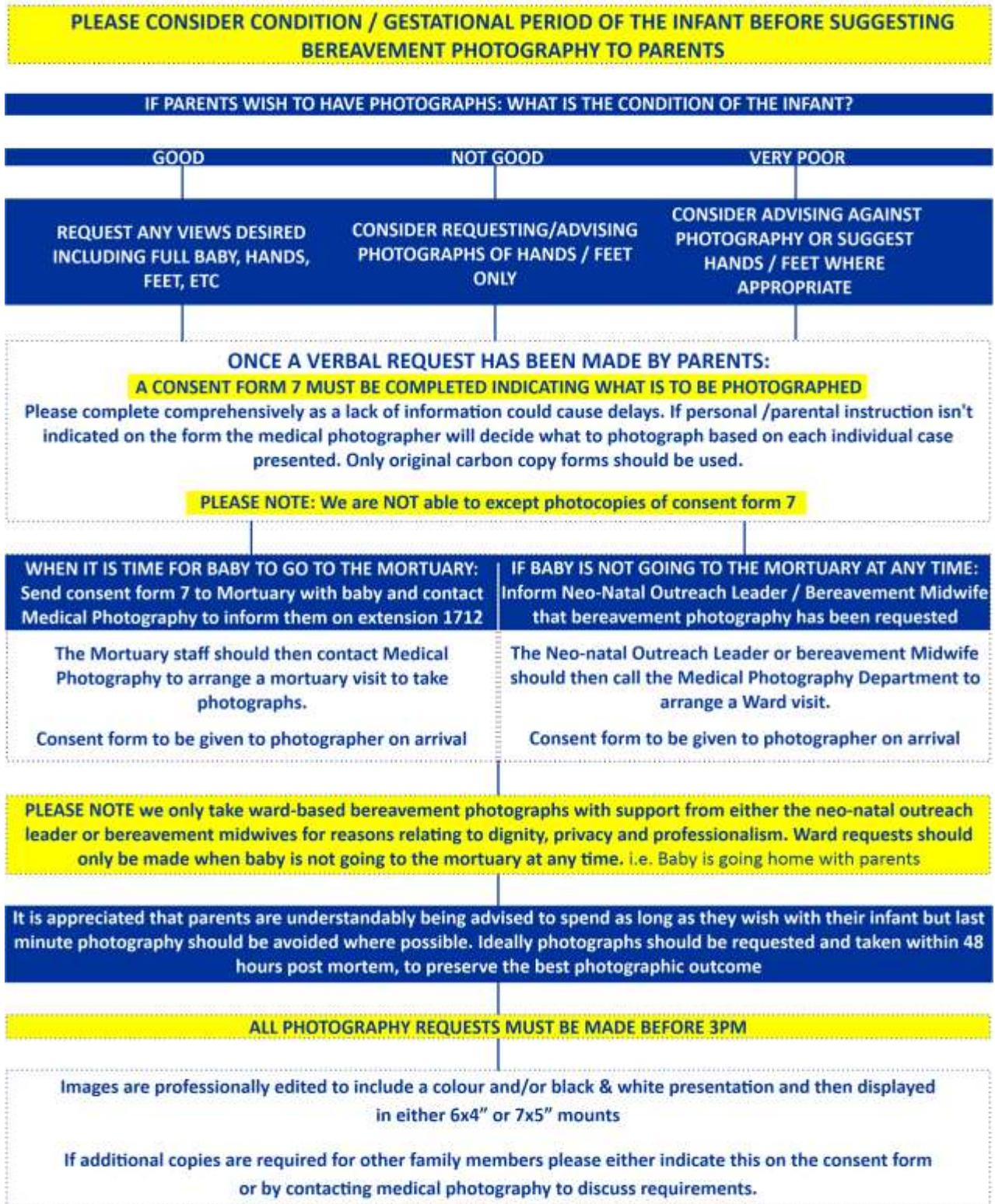
# HYWEL DDA UNIVERSITY HEALTH BOARD



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## 24. APPENDIX 7: REQUESTING BEREAVEMENT PHOTOGRAPHY: PATHWAY

### Requesting Bereavement Photography



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## 25. APPENDIX 8: CLINICAL PATIENT PHOTOGRAPHIC PROCEDURE

As for all clinical recording it is important to ensure that equipment and procedures are standardised as much as possible. Standardisation is achieved by careful control of equipment, materials, lighting, viewpoint, background, technique and post-production. Only digital clinical recording should be undertaken as digital working enables all confidential processing to be undertaken in-house.

