

Body Worn Camera Use in Health Care Facilities



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Body Worn Camera Use in Health Care Facilities

What are body worn cameras?

Body worn cameras (BWC) are mobile audio and video capture devices that allow officers to record what they see and hear. Devices can be attached to various parts of the body, including the head, a helmet, glasses, or to the body by pocket, badge or other means of attachment (such as in-car and on the dash). They have the capability to record officer interactions that previously could only be captured by in-car or interrogation room camera systems (U.S. Department of Justice, September 2014). They can range from approximately \$120 to \$2,000 for each device. Pricing depends on factors such as functionality, storage capacity, and battery life (U.S. Department of Justice, 2014).

On May 1, 2015, the U.S. Department of Justice announced a \$20 million BWC Pilot Partnership Program for local and tribal organizations. The program is part of President Obama's initiative to invest \$75 million over the next three years to purchase 50,000 body-worn cameras for law enforcement agencies. The U.S. Justice Department expects to provide 50 awards to law enforcement agencies, with about one-third of the grants directed toward smaller law enforcement agencies (U.S. Department of Justice, 1 May 2015).

Why do we see an increase in the use of body worn cameras?

The use of body worn cameras reduces "he said, she said" disputes in an incident, known as an un-biased witness. Law enforcement agencies can also recognize the potential for video footage to assist with prosecuting crimes, promoting accountability, and professionalism. Incidents such as the killing of Michael Brown in Ferguson, MS have increased the use of body cameras for protection against both officer and victim (Sanburn, 2014).

What are the advantages and limitations of body worn cameras?

Body worn cameras have many advantages. A study was performed by the University of Cambridge Institute of Criminology in the United Kingdom and showed a reduction of force by fifty-percent. Not only was the use of force reduced but complaints against police officers reduced by ninety-percent (Ziv, 28 Dec 2014). Other advantages include: preventing confrontation situations, resolving officer complaints, improving agency transparency, identifying and correcting integral problems within the agency, and improving evidence documentation. Lastly, it helps the officer to remain professional while on duty (United States Department of Justice, 2014). They are known for decreasing violence in health facilities that have implemented their use. The following

are examples of healthcare facilities in the United Kingdom where body camera use on security officers has been implemented:

- In the UK, there has been a decrease in violence by 28 percent in hospitals. This was studied over a three month period at the Queen Elizabeth Hospital in Birmingham, England. Security officers at this hospital wore RS2/ RS3 body cameras. They were able to record any acts of threats of verbal and/or physical aggression, intimidating or unreasonable behavior, or verbal and racial abuse. There have been many incidents over this period in which body cameras helped. A female patient was refusing to leave the emergency department and demanded prescription drugs. The female patient accused employees of touching her inappropriately. Security officers then used their body cameras and told the patient that she was being recorded. This study was a success. “There has been a decrease of 10 injuries sustained to security personnel in the comparative months from January 13” (Case Studies, n.d.).
- Another health facility practicing the use of body worn cameras is the Hillington Hospital NHS Foundation Trust in the UK. Security officers who are carrying these body cameras are responsible for telling patients they will be under surveillance if they act inappropriate. Not