Photography and Video Recording Policy
(Camera Policy)

Issue Date: 21 November 2016

Disclaimer
- Overarching policy statements must be adhered to in practice.
- Clinical guidelines are for guidance only. The interpretation and application of them remains the responsibility of the individual clinician. If in doubt contact a senior colleague or expert.
- The Author of this clinical document has ultimate responsibility for the information within it.
- This clinical document is not controlled once printed. Please refer to the most up-to-date version on the intranet.
- Caution is advised when using clinical documents once the review date has passed.
1. INTRODUCTION

This policy has been written to:

- give direction to all staff in relation to the use of recording equipment
- ensure good practice in protection of patient confidentiality and identity with the production of recordings
- protect trust staff from complaints or legal proceedings
- raise staff awareness of their responsibilities regarding recordings
- prevent misuse of any recordings
• ensure recordings are safeguarded and removed from the trust only with permission
• ensure, where relevant, that recordings form part of the patient’s confidential medical record
• ensure that anyone who makes clinical recordings signs up to this policy as an authorised user. The trust may take disciplinary action against anyone who breaches this policy.

It is against trust policy and is not acceptable to use any personal ‘devices’ for taking clinical recordings. (See 5.14). If anyone (staff/patient/visitor/other) is seen to have taken clinical recordings on any device other than a camera registered with the Clinical Illustration department, it must be reported as a clinical incident.

The trust has adopted the policy that written consent to clinical recordings is obtained in all cases with the exception to those implicit to a patient’s episode of care and treatment – (see section 5.9).

Where recordings are for Clinical purposes, please read this policy in conjunction with the ‘Policy for consent to examination, treatment and care’ (consent policy).

Aims
• The work on using and protecting patient information (as specified in the guidance in accordance with the Caldicott Guardian) demands that use of patient identifiers in accordance with information about them should be reviewed and justified.
• This has included a review of the way patients are identified when recordings are generated and how consent for recordings should be sought.
• Ensure good practice in the use and protection of person identifiable information associated with the production of recordings generated by the trust.

Objectives
• Staff awareness of their responsibilities regarding the production of recordings.
• Ensure appropriate informed consent is obtained in order to produce recordings.
• Specify appropriate ways to identify the patient/person represented in the recordings.
• Ensure the correct production, use, storage and destruction of recordings of patients/people.

2. SCOPE OF POLICY

This clinical document applies to:

Staff group(s)
• All employees of Sherwood Forest Hospitals NHS Foundation Trust (the trust) and non-NHS bodies requesting, taking or storing photographic or video recordings.

Staff
• Staff being photographed/filmed for promotional material, magazines, website.

Clinical area(s)
• Trust-wide.
Patients
- All patients requiring recordings as part of their episode of care.

Visitors
- Any other person on trust premises.

Related trust policies, guidelines or other trust documents
- Policy for Consent to Examination, Treatment and Care (Consent Policy)
- Confidentiality Policy
- Retention and Destruction of Records Policy
- SFH Mental Capacity Act (MCA) Policy
- Access to Health Records
- Social Media Policy

3. DEFINITIONS AND/OR ABBREVIATIONS

'The trust': Sherwood Forest Hospitals NHS Foundation Trust.
'Staff ': Employees of the trust including those managed by a third party/organisation on behalf of the trust.
'Clinician': Doctor, nurse, allied health professional or other member of staff who has completed consent training.
'Recording(s)': Any form of media: e.g. - any image captured either digital or conventional, photograph or film.
'Recording equipment': Any form of media: e.g. - any device (such as camera or video recorder) used to make recordings.
'Photographs and recordings': Can be conventional or digital at the time they are made.
'Personal device(s)': Any form of device, electronic or conventional, used to make recordings

4. ROLES AND RESPONSIBILITIES

Author:
- Review and maintain this policy by the review date or earlier in the light of new evidence.

Clinical Illustration:
- Prior to all recordings, ensure the relevant consent form has been completed appropriately.

