



Body Worn AVI Equipment Policy

(Excluding HART BWC)

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Part of Trust's publication scheme	Yes / No?

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers,

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casual workers and agency staff, volunteers, interns, agents,
sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

This Policy must be read in conjunction with the AVI framework (AVIF), which provides the required details relevant to the Governance and Security of all AVI systems within EEAST.

The purpose of this Policy is to regulate the management, operation and use of Body Worn Cameras (BWC) within East of England Ambulance Service NHS Trust (EEAST) during the trial period.

As part of a national trial, Body Worn Cameras are due to be trialled within the Trust for a period of at least 12 months at sites where violence and aggression is most reported.

The trial is to be undertaken to understand how body worn camera technology may have an impact on the significant issue of violence and aggression towards colleagues.

The trial is expected to begin at the start of September 2021.

2. Purpose

This Policy forms Part of the Audio-Visual Imaging Systems Framework (AVIF) and should be read in conjunction with that document. All principles, clauses and requirements contained in the AVIF apply to this Policy entirely.

3. Scope

To ensure that all employees operating BWC systems are appropriately trained.

That the system is operated in accordance with the UK General Data Protection Regulations (GDPR), Data Protection Act (DPA) 2018 and its associated guidance and ACOP (approved code of practice).

That proper management and control procedures are in place to protect the integrity and security of all recording made using the BWC system.

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That all users are aware that the system is not to be used in relation to patient treatment issues, reminding colleagues of the primary aim which is reduce acts of violence and aggression against staff.

3.1 The intended use for BWC Equipment

The Trust is registered with the Information Commissioner under the terms of the General Data Protection Regulations and the Data Protection Act (2018) and will comply with the requirements of Data Protection Legislation and the Information Commissioner's Codes of Practice.

The Trust will treat the systems and all information, documents and recordings obtained and used as data which are protected by the regulations.

The information captured by the BWC will not be used punitively for disciplinary, sickness and capability issues.

3.2 The BWC system and training

The BWC system comprises of three main elements which are:

1. Body worn camera.
 2. Equipment at the station (e.g.: docking station, chargers)
 3. Digital Evidence Management System (DEMS)
- All staff who use BWC will be trained and have access to BWC.
 - Users of BWC will be required to receive a training package and be given additional guidance on its use.
 - Designated Local Managers act as nominated contacts for each locality to provide support out of hours. During office hours, additional support can be provided by the Safety team.
 - Users will also be required to ensure that they are familiar with this procedure and the Surveillance Camera Policy.
 - Once a user has completed the practical training, familiarised themselves with the procedure and policy, they will be authorised to use the BWC device, and an account will be created on the DEMS.

3.3 Statement of Intent

The Trust is registered with the Information Commissioner under the terms of the General Data Protection Regulations and the Data Protection Act (2018) and will comply with the requirements of Data Protection Legislation and the Information Commissioner's Codes of Practice.

The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this policy is applied fairly to all citizens regardless of the aforementioned protected characteristics.

4. Duties and Responsibilities

- Director of Nursing, Clinical Quality and Improvement

The Director of Nursing, Clinical Quality and Improvement is the executive director who has executive ownership of the Trusts BWC system and acts as the main advocate for BWC on the Board. They have overall responsibility to ensure that the BWC system is managed in accordance with current legislation and Trust Policy.

- Deputy Clinical Director –Quality and Safety

Has overall managerial responsibility for the implementation, development and monitoring of the BWC system within the Trust. Providing the Senior Management link between the SIRO, Caldicott Guardian, Head of Governance and the Data Protection Officer. Generally, this will be undertaken through the Information Governance Group meetings and agenda.

- Health and Safety Lead

The Health & Safety Lead is responsible for the day-to-day management of the BWC system and for ensuring that:

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- All staff using a BWC fully understand their legal obligations in relation to data protection and the Trusts policies regarding audio visual images.
- All H&S staff using the BWC management system understand their legal obligations in relation to data protection and the Trusts policies regarding audio visual images.
- Safety Team

The Safety Team will provide the day-to-day administration of the BWC (DEMS) system including the review of incidents recorded, the categorisation of the data (for retention) and the recovery of, and preparation of the audio-visual data for release via the approved Trust processes.