### **Clinical Patient Photography**

It is good practice to take a general establishing shot of where on the body the object to be photographed (e.g. wound, lesion, mole, bruising etc) is located, including a wide area of healthy tissue and separate close-up shot(s) to show the detail, with scales where necessary. Disposable, paper scales are often supplied by pharmaceutical companies as marketing tools and are of limited value but can be useful to give an impression of the extent of a lesion or wound, particularly over large curved surfaces. However, rigid scales are preferred to flexible ones. They must be placed in the same focal plane as the skin, as only this section will be in focus and therefore of any value as a measurement tool. The ABFO#2 (American Board of Forensic Odontology) scale is recommended, although it may be more appropriate to use disposable scales where there is an infection risk. The ABFO#2 scale is available from TETRA Scene of Crime ([tetrasoc.com](http://tetrasoc.com)).

Compact cameras with built-in lenses and flash units are of limited use and are not recommended for Clinical Patient Photography because they do not offer sufficient control of the variables necessary for effective standardised photography. However it is acknowledged that in some circumstances, a non-standardised recording of a transient condition will be preferable to having no record. It should, however, be noted that such cameras must have a macro / micro function to enable successful close up photography. Please note that compact cameras can cause distortion and the photographic outcome may not be a completely accurate recording of the condition.

A digital single lens reflex camera (SLR) is the camera body of choice. This should be used with fixed focal length lenses with integral macro facility such as 60mm, 90mm or 105mm. For close-up photography, the ability to photograph subjects at 1:2 and 1:1 magnification is useful and the reason why an integral macro facility is necessary. Professional equipment is recommended, particularly if photographs are of wounds. These recordings need to be measured, accurate and repeatable and the only way to achieve this is to utilise a fixed focal length lens with distance markings.

Backgrounds should be plain and unobtrusive, providing no distraction from the area of interest. On location it is recommended that a sterile green cloth is used and left on the ward/clinic area for laundering. The cloth should be placed in contact with the patient in order to minimise shadows. If green cloths are not available then plain white bed sheets are readily available on wards, but care must be taken to minimise any lighting flare.

If utilising the date and time display you must ensure that the date and time are correctly set on digital equipment, particularly if the image is to be used as potential evidence.



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Clinical photographic equipment must ideally be transported in hard cases, particularly if cameras are used in multiple locations, which must be regularly wiped down with clinical wipes/ cross infection agents, to prevent cross-infection from one clinical area to another. Some patients will be identified as requiring special infection control precautions; the relevant Health Board Infection Prevention and Control Policy should be followed.

When processing an image for printing, major manipulation should be avoided and only minor alterations made e.g. minor adjustments in brightness/contrast and image resizing. Colour management tools should be considered to ensure good colour management when printing. Colour should not however be manipulated manually. Where colour management tools are not utilised, colour balance should be predetermined by the source i.e. the digital camera. Resized / adjusted images should then be stored electronically on a networked Health Board PC, under a different file name, as well as the original camera file. Refer to [Appendix 3](#).

Clinical photographs should ideally be printed using either dye-sublimation (dye-sub) printing or modern inkjet printers with fade resistant pigment based ink technology. Many 6"x4" compact photo printers utilise dye sub technology and are comparatively priced with inkjet photo printers. These printers are durable, fade resistant and waterproof. Inkjet photo printers have improved in recent years and are more than acceptable with regards to print quality, they are still however vulnerable to water damage. Extra care should therefore be taken to keep these images dry. Always print on photo quality papers and never photocopy clinical patient recordings.

All signed consent forms 7 must be securely filed in the patient's health record (yellow part) and the carbon copy must be sent to The Department of Medical Photography (white part).

Clinical cameras, including video (non-diagnostic) must be registered with the Department of Medical Photography using the Clinical Camera Registration Form. Refer to [Appendix 5](#).