Clinician (doctor, nurse, allied health professional or other member of staff who has completed consent training):
- Explain the purpose of the recordings and gain written consent from the patient before recordings are generated. Consent must be sought even if the patient is not identifiable, as per the GMC’s guidance on confidentiality. (see the trust’s Consent Policy). It is the clinician’s responsibility to ensure that the consent is completed on the appropriate consent form.

Caldicott Guardian:
• Provide advice for staff who want to seek further consent for using existing recordings.

Medical Photographers:
• The responsibility for their own recordings. Have full comprehension of this policy and ensure they adhere to it in all areas.

All staff:
• The responsibility to challenge a person if appropriate consent is not sought and/or the device is inappropriate and report it as a clinical incident if required.

5. POLICY

Clinical

5.1 Routine clinical photography and video recordings (recordings) for medical records and local teaching

Where the need has been identified for taking recordings as part of a patient’s episode of care, the patient should be referred to the Clinical Illustration Department.

An outpatient service is offered 8.30am-noon and 1-4.30pm weekdays. The department should be informed beforehand if patients are being referred. Recordings needed on wards or departments can usually be arranged on the day of request. Contact the department on ext 3649/3650, or in an emergency switchboard will transfer to the photographer’s mobile telephone.

Although the photographers do not provide an official on-call service, switchboard can contact the photographers in an emergency who will attend at their own discretion.

Consent Form 5 (or specific safeguarding consent form – see 5.4) should be filled in and signed by the requesting clinician who has achieved competency in gaining consent, and countersigned by the patient/parent before the patient is referred. (see 5.4, 5.5 and the consent policy)

Clinical photography/recordings cannot be made by anyone other than the medical photographers in the Clinical Illustration department, unless prior arrangements have been agreed as below.

When other departments wish to take their own clinical photographs, the member(s) of staff should make an appointment to see the Clinical Illustration departmental manager who will:
• Provide you with a copy of this policy. It will be the member(s) of staff’s responsibility to ensure they are fully conversant with this policy (and the consent policy) and to follow all guidelines
• Make a record (including serial number) of the camera being used
• Make a record of the named person(s) using the camera
• Ask you to sign the Clinical Illustration department’s Camera Registration Form (see Appendix A)
5.2 Confidentiality and consent for clinical recordings

Patients have a right to confidentiality, and it can only be waived by the patient or by someone legally entitled to on their behalf. Breaching confidentiality may amount to serious professional misconduct, with disciplinary consequences.

Recordings made for clinical purposes form part of the patient's confidential medical record.

In order to ensure that the patient’s right to confidentiality is preserved, the trust requires:

- that the patient’s consent is obtained in writing for the original recordings, and for their use, as part of treatment
- that only authorised copies are made
- that prior to publication in journals, books or elsewhere or for education or research purposes, the patient’s permission is sought and written consent obtained.

For further information on confidentiality, please see the trust’s Confidentiality Policy.

The trust has adopted the policy that written consent to clinical recordings is obtained from all patients and in all cases with the exception to those implicit to a patient’s episode of care and treatment – (see section 5.9 and refer to consent policy). Written consent must always be obtained, even if the proposed user believes the patient cannot be identified; tattoos or other distinguishing marks may lead to the identification of the patient. It is not sufficient to rely on the photographer’s or clinician’s judgement that a particular patient is unlikely to be identified from a particular recording.

- Recordings for publication cannot be used without the patient/person(s) written consent.
- In the case of electronic publication, it should be made clear to the patient that once a recording is in the public domain, there is no opportunity for the withdrawal of consent.
- Where it is decided in retrospect that recordings are to be used for publication, education or research purposes, further consent must be sought from the patient in writing, using the correct consent form.

A patient’s image may not be altered in any way to achieve anonymity in an effort to avoid the need for consent; this includes blacking out eyes in a facial photograph.

Recordings of the unconscious patient may be taken provided consent is obtained from the patient before the recordings are released. The patient must be told that the recordings have been taken, even if they are not released.

