



Family Nursing
& Home Care

Clinical Photography Policy

2 June 2021

Document Profile

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Type	Policy
Title	Clinical Photography Policy
Author	Mo de Gruchy
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Description	Guidance on undertaking clinical photography, to support the delivery of care, in a safe, secure and confidential manner
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Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
March 2021	1	New policy to replace previous Photography Procedure	Mo de Gruchy

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1. INTRODUCTION

1.1 Rationale

Clinical photography is a valuable part of assessing and evidencing a patient's physical condition. In particular in tissue viability, the digital photography of a patient's wounds is an essential technique used to assess progress/deterioration of healing. The value of clinical photography in wound management lies in the ability to achieve repeated views over time, adding objective visual confirmation to the written record and can provide demonstrate rates of healing, capturing therapeutic efficacy. Clinical photographs are confidential medical records which may contain sensitive personal information. They should be treated with the same care as written/electronic medical notes/records.

1.2 Scope

This policy applies to all clinical staff employed by Family Nursing & Home Care (FNHC) undertaking clinical photography. Clinical photography is defined as stills and/or video photography undertaken by clinical staff to support the care and treatment of a patient. Photography undertaken for non-clinical purposes is covered under the FNHC Communications Policy (currently under development).

1.3 Role and Responsibilities

Chief Executive Officer

The Chief Executive Officer has overall accountability for the management of records and record keeping within FNHC

Head of Quality, Governance & Care

The Head of Quality, Governance & Care is responsible for the overall development and maintenance of both corporate and health record keeping practices within FNHC, in particular for drawing up guidance for good record keeping practice and promoting compliance with this policy

Operational Leads

Operational Leads must ensure that their staff are trained in the relevant aspects of record keeping and that there is compliance of FNHC policies and procedures. This should be in the form of induction training and relevant updates via the mandatory training schedule.

Individual Responsibility

All FNHC staff have a legal duty of care and are responsible for any records they may create or use. This responsibility is established and defined by law. Every employee's contract of employment clearly identifies individual responsibilities for compliance with information governance requirements.

2. POLICY

2.1 Key Principles

Clinical staff are responsible for assessing when it is appropriate to use clinical photography. In some situations e.g. immediate safeguarding concerns related to children, it may be more appropriate to use body maps to record injuries

Appropriate consent from the patient should be obtained and recorded

Clinical photographs should be uploaded to the patient's EMIS record with associated progress note

All reasonable steps should be taken to ensure the confidentiality and security of the photographs, as per [FNHC Data Protection Policy](#).

2.2 Consent and Confidentiality

- Photographic and video recordings which are made for treating or assessing a patient must not be used for any purpose other than the patient's care or the audit of that care, without the express consent of the patient or a person with parental responsibility for the patient.
- A key point relating to clinical photography is to ensure consent is obtained from patients prior to taking any clinical photographs using the appropriate consent form '(Appendix 2 Patient Consent to Photography' form)
- If the patient is unable or unwilling to give written or verbal consent, this should be recorded in the EMIS record, and include instead a written description of the wound, including measurements. For full guidance on Consent refer to [FNHC Consent Policy](#).
- Where clinical staff may consider that a patient's wound/skin damage could give rise to a safeguarding concern, this should be escalated using the [FNHC Safeguarding Policy Adults & Children](#)
- An individual's clinical photographs are confidential medical records which may contain sensitive personal information. They should be treated with the same care as written/electronic medical notes.

2.3 Quality of Clinical Photography

- It is the clinical staff's responsibility to decide when it is appropriate to undertake clinical photography and, in addition to consent, staff must consider the quality of the image produced.
- The resulting image must be of sufficient quality to assess the clinical condition being reviewed. Photographing of the wounds should allow staff to:
 - a) identify anatomical position of wound/compare bilateral limbs
 - b) monitor wound healing, progress or deterioration
 - c) provide a record of the healing process
 - d) provide visual evidence when discussing the patient's wound status with colleagues and when referring on for specialist advice

3. PROCEDURE

3.1 Photographic Equipment

- Only digital cameras/devices (e.g. smartphones/IPads) supplied by FNHC should be used and the batteries should be checked regularly. The practitioner should also ensure that the correct date and time is set on the camera/device. The camera/device must be cleaned with appropriate multi-surface wipes to prevent cross infection between patients.
- The digital camera/device should be transported securely as per FNHC Records Management Policy. Where digital devices such as tablets or smartphones are used they must have the access security enabled.

3.2 Position of the Patient

- The patient should be positioned in a way which is comfortable for them and which enables the wound/area to be clearly visible and photographable.