- Local Managers

Local Managers within the Trust are responsible for ensuring that this policy and its supporting standards are built into local processes and that there is ongoing compliance.

5. System Specifics

The BWC equipment is a body-mounted camera with an in-built microphone. The camera stores digital files which, once recorded, cannot be viewed, deleted or amended by the operator.

Each digital file carries a unique identifier and is time and date stamped throughout.

Dedicated software (DEMS) will manage the downloading, storage, exporting of files via the Trust's secure servers and/or burning to DVD of the digital files for evidential purposes. This provides a full audit trail.

It is the responsibility of the IM&T department, to keep records of the serial numbers and location of the cameras within the Trust.

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It is the responsibility of the BWC users, via their managers, to report any malfunction immediately to the Local managers who will raise a ticket with the IT support desk, as necessary.

Any misuse of BWC must be reported via DATIX and to the Safety team, who will liaise with other relevant departments to investigate the matter.

Any software issues while using the BWC should be reported to the local manager who will then report to the IT support desk or the system supplier.

6 Activation of AVI recording

The decision to record or not to record any incident remains at all times with the trained user. However, users must be mindful that failing to record an incident which would have been of a significant nature, may require further explanation by any subsequent internal or external investigations/audits.

The Trust policy advises that BWC trained staff activate their device when their risk assessment dictates an increased potential threat to the safety of the user and/or their colleagues.

Users must be cognisant when using the BWC in sensitive areas such as hospitals, refuges, prisons etc (please refer to appendix 1- Special locations and limitations of use)

Unless specific circumstances dictate otherwise, recording must continue uninterrupted from the commencement of recording until the conclusion of the incident. BWC users must be satisfied that an incident has reached its conclusion prior to finalising any recordings.

The normal operating and recording process when using the BWC is covered in appendix 2.

The use of BWC by the Trust is being introduced for a legitimate health and safety purpose and, in principle, users are not required to obtain the express consent of the person or persons being filmed whilst there is a perceived threat to staff safety.

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The video recording will not necessarily be ceased at the request of a member of the public. It is for the user to consider whether to cease BWC recording depending on the threat to safety.

6.1 Retrieval and storage of AVI recording.

Recordings temporarily contained on the hard drive of the body worn camera are secured and encrypted and therefore cannot be downloaded or viewed by any unauthorised person.

Any footage on the device's hard drive will be securely uploaded to a protected server and then securely deleted from the device.

Only once an incident of violence and aggression has been reported via a Datix can the Safety Team member retrieve and view any recorded footage. Once footage has been viewed, the manager will complete a statement detailing the retention in a legally acceptable format pending police involvement.

The Safety Team member will then update the Datix with the following information:

- BWC Serial Number
- Time and Date stamp of footage
- Details of officers with whom data has been shared

6.2 Access controls to the recorded AVI

The Safety Team member will have access rights to review the encrypted footage.

All recorded material which has been reported and identified as containing footage pertaining to violence and or aggression but that has NOT been retained by the police will be securely stored in line with Trust Policy and national guidance for a minimum of 12 months.

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Authorisation to retrieve / view BWC footage by authorised employees or approved external agencies must be sought from the Subject Access Request Team (SAR). The request will be submitted via the Subject Access Team in line with the Audio-Visual Data Systems policy. All reviewed footage will be available on DEMS. The flow diagram (appendix 3) indicates the process including the segregation of duties.

6.3 Removal and disposal of BWC system hardware/software

Removal and disposal of BWC system hardware/software will be done as per the hardware management policy.

6.4 Police access

Police access will be granted in line with the AVI framework and the Information Governance and Data Protection Policies.

6.5 Subject access request

Subject Access will be granted in line with the AVI framework and Data Protection Policy

6.6 Signage

Signage is visible on the device which should alert members of the public and employees to the use of the BWC.

The BWC should be worn in a way that it is visible.

Appendix 1- Special locations and limitations of use

Users are to be cognisant when using BWC cameras in sensitive areas, i.e., hospitals, police stations, prisons and refuges, etc. Users should adopt a common sense approach and take particular care not to record anything which may:

- Risk the security or safety of any person, premise or property.
- Negatively affect the on-going care or treatment of any person
- Unnecessarily inflame/provoke a situation.