When it is known that recordings will be taken in the operating theatre, the necessary consent form must be completed beforehand. However, if recordings are required unexpectedly for example, while the patient is under anaesthetic, consent must be sought as soon as possible after the operation. If consent is not obtained, the recordings will be destroyed by Clinical Illustration.
If a patient refuses to give consent for a recording to be made, or limits their consent, it should be made clear that it will not affect their treatment in any way.

Agreements that reassign copyright or ownership of recordings to publishers must not be made without the Clinical Illustration department manager’s written permission.

For further information regarding consent, please refer to the trust’s Consent Policy.

5.3 **Photography/recordings of children and young people**

A parent or other person with parental responsibility will need to provide written consent prior to the recording. Young people may also have the capacity to consent to the recording and this depends more on the young person’s ability to understand and weigh up the options, than on age. It is important to always encourage a young person to involve a parent or adult they trust in making difficult decisions, even if they have the capacity to consent. Whatever the age of the child or young person, it is important to involve and explain to them what is happening.

It should be remembered that:

a. at 16 a young person can be presumed to have the capacity to consent
b. a young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved

Single consent will be adequate for a whole course of treatment (such as orthodontics) where a young person may often attend unaccompanied. When the young person reaches the age 16 or is judged to be capable of consenting in his or her own right during the course of treatment, new consent is required.

There may be circumstances where parents refuse to consent for recordings that are felt to be in the best interests of a child or young person who lacks capacity, such as recordings being made for child protection purposes. In such circumstances the recording should not be taken and advice should be sought from the child’s consultant or named professional for safeguarding children. Usually, even in these circumstances, informed consent can be gained following discussion and explanation with the family but on rare occasions legal advice may be helpful in deciding whether you should apply to the court to resolve disputes about best interests that cannot be resolved informally (0-18 years: guidance for doctors, GMC 2007).

If a child or young person who has the capacity to consent refuses for a recording to be made, you should discuss with them their views and concerns about the recording or what might happen afterwards. Consider using play specialists to support this decision or negotiating a more limited recording which the child or young person feels comfortable with. If the child or young person still refuses, you must respect their decision and the recording should not be made. Children and young people who are given the information and support they need, and allowed to make decisions for themselves, may later change their decision.

Sometimes a child or young person may refuse consent because they are afraid of the person who is abusing them, or because they are under pressure to refuse. If you suspect this, you should consider the risk of harm to the child or young person and discuss concerns with the child’s consultant, named professional for safeguarding children or lead clinician or, if they are not available, an experienced colleague. (Protecting children and young people: The responsibilities of all doctors. GMC 2012).
5.4 Safeguarding Children

Consent

When examining a child or young person under the age of 18 years in whom there are concerns about suspected non accidental injury and neglect, consent or other legal authorisation is required to carry out the child protection examination. Any relevant general physical injuries or signs should be photo-documented. The prime intention of photo-documentation is to support the clinical examination(s).

The specific consent form (found on the trust’s intranet) is named ‘proforma for medical examination where there are suspected child protection concerns’ and includes consent for photography, along with body maps (see ‘consent to medical examination’ section, page 7).

Further information about taking consent can be found on the trust’s intranet – Policy for Consent to Examination, Treatment and Care.

Any issues related to consent for medical photography where there are concerns about suspected non-accidental injury or neglect, should be discussed with the named doctor or nurse for safeguarding children.

Intimate images - Recordings taken of the genitalia, anus or breasts taken as part of the child protection examination

In addition to strict informed consent:

1. Every care should be taken to ensure that the individual can never be recognised from the image itself or information that directly accompanies the image.
2. Images of faces must never be included.
3. Intimate images are retained as part of the medical record.
4. Intimate images will be stored securely with highly restricted access in accordance with local policy.

Doctors should not hand over intimate images or copies of images to the police or prosecutor without appropriate informed consent or a court order.
If images need to be reviewed by a medical expert, clear arrangements should be made to allow the medical expert to view the intimate images at an agreed venue in the presence of the examining doctor. Exceptionally, if this is not possible, a signed agreement by the medical expert should be made which includes secure transport and storage of a copy of the images, agreement not to show the intimate image to any person (save another medical expert without the permission of the judge), and safe return or guaranteed destruction. Transported images should be anonymised and encrypted.