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## 26. APPENDIX 9: NON CLINICAL PATIENT CARE BASED PHOTOGRAPHY, FILMING & RECORDING CONSENT: ADULTS/YOUNG PEOPLE 16YRS & OVER

To be used for recording staff, visitors & patients (Non-clinical care/records ONLY).  
For clinical care/records based recordings of patients use consent form 7

### Section A: About you:

Name	
Phone number	
Address	
Email	

### Section B: Your Consent

I give consent for Hywel Dda University Health Board to publish, republish or otherwise transmit still and moving images and audio of myself for the purposes of (tick agreement where appropriate):

- Publicity materials, including printed publications
- Presentation and exhibition materials
- Training of health care staff
- Websites, intranet, social media channels & digital screens
- News media and their associated websites and social media channels including print, television and radio.

I understand that still and moving images and audio will be stored electronically in accordance with Data Protection laws and used for the purposes outlined above for a period of three years. I have the right to withdraw this consent at any time by contacting [MediaOffice.HywelDda@wales.nhs.uk](mailto:MediaOffice.HywelDda@wales.nhs.uk) or by phoning 01267 239 554

### Section D: Your signature

I am the person identified in Section A and in the photograph(s), filming and/or recording. I understand the above request and give informed consent.

Signature:

Date:

To view the Health Board's Privacy Statement visit:

<http://www.wales.nhs.uk/sitesplus/862/page/39163>

For any enquiries please contact [MediaOffice.HywelDda@wales.nhs.uk](mailto:MediaOffice.HywelDda@wales.nhs.uk) or phone 01267 239 554.





# HYWEL DDA UNIVERSITY HEALTH BOARD

## 27. APPENDIX 10: NON CLINICAL PATIENT CARE BASED PHOTOGRAPHY, FILMING & RECORDING CONSENT: CHILDREN UNDER 16YRS

To be used for recording visitors & patients (Non-clinical care/records ONLY)  
For clinical care/records based recordings of patients use consent form 7

### Section A: About you (the parent / guardian):

Name	
Phone number	
Address	
Email	
Relationship to child	

### Section B: About the child / young person in the photograph(s), filming and/or recording:

Name	
Age ( <i>on day</i> )	

### Section C: Your Consent (the parent / guardian):

I give consent for Hywel Dda University Health Board to publish, republish or otherwise transmit still and moving images and audio of my child / dependant for the purposes of (tick agreement where appropriate):

- Publicity materials, including printed publications
- Presentation and exhibition materials
- Training of health care staff
- Websites, intranet, social media channels & digital screens
- News media and their associated websites and social media channels including print, television and radio.

I understand that still and moving images and audio will be stored electronically in accordance with Data Protection laws and used for the purposes outlined above for a period of three years. I have the right to withdraw this consent at any time by contacting [MediaOffice.HywelDda@wales.nhs.uk](mailto:MediaOffice.HywelDda@wales.nhs.uk) or by phoning 01267 239 554

# HYWEL DDA UNIVERSITY HEALTH BOARD

## Section D: Your signature (the parent / guardian):

I am the person identified in Section A and have parental responsibility for the child/young person in the photograph(s), filming and/or recording. I understand the above request and give informed consent.

Signature: ..... Date:.....

**Note:** If the child / young person is able to understand, their views should be sought. They also have the right to withdraw their consent at any time.

## Section F: Child / Young Person's views:

Please tick the boxes that you agree with:

My name is

.....

- I am happy for the Health Board to use photos of me on posters and leaflets to tell people about the Health Board and what they do.
- I am happy for the Health Board to use photos or videos of me on their websites, social media or digital screens to tell people about the Health Board and what they do.
- I am happy for the Health Board to use photos or videos of me as part of training for healthcare staff.
- I am happy for photos or videos of me to be used by the News media and on their websites and social media.
- I understand that photos or videos of me could be seen by people in the public.
- I understand that my photos and videos will be kept safe and used for only three years.
- I understand that I have the right to stop the Health Board from using my photos or videos at any time.

Parent / Guardian Signature: ..... Date: .....

To view the Health Board's Privacy Statement visit:

<http://www.wales.nhs.uk/sitesplus/862/page/39163>

For any enquiries please contact [MediaOffice.HywelDda@wales.nhs.uk](mailto:MediaOffice.HywelDda@wales.nhs.uk) or phone 01267 239 809.