Examples of locations that carry a greater risk of unintentionally recording sensitive information and special considerations may be required when considering the release of data.

Private Dwellings

- Details of children whether present or not
- Domestic disorder of property
- Occupants in a state of undress
- Emotionally distressed occupants
- Identification of occupants
- Personal medical products

Hospitals

- Patients in physical distress
- Mental Health Units
- Medical confidentiality
- Patient dignity
- Emotional distress of patients and visitors
- Identification of patients, staff and visitors
- Location of pharmaceutical products

Residential Care and Nursing Homes

- Building access codes
- Residents and patient's dignity
- Details of vulnerable people
- Personal medical products

Police Stations and Prisons

- Building access codes
- Building layout
- Details of investigations (notice/whiteboards etc)
- Identification of staff, visitors and others
- Identification of inmates
- Security protocols

Places of worship/religious significance

- Intrusion into private contemplation
- Intrusion into private ceremonies
- Identification of people attending meetings/groups.

Financial institutions (Banks etc)

- Building access codes
- Building layout
- Identification of personnel
- Security protocols

Limitations of use

BWC devices do not record continuously in order to minimise collateral intrusion. Each recording should be incident specific and justifiable by the user.

As far as is reasonably practicable, recordings should be restricted to areas and persons where it is necessary to obtain evidence relevant to the incident. The user should be mindful of minimising the potential for collateral intrusion.

Any persons recorded as part of an incident can, and may, be deleted from the footage by an authorised and trained professional. Users must note that this process will be carried out

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only in exceptional circumstances. Decisions surrounding this
process will be taken on the sensitivity of the footage captured.

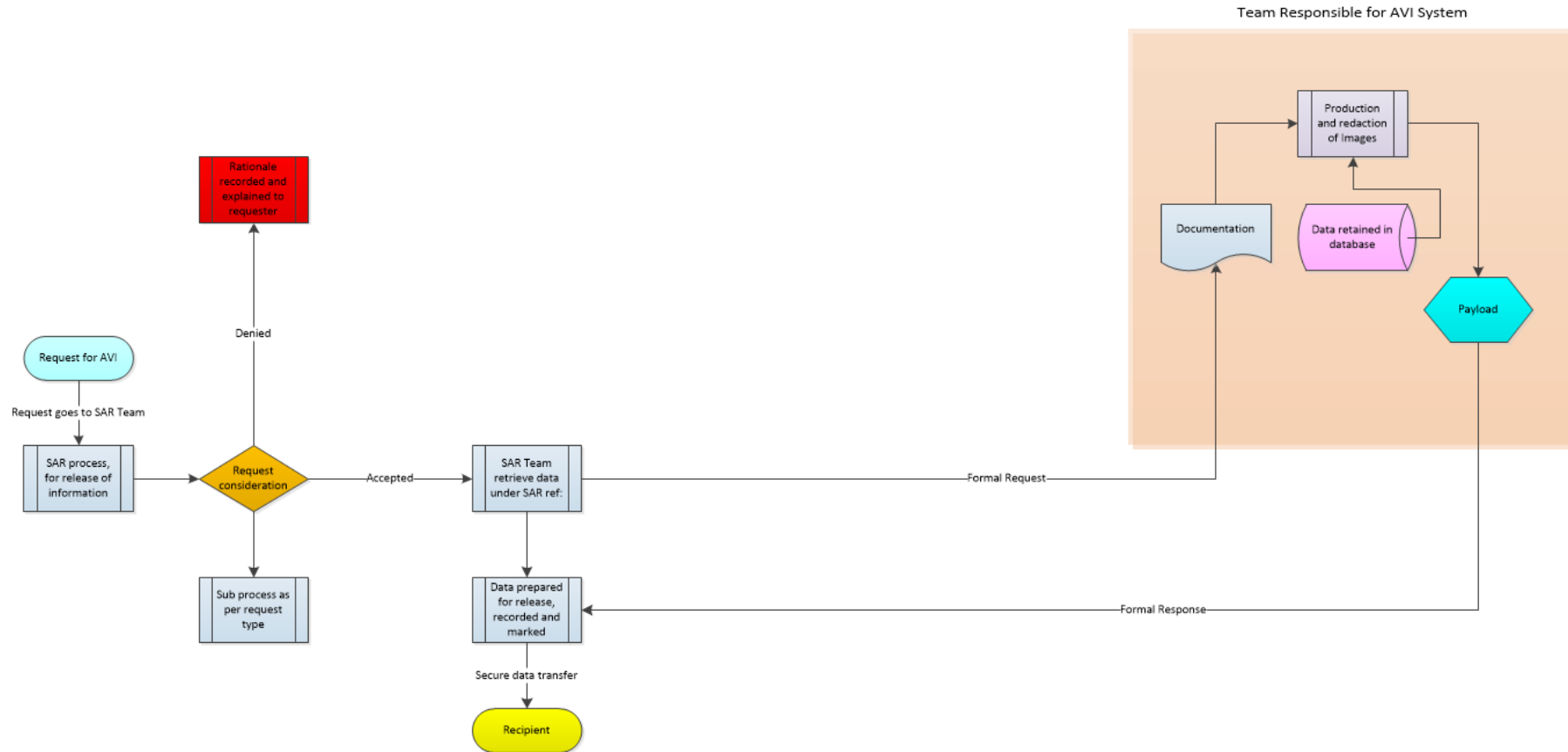
Appendix 2 – Normal recording and operating process – Body Worn Cameras