Storage
All child protection images are stored on the secure Paediatric Imaging Drive. Access to this drive is highly restricted and only available to named consultants and medical photographers.
Requests for copies of these images from outside services such as the police or social services should be made via our Access to Health Records Department.

5.5 Adult patients who lack capacity

When gaining consent, if the patient’s capacity is in question, their mental capacity must be assessed using the two stage test. If the assessment shows the patient does lack the capacity to consent to the photography, but has someone with legal authority to consent for them (e.g. a lasting power of attorney for health and welfare), that person can sign the consent form on behalf of the patient.

Where no individual has legal authority to make the decision on the patient’s behalf, the Clinician must follow best interests (see MCA policy). The Clinician should complete:

1. Sections 1 to 8 of Consent Form 5
2. The decision specific two stage test and Best interest’s checklist (on the reverse side of the top copy of consent form 5).

The clinician must document (in the patient's case notes) circumstances of patients (not children) who do not have the capacity to give informed consent for recordings to be made. Further information can be sought from the trust’s Safeguarding Adults Team.

If a recording of the same condition is required for teaching, a patient with capacity should be used.

Where a recording has already been made as part of the patient’s care but may also be of value as a secondary purpose, you should seek the agreement of anyone with legal power to make decisions on behalf of the patient. If there is no person appointed, the law permits you to decide whether the recording can be used.

Whoever takes the decision, it should be made in the public interest, in accordance with the relevant legislation or common law.

Making decisions about treatment and care of patients who lack capacity is governed in England and Wales by the Mental Capacity Act 2005.

5.6 Safeguarding Adults

Where a patient is admitted to hospital and has capacity but you suspect safeguarding issues (e.g. the patient may have unexplained bruising) you are advised to request clinical photography after gaining consent and follow the Safeguarding Adults Policy. The Safeguarding Adults Team is available for advice.

If there is a query about the patient’s capacity, see section above – 5.5.

5.7 Deceased patients (Institute of Medical Illustrators Code of Responsible Practice)
“If a patient dies before retrospective consent can be obtained, material by which the patient is identifiable should be retained until a relative can be approached. If the patient cannot be identified then the material can be released. It is unreasonable to stress relatives over the question of consent unless the recordings have extraordinary teaching values. If a consenting patient subsequently dies then the material may continue in use, except that permission to use illustration in journals, textbooks or displays must be sought from a relative and, again it is questionable whether the particular illustration should be used.”

5.8 **Infant/foetus/child deaths**

Photographs of dead infants/foetuses/children may be requested by the parent(s) for personal reasons. Consent will be required before the photographs are taken ([Appendix C](#)).

The photographs will be taken and securely saved by Clinical Illustration. They will be printed and mounted and given to the parents.

If Clinical Illustration are unavailable to take the photographs, Sherwood Birthing Unit have their own registered camera for use.

5.9 **Recordings for which separate consent is not required**

Consent to make the recordings listed below will be implicit in the consent given to the investigation or treatment and does not need to be obtained separately:

- Images of pathology slides
- Laparoscopic and endoscopic images
- Recordings of organ functions
- Ultrasound images
- X-rays
- Ophthalmic imaging excluding Fundus Fluorescein Angiography
- Anonymised ECG Images sent to Consultants from junior Doctors

When seeking consent to treatment or any other procedure that involves making one of the recordings listed above, you should, where practicable, explain that such a recording will be made and could be used in an anonymised form for secondary purposes, including in the public domain.

You may disclose or use any of the recordings listed above for secondary purposes without seeking consent provided that, before use, the recordings are anonymised, for example by the removal or coding of any identifying marks such as writing in the margins of an x-ray.

Please refer to the consent policy for further information.

5.10 **Clinical recordings for non-clinical purposes**

Written consent (using consent form 5) must be gained for recordings of a clinical procedure/ treatment that are not to be used for the patient's medical record but for another reason (such as teaching).

