



Use of Body Cameras in the Emergency Department

There has been an increase in reported violence and aggression against staff working in the Emergency Departments (ED) / Minor Injury Units (MIU) in recent years. A survey of ED staff in 2020 reported that 32% of staff felt that their ED was unsafe on a weekly basis due to an agitated or violent patientⁱ.

RCEM recognises that we should use every means to prevent aggression and violence in the ED. This includes:

- Early identification of patients who are confused, intoxicated, anxious, in pain or have other reasons to struggle with environment of an ED/MIU
- Prioritising assessment and treatment of these individuals
- Training in effective de-escalation for when patients or relatives become upset or agitated
- Consistent use of policies dealing with unacceptable behaviour in the ED/MIU, using verbal then written warnings and consideration of exclusion in some cases
- Reporting cases of assault or damage to property to the police

Body Cameras are a useful adjunct in preventing aggression and violence. They are commonly worn by hospital security staff and are being worn by triage and senior nursing staff in some services. The main benefits are as a deterrent and to accurately document events which may lead to prosecution where a crime has been committed.

Early research has that the use of body cameras is acceptable to the public. In a group of 400 patients and relatives surveyed only 11 (3%) had concerns about their useⁱⁱ. NHSE are also supportive.

Body Cameras are unobtrusive and often not noticed by patients or relatives. If used, the wearer should tell the person that they are going to start recording and a light will flash showing that recording is in progress. Cameras should not be used when discussing confidential details or when examining a patient.

Governance arrangements should be in place adhering to General Data Protection Regulations (GDPR) principles: Recording should be transparent, necessary, and proportionate to achieve the purpose of preventing or reporting violence. Recordings should be encryptedⁱⁱⁱ and stored securely for a minimum period of time, usually 30 days. Trust security advisors would be in charge of handling these recordings as they would with CCTV.



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Patients and staff can request to view their images via a Trust's information Governance department. Staff should receive training so that they are confident in both the technical use of the camera and in confidentiality and data protection issues.

There is no specific legislation for body camera use, but guidance from the information commissioner can be found on safeguarding data and technical aspects^{iv}. There a voluntary standard produced by British Standards^v and most government standards for CCTV apply to body cameras^{vi} Trust security and information governance should work closely with the ED to set robust processes and should regularly audit compliance.

ⁱ https://res.cloudinary.com/studio-republic/images/v1635683122/Security_Restraint_survey_report_2021/Security_Restraint_survey_report_2021.pdf?i=AA

ⁱⁱ Unpublished data from Royal Derby Hospital

ⁱⁱⁱ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/746254/safeguarding-body-worn-video-data-01118o.pdf

^{iv} <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-le-processing/resources/>

^v https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736405/BS_8593_standard.pdf

^{vi} <https://www.gov.uk/government/organisations/biometrics-and-surveillance-camera-commissioner>