- The BWC is a body mounted camera with a built-in microphone, which has the capability of recording audio and video footage.
- The camera is designed to be worn on individual staff members clothing, usually shirts and outer jackets.
- The camera is issued to the wearer in an OFF position and will remain in the state until a recording is activated / turned ON by the user. The device should remain in a non-recording state during normal duty and should only be activated when there is a threat or risk of violence and or aggression.
- Upon activation, a hard drive within the device will record live video and audio stream and will continue until the recording is stopped. This digital file is encrypted, carries a unique identifier and is time and date stamped throughout which ensures that it is admissible in court. The digital file will remain secured within the devices hard drive until it is downloaded at the end of the users shift.
- Deactivation of recording should take place as soon as is practical after the incident or when the threat has gone.
- Users are to be aware when using BWC's in sensitive areas i.e., hospitals, police stations, prisons and refuges etc. Users should adopt a common-sense approach and take particular care not to record anything which may
- Negatively affect the on-going care or treatment of any person
- Unnecessarily inflame/provoke a situation.
- There is no obligation to stop recording at the request of a member of public if there is a perceived threat of violence and aggression.

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- BWC continuously record in order to provide the maximum protection for staff, this pre-record is continually overwritten until the camera is activated and which point the pre-record is saved. The user should be mindful of minimising the potential for collateral intrusion and parties may have legal rights under GDPR.
- Staff members affected by an incident of violence and or aggression should be allocated time to report the incident as soon as is practicable using the Trust's reporting system, Datix. The Datix should specifically state that a BWC has been activated during the incident.
- Staff should not use body worn cameras to record any audio or visual footage on Trust Premises unless there is a perceived threat of violence or aggression thus ensuring that the privacy of all colleagues is respected.
- It is the responsibility of the BWC user to ensure that footage is correctly downloaded. All footage recorded to the BWC unit should be downloaded at the end of the shift. Staff must return the device to the docking station. Once recorded footage is downloaded, the camera is cleared of all data and ready to be booked out again (once the battery has recharged). Users should not commence shift with a recording device that contains data of incidents from a previous shift.
- Once the camera is plugged into the docking station, all recorded footage is automatically downloaded and is saved on the secure networked data storage facility.