An example of this is a recording of a patient having a subdermal contraceptive implant to be used for teaching (not the medical record).
5.11 Patient Identifiers

The patient’s hospital record number or NHS number will be used to identify recordings.

Staff must not make any clinical recordings themselves, unless they can prove they have a secure and confidential system for producing, processing, and retaining recordings. (see 5.1)

5.12 Retention of images

In the event of hard copies of recordings being produced, the recordings should be retained in the appropriate patient medical record as a clinical record or in a secure place within the clinician’s department. When recordings are used for teaching purposes, care should be taken so that only the appropriate medical or professional staff can see the images.

GMC Guidance: Some doctors hold collections of recordings that are not part of a patient’s care. However, some doctors hold collections of recordings made over many years that they use solely for teaching purposes within a medical setting. Some pre-1997 recordings in these collections may continue to have a significant value for teaching. In these circumstances, you may continue to use anonymised recordings. You may also continue to use recordings where the patient is identifiable, as long as you have a record that consent was obtained for the recording to be made or used. You must not use recordings for which there is no record of whether consent was obtained.  *GMC – Existing collections used for teaching and training, 2011*

5.13 Final disposal of images

Recordings that are no longer required must be shredded and put into incinerator bags for final disposal. This must be documented in the patient’s case notes. Refer to the trust’s Retention and Destruction of Records Policy.

5.14 Patient requests

The use of cameras, or the camera and recording facility available on most modern mobile phones, is strictly forbidden on trust premises without the explicit approval of senior members of staff, as this could inadvertently breach patient confidentiality. (see 5.18)

Patients requesting personal medical photography should first seek the permission from the consultant. If in agreement, the consultant should contact the Clinical Illustration department and the appropriate charge will be made to the patient for the service.

If patients (or any other organisation) request to view or obtain copies of their recordings held by the trust, the trust’s procedure for patient access to health records should be followed.
5.15 Storage of recordings

Every recording must be properly logged in case notes by the requesting clinician, as any medical record has to be available for disclosure if required.

All clinical photographs can be accessed via Orion. An exception to this is clinical photographs of Non-Accidental Injuries and those taken in the operating theatre, mortuary, histopathology. Also, Genito-Urinary Medicine (GU) recordings will not be on Orion or in the patient’s general medical record. GU Medicine has its own system named “Lilie” to import and store images: Recordings taken by the Clinical Illustration Department will be stored on the secure network drive for access only between the photographers and consultants of the GU Medicine department.

Recordings of patients may only be transferred to computers for use in connection with Ethical Committee-approved research projects or for the preparation of teaching material. This material should not be left on a trust computer once it has been used, as there is limited safeguarding of this material. It may be kept for further use but should be saved appropriately were it cannot be stolen or taken from that computer.

An appropriate place for storage should be made for recordings, which should not breach any Data Protection Act or patient confidentiality issues.

Recordings should be saved on the hospital server drives or on other secure media where they can be locked away from opportunist thieves. Recordings should not be stored on digital cameras or cards or be removed from trust premises unless for teaching or use within the medical establishment to aid patient care. Any material that remains on any accessible media should be removed as soon as possible and kept in an area of safe storage.

Further information can be obtained from the trust’s Information Governance department.

Non-Clinical

5.16 Non-clinical recordings

For all non-clinical recordings (ie – recordings other than those required for clinical purposes), consent needs to be obtained. The consent can be gained from those who have not undertaken consent training.

The consent form (Appendix B) can be printed from this document, the Social Media Policy or alternatively requested from Clinical Illustration. All of the information on the form should be completed.

Freelance professional photographers / videographers may only be introduced to the trust by the Communications Team. It will be the responsibility of the member of that team introducing them to ensure consent is gained. Accidental recordings of patients who have not given appropriate consent must be avoided. Recordings of a patient inadvertently included when recording another
patient(s), who has not consented, must not be published under any circumstances. Unless deleterious to the care of the subject patient, they must be destroyed.