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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 28. APPENDIX 11: CLINICAL PATIENT RECORDINGS – DO'S AND DONT'S

### DO NOT's:

<b>DO NOT</b> take clinical patient recordings without written consent, unless only verbal consent is obtainable at the time. Written consent must be obtained retrospectively. (See sections 8.8-8.11 for other circumstances)
<b>DO NOT</b> use black boxes over a patient's eyes. They are <b>NOT</b> sufficient to disguise identity
<b>DO NOT</b> use photographic film for clinical patient recordings
<b>DO NOT</b> take clinical patient recordings on a mobile device, or mobile phone/smart phone or a personal camera, unless it is with Consultant Connect and not intended for the patient's record
<b>DO NOT</b> take clinical patient recordings off Health Board property other than during transit to another Health Board site or to a patient's home, if community based. (files must be encrypted, unless the file is for the patient themselves)
<b>DO NOT</b> take clinical patient recordings in a public place or anywhere where privacy cannot be guaranteed
<b>DO NOT</b> allow <b>untrained staff</b> , or <b>staff unfamiliar with policy 404</b> to make clinical patient recordings
<b>DO NOT</b> digitally over manipulate clinical patient recordings
<b>DO NOT</b> transmit / email clinical patient recordings over a public network (inc 'Hotmail' or 'Yahoo') or to any email address outside the .wales.nhs.uk directory. (Refer to <a href="#">Appendix 3</a> )
<b>DO NOT</b> store clinical patient recordings on 'The Cloud' or any other internet storage facility
<b>DO NOT</b> use clinical patient recordings for teaching, research or publication, without written consent
<b>DO NOT</b> upload clinical patient recordings onto a non-Health Board computer or device
<b>DO NOT</b> use photocopies of Consent form 7, only original carbon copy forms ordered on Oracle.
<b>DO NOT</b> use recordings for education or publication if taken in 'best interests' i.e. there is no patient signature.
<b>DO NOT</b> store clinical patient recordings solely on an SD or other similar memory card
<b>DO NOT</b> photocopy clinical patient recordings/ images

### DO's:

<b>DO</b> utilise the services of the Medical Photography Department where possible
<b>DO</b> send both parts of the consent form to Medical Photography when requesting photography and not just the yellow or white part alone
<b>DO</b> adhere to all relevant policies, procedures & guidelines, when making clinical patient recordings
<b>DO</b> obtain informed written consent for all clinical patient recordings, using Consent Form 7. Original forms only – no photocopies from this policy please

## HYWEL DDA UNIVERSITY HEALTH BOARD

<b>DO</b> obtain written consent retrospectively, when a patient is temporarily unable to consent
<b>DO</b> document in patient's health record clinical patient recordings made without written consent and the justification for this i.e. best interests
<b>DO</b> ensure clinical patient recordings made without consent are <b>not</b> used for teaching or placed in the public domain (unless taken for legal reasons)
<b>DO</b> file completed consent forms in the patient's health record (yellow part)
<b>DO</b> send the carbon copy of the consent form to the Medical Photography Department (white part) after making a recording yourself
<b>DO</b> give a photocopy of the consent form to the patient, if requested by the patient, but not the white part
<b>DO</b> ensure only Health Board issued equipment is used to make clinical patient recordings
<b>DO</b> adhere to a weekly interval review, ensuring images are removed from devices / memory cards (Ideally images should be deleted immediately after each upload, by the individual who made the recording)
<b>DO</b> use a professional SLR camera, for Clinical Patient Photography where possible (gold standard)
<b>DO</b> ensure limited staff members are responsible for making clinical patient recordings – 'Champions' ONLY.
<b>DO</b> ensure clinical patient recordings are <b>NOT</b> accessible by non-authorized persons or used inappropriately by others
<b>DO</b> catalogue clinical patient recordings under unique filenames such as patient ID or personal job number and not by patient name
<b>DO</b> ensure appropriate IT securities are in place when storing clinical patient recordings to a networked PC i.e. access is restricted by the IT Department
<b>DO</b> use the relevant consent forms provided in this policy for the PR photography of staff and patients / visitors
<b>DO</b> print clinical images with dye-sublimation technology or fade resistant pigment based inkjet ink
<b>DO</b> use chaperones where appropriate
<b>DO</b> use hard cases for clinical cameras. These are easily cleaned, reducing risk of cross-infection contamination
<b>DO</b> register clinical cameras with the Department of Medical Photography (excluding specialist diagnostic imaging equipment such as scopes and eye cameras) ( <a href="#">Appendix 5</a> )
<b>DO</b> complete a body map form for ALL safeguarding photography requests ( <a href="#">Appendix 6</a> )