3.3 Lighting and Background

- It is important to consider the lighting available to ensure sufficient detail of the wound can be recorded in the final image.eg switch lights on/off and open/close curtains. The background should be plain and neutral.eg sheet or towel
- When repeating photographs at subsequent appointments, wherever possible use the same lighting, background and techniques to enable easier comparison

3.4 Taking of the Photograph

- Consideration must be given at all times to protect the patient's identity within the photograph itself.
- Individual photographs may be labelled with a patient's name/date of birth/EMIS number
- Care must be taken to respect the dignity, ethnicity and religious beliefs of the patient. The patient's modesty must also be maintained by ensuring minimal skin exposure.
- Disposable paper or wipeable rulers should be used to give an objective scale of measurement and the extent of a wound. A wound marker pen can be used to mark the wound for descriptive purposes. Wounds should be labelled with their position eg ankle right inner malleolus and same used for all subsequent photographs of the same wound.
- If using a disposable ruler enter the date on the ruler and ensure that it is laid/held alongside the wound, taking care not to obscure wound margins. Multiple measurements may need to be taken eg length/width/depth

- Hold the camera/device screen parallel to the wound bed at a distance of 15 centimetres, ensuring that the image is in focus. If closer than 15 centimetres record the distance at which taken
- An initial photograph which is distant can be useful to identify the wound's location and give a greater perspective
- Take at least two photographs of the wound to choose from to compare image quality

3.5 Uploading, Storage & Disposal of Photographs

- Photographs should be uploaded to the patient's EMIS record in the same way as any other document being uploaded.
- Patient photographs must be kept in the patient's records so they are available to others involved in the care and treatment of that patient. EMIS should be used as the primary storage of these images.
- Once the photograph has been uploaded to the patient's record and viewed from within that record, the original image can be securely deleted. The photograph is then part of that patient's record and should be retained according to the FNHC Record Retention Schedule contained in the [FNHC Records Management Policy](#).

4. CONSULTATION PROCESS

Name	Title	Date
Claire Whelan	Head of Information Governance & Systems	20.04.2021
Claire White	Head of Quality, Governance and Care	
Elspeth Snowie	Clinical Effectiveness Facilitator	
Teri O'Connor	Home Care Manager	20.04.2021
Tia Hall	Operational Lead Adult Nursing	20.04.2021
Michelle Cumming	Operational Lead Child and Family Services	20.04.2021
Clare Stewart	Operational / Clinical Lead Out of Hospital Services	20.04.2021
Gilly Glendewar	Tissue Viability Specialist Nurse	20.04.2021

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	
Forms/templates to be uploaded to Central Filing	Head of Information Governance and Systems	

6. MONITORING COMPLIANCE

Compliance will be monitored by Team Leaders as part of their oversight of patient care. Elements of this policy may be included in clinical audits.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. The Equality Impact Statement for this policy can be found at Appendix 2.

8 GLOSSARY

Not applicable

9 REFERENCES

Jersey Safeguarding Partnership Board (2019) *Jersey Safeguarding Partnership Board Child Protection Procedures*. Available at: [Welcome \(proceduresonline.com\)](https://www.proceduresonline.com)
Last accessed 5th May 2021

Shropshire Community Health NHS Trust (2019) *Clinical Photography Guidelines*. Available: <https://www.shropscommunityhealth.nhs.uk/content/doclib/10640.pdf> Last accessed 31st March 2021

10 APPENDIX

Appendix 1 Patient Consent to Photography Form

Insert Patient Label or Complete
Name:
Address:
Date of Birth:
URN:

PATIENT CONSENT TO PHOTOGRAPHY

Family Nursing & Home Care (FNHC) has adopted a policy in line with the Data Protection (Jersey) Law 2018 which gives you the right to control the use of photographs (including video, slides and digital images) taken of you during the course of your treatment.

Clinical photography taken by FNHC Staff

FNHC staff will ensure that the photography and the storage of the resulting image will take place in line with the FNHC Clinical Photography Policy; the photographs will be taken in a dignified manner, using appropriate equipment.

This consent limits their use only to the purposes specified by you and should it be desired to use your photograph(s) in any other way – for example, as a teaching resource – FNHC will seek your specific permission to do so.

Patient Consent

1. ☐ I consent to photographs being taken for my personal medical records.
2. ☐ I consent to photographs being made available for teaching in the Healthcare context as described to me.
3. ☐ I consent to my photographs being published for the specific purpose described below. This consent does not extend to any other publication.

.....
.....

- I understand the reason why photographs are being taken
- I understand the benefits and risks as described to me by the healthcare professional
- I understand I can change my mind at any time BUT if recordings are released for any purpose other than my medical records it may not be possible to control their future use.

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

Relationship if not Patient:

.....

Statement of responsible health professional

- I have explained to the Patient the reason for taking the photograph
- I have explained the benefits and risks of making the recording
- I have explained the consent options and obtained the most appropriate consent

Print

Name:.....Department:.....

This copy must be retained in the patient's relevant Care Record

Appendix 2 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Clinical Photography Policy			
Date of Assessment	May 2021	Responsible Department	Clinical
Name of person completing assessment	Mo de Gruchy	Job Title	Quality Performance and Development Nurse
Does the policy/function affect one group less or more favourably than another on the basis of :			
	Yes/No	Comments	
• Age	No		
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No		
• Ethnic Origin (including hard to reach groups)	No		
• Gender reassignment	No		
• Pregnancy or Maternity	No		
• Race	No		
• Sex	No		
• Religion and Belief	No		
• Sexual Orientation	No		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			