Consent from members of staff must not be assumed. It is not necessary to obtain their written agreement but they must be given an opportunity to make a choice and any refusal should be upheld.

Please be aware that the trust has no control over the use of material taken by external agencies, such as newspapers and TV companies, either now or in the future. All copyright belongs to the external agency, which retains the right to re-use, broadcast, publish and re-distribute the material worldwide in the future, without seeking further consent.

All non-clinical images taken by the Clinical Illustration department are stored on the department’s secure drive. The images will be destroyed as per the trust’s Retention and Destruction Policy only.

To request a photographer, the Clinical Illustration department can be contacted on extension 3649 or 3650 or alternatively via switchboard who will connect the caller directly to the photographer’s mobile telephone.

5.17 Mobile Phones – Patients and Visitors

The use of cameras, or the camera and recording facility available on most modern mobile phones, is strictly forbidden on trust premises without the explicit approval of senior members of staff, as this could inadvertently breach patient confidentiality.

Patients and visitors are not permitted to use their mobile telephone (or any other recording device) to photograph or record other patients, staff or the trust’s premises during their stay/visit in hospital. (See 5.18).

5.18 Maternity/Neonatal – Patients and Visitors

It is with sole exception that mobile phones and other recording devices are allowed to be used on the Maternity Suite and in the Neonatal Unit to photograph new born babies. However, any other patient or staff member must not be included in the photograph.

6. EVIDENCE BASE / REFERENCES

- Compliance with the Institute of Medical Illustrators Code of Responsible Practice (1986)
- Data Protection Act (1998)
- GMC Guidance for Recordings for which specific consent is required (May 2011)
- Protecting children and young people: The responsibilities of all doctors. (GMC 2012)
- 0-18 years: guidance for doctors (GMC 2007)
7. EDUCATION AND TRAINING

To gain consent for clinical recordings from patients, consent training must have been undertaken. Staff are advised to read and be conversant with this policy. Staff should receive training regarding consent form 5.

The Clinical Illustration Department will be able to help and advise on photography, and help to assign patient photographs to the Orion system from electronic media, with appropriately completed Consent Form 5.

8. MONITORING COMPLIANCE

- Written records and signatures of all staff within the trust using a camera and storing images (Camera Registration Form Appendix A) will be kept by the Author of this policy.
- Observation and correct implementation of signatures for consent is being met:
  - Monitored with each patient photographed.
- All reported incidents of people not implementing this policy will be investigated within the relevant service line by an appropriately trained staff member as per the trust’s Incident Reporting Policy
- Recordings held within the Clinical Illustration department are kept securely. Author to monitor continuously.

<table>
<thead>
<tr>
<th>WHO is going to monitor this element (job title of person/group responsible)</th>
<th>WHAT element of compliance or effectiveness within the procedural document will be monitored</th>
<th>HOW will this element be monitored (method used)</th>
<th>WHEN will this element be monitored (frequency/how often)</th>
<th>REPORTING Which committee/group will the resultant report and action plan be reported to and monitored by (report should include any areas of good practice/organisational learning)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Medical Photographer</td>
<td>Camera Registration form</td>
<td>Appropriately completed - Form checked on receipt</td>
<td>As each completed form is received</td>
<td></td>
</tr>
<tr>
<td>All photographers</td>
<td>Signatures for written consent</td>
<td>Written consent always checked prior to any photography</td>
<td>With each patient photographed</td>
<td></td>
</tr>
<tr>
<td>Chief Medical Photographer</td>
<td>Not implementing camera policy</td>
<td>By reported incidents</td>
<td>With receipt of incident report</td>
<td></td>
</tr>
<tr>
<td>Chief Medical Photographer</td>
<td>Recordings held securely outside of clinical illustration are held by those who have completed the Camera Registration Form. Those people sign the form to say</td>
<td>Recordings held securely</td>
<td>As each completed form is received</td>
<td></td>
</tr>
</tbody>
</table>
### 9. CONSULTATION

The following individuals, staff groups, departments and formal trust groups/committees have been consulted in the developmental process of this policy:

- Safeguarding adult’s advisor
- Safeguarding children’s advisor
- Medical records advisory group
- Consent working group
- Theatre management group
- Newark hospital matron
- Head of inpatient services, Mansfield and Ashfield community hospitals
- Information Governance

- Clinical Governance steering groups
  - Diagnostics & Rehabilitation
  - Planned Care & Surgery
  - Emergency Care & Medicine
- Communications Department

The following individuals, groups of staff and Trust group(s)/ committee(s) have been consulted in the development/ update of this document:

<table>
<thead>
<tr>
<th>Contributors:</th>
<th>Communication Channel: e.g.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Children’s Advisor (Joanne Wain)</td>
<td>Email</td>
<td>04.12.15</td>
</tr>
<tr>
<td>Information Governance Manager (Jacquie Widdowson)</td>
<td>Email</td>
<td>03.03.16</td>
</tr>
<tr>
<td>Safeguarding Adult’s Advisor – Julie Spizer</td>
<td>Email</td>
<td>03.03.16</td>
</tr>
<tr>
<td>David Kellock</td>
<td>Email</td>
<td>10.03.16</td>
</tr>
<tr>
<td>Dr Vibert Noble and Dr Colin Dunkley</td>
<td>Email</td>
<td>24 and 26.03.16</td>
</tr>
<tr>
<td>Medical Records Advisory Group via Ann Gray</td>
<td>Email</td>
<td>11.03.16</td>
</tr>
<tr>
<td>Divisional Governance Urgent/Emergency Care – Alison Clarke</td>
<td>Meeting</td>
<td>28.04.16</td>
</tr>
<tr>
<td>Divisional Governance D &amp; O – Donna Staples</td>
<td>Meeting</td>
<td>31.03.16</td>
</tr>
<tr>
<td>Divisional Governance Medicine – Alison Clarke</td>
<td>Meeting</td>
<td>14.04.16</td>
</tr>
<tr>
<td>Divisional Governance Surgery – Paula Arnold</td>
<td>Meeting</td>
<td>24.03.16</td>
</tr>
<tr>
<td>Divisional Governance Women, Children &amp; Maternity – Paula Arnold</td>
<td>Meeting</td>
<td>24.03.16</td>
</tr>
</tbody>
</table>
10. EQUALITY IMPACT ASSESSMENT (EIA)

The trust is committed to ensuring that none of its policies, procedures and guidelines discriminates against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy/guideline has been conducted/ initiated by the author using the EIA tool developed by the Diversity and Inclusivity Committee.

11. KEYWORDS

Image
Clinical photographs
Film

12. APPENDICES

Appendix A – Camera Registration Form
Appendix B – Consent Form for Non-Clinical Recordings
Appendix C – Special Photography Request
Appendix A

Camera Registration Form

If you use a camera at work, you **MUST** read the camera policy and sign this form. On completion, return the signed form to the Clinical Illustration Department on Level 1 at King’s Mill Hospital.

<table>
<thead>
<tr>
<th>Camera serial number:</th>
<th>Department:</th>
<th>Named photographer(s):</th>
<th>Site: (KMH/ACH/MCH/Newark)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read and accept the Camera policy -

**Name:** (print): ........................................ **Job Title:** ..............................................................

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

**Reason for taking photographs:**

1. .................................................................................................................................
2. .................................................................................................................................
3. .................................................................................................................................

**Clinical Illustration Manager:**  **Print:** ................. **Sign:** ................. **Date:** .................
Appendix B

Consent Form for Non-Clinical Recordings

I hereby give my consent to be photographed/filmed by Sherwood Forest Hospitals NHS Foundation Trust / other (please state)

Name of Photographer/Film maker: .................................................................................................................................

Organisation: ...........................................................................................................................................................................

Purpose of Recording: ................................................................................................................................................................

Date of recording: .................................................................

Expiry date of recording: ................................................