Appendix 3



Appendix4

<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>
Responsibilities and ownership	The Policy is the responsibility of the Health, Safety and Wellbeing Group which is chaired by Interim Head of Infrastructure and Estates Transformation The Director of Nursing, Clinical Quality & Improvement who is the nominated Director for Health and Safety in the Trust	This Policy will be reviewed every two years or when circumstances indicate that it is no longer valid	Every two years	Health, Safety and Wellbeing Group Minutes ELB Minutes	Minutes of meetings	The Health, Safety Lead will monitor the policy

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<p>Duties of Staff</p>	<p>Each individual within the Trust has their duties identified within the policy.</p>	<p>The Health, Safety and Security Team will check that staff are complying with their duties by monitoring incident reports.</p>	<p>Day-to-day administration of the BWC (DEMS) will be done by the Safety Team.</p>	<p>Incident reports Report to the HSW Group</p>	<p>Reports presented to the Health, Safety and Wellbeing Group.</p>	<p>The Health and Safety Lead will work with the relevant manager to ensure that an action plan is developed and agreed.</p>
<p>Number of Activations of BWC.</p> <ul style="list-style-type: none"> - Appropriate Activations - Inappropriate Activations - Equipment Failures - DREMS Issues 	<p>Health and Safety Lead</p>	<p>By reports and analysis from Datix system, DREMS and case management</p>	<p>Monthly</p>	<ul style="list-style-type: none"> - Datix Incident stats - DREMS reports - Motorola reports 	<p>Health, Safety, and wellbeing Group meeting. Papers to CRG</p>	<p>Director of Nursing, Clinical Quality, and Improvement. Deputy Clinical Director – Quality and Safety Health and Safety Lead</p>

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Appendix 5 - Equality Impact Assessment Summary

EIA Cover Sheet		
Name of process/policy	Body Worn Camera Policy	
Is the process new or existing? If existing, state policy reference number	Existing policy – Reference number – POL120	
Person responsible for process/policy	Health and Safety Lead, Director of Nursing, Clinical Quality and Improvement	
Directorate and department/section	Clinical Quality	
Name of assessment lead or EIA assessment team members	Health and Safety Lead	
Has consultation taken place? Was consultation internal or external? (please state below):	Internal – The policy was submitted to the Health, Safety and Wellbeing (HSW) group for approval. The HSW group is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc. The minutes of the policy are also available on the intranet for staff to view	
The assessment is being made on: Please tick whether the area being assessed is new or existing.	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice	
	Department changes	
	Project plan	
	Action plan	

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	Other (please state) Training programme.

Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this policy is to reduce the incidents of Violence and Aggression against staff. It is expected that the use of BWC's will act as a deterrent and protect staff from being assaulted.

The policy will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate "Due Regard" in all aspects of our business

Who does the policy/procedure/practice/event impact on?

Race	x	Religion/belief	x	Marriage/Civil Partnership	x
Gender	x	Disability	x	Sexual orientation	x

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Age <input checked="" type="checkbox"/>	Gender re-assignment	<input checked="" type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>
Who is responsible for monitoring the policy/procedure/practice/event? Director – Clinical Quality and Improvement				
What information is currently available on the impact of this policy/procedure/practice/event? The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was reviewed and approved by the Health, Safety Wellbeing group (the group is represented by UNISON and Senior Managers from Operations, Estates, Health and Safety etc.).				
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No. I have reviewed the contents of the policy and its impact with the EDI Team. However, I will review the policy the external parties and the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.				
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes				
Race <input checked="" type="checkbox"/>	Religion/belief	<input checked="" type="checkbox"/>	Marriage/Civil Partnership	<input checked="" type="checkbox"/>
Gender <input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Sexual orientation	<input checked="" type="checkbox"/>
Age <input checked="" type="checkbox"/>	Gender re-assignment	<input checked="" type="checkbox"/>	Pregnancy/maternity	<input checked="" type="checkbox"/>
Please provide evidence:				

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The policy aims to provide a safe working environment to all staff so that the highest possible standard of clinical care can be delivered to patients and users of the service;

Currently, there is no evidence that the policy will have a negative impact. The policy will be reviewed on a regular basis to minimise the risk of any negative impact.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No

Race	Religion/belief	Marriage/Civil Partnership
Gender	Disability	Sexual orientation
Age	Gender re-assignment	Pregnancy/maternity

Please provide evidence:

No. The policy is aimed to protect staff regardless the characteristics mentioned above.

Action Plan/Plans - SMART

Specific
Measurable
Achievable
Relevant
Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who - Health and Safety Lead

How- Regular review of the policy

By – Every two years (earlier, if required)

Reported to – Director- Clinical Quality and Improvement