Single purpose / 6 months / 12 months/18 months / indefinitely  (please circle)

I hereby give my consent for this material to be used wholly for television or other broadcast hospital publicity purposes. This may include material seen by the general public such as brochures, reports, advertisements, leaflets and websites. The material may also be used for publication, education and research. (Delete any which are not permitted).

I acknowledge that by signing this form I give up all claims of copyright, ownership, income, editorial control and use of the material.

I have read this form carefully and fully understand its meanings and implications.

Name: ..................................................................................................................................................................................

Name of parent/guardian (if aged under 16): ........................................................................................................................

Home address: .......................................................................................................................................................................

Telephone number: .................................................................

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

Confirmation of Consent:

I have confirmed that the person has no further questions and wishes the recordings to go ahead

Name: ................................................................. Job Title: .................................................................

Signature: ................................................................. Date: .................................................................
Special Photography Request

These photographs are being taken so that you will have a lasting memory of your baby.

In view of the sensitive nature of the photographs it is necessary to obtain consent, and also confirm that these pictures are being provided only for the benefit of you and your family.

If you have any questions about this service please speak to your midwife, any member of the midwifery team, paediatric nursing team, neonatal nursing team, paediatrician or doctor

Parent(s) signature:

.................................................................

Consultant:

Date:

Affix patient sticker

NHS Number:........................................................

Surname:..............................................................

Forenames:...........................................................

DoB:.................................................................

Name and signature of health professional gaining consent

Print Name:........................................................

Job Title:............................................................

Sign:.................................................................

Date:.....................................................................
### Document control/ supporting information for this clinical document

**Title:** Photography and Video Recording Policy

<table>
<thead>
<tr>
<th>Document category:</th>
<th>Clinical Policies and Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference:</td>
<td>CPG-Cl-001</td>
</tr>
<tr>
<td><em>Version number:</em></td>
<td>2.0</td>
</tr>
<tr>
<td><em>Approval:</em></td>
<td>v.</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Consent Steering Group</td>
</tr>
<tr>
<td>Approval Date:</td>
<td>15.07.16</td>
</tr>
<tr>
<td><em>Issue date:</em></td>
<td>21 November 2016</td>
</tr>
<tr>
<td><em>Review date:</em></td>
<td>November 2016</td>
</tr>
<tr>
<td>Job title of author responsible for the document/ author name:</td>
<td>Chief Medical Photographer &amp; Department Manager – Lisa McCourt</td>
</tr>
<tr>
<td>Division &amp; Specialty/ Department/ Service responsible for reporting the status of the document; or aligned approval group:</td>
<td>Consent Steering Group</td>
</tr>
<tr>
<td>Document Sponsor:</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>Date Equality Impact Assessment completed/ updated:</td>
<td>20 March 2016</td>
</tr>
<tr>
<td><em>Superseded document(s):</em></td>
<td>v1.3, Issued 14th September 2015 – RV May 2016</td>
</tr>
</tbody>
</table>

### Version History and Practice Changes/ Amendments

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Version</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 21-11-2016       | 2.0     | - No practice changes. Minor word and layout changes.  
|                  |         | - Monitoring compliance section updated to reflect current arrangements. |
| 14-09-2015       | 1.3     | - Section 5.4 Adult patients who lack capacity: wording revised for clarity.  
|                  |         | - Section 5.5 Safeguarding Adults: new (and subsequent sections re-numbered accordingly). |
| 12-08-2014       | 1.2     | - Appendix B, minor wording changes |
| 14-08-2013       | 1.1     | - Section 5.7, added “Anonymised ECG images sent to consultants from junior doctors”  
|                  |         | - Section 5.14, added “and the Neonatal Unit”  
|                  |         | - Section 5.16, added neonatal unit |

### Distribution (Circulation):

- This document will be accessible via the Trust’s intranet.

### Communication:

- Information regarding the initiation and subsequent updates of this document will be communicated via the earliest weekly Trust staff bulletin/ nursing bulletin and/ or other agreed communication method.

* Accurate document control is the responsibility of the CP&GO (Clinical Policies and Guidelines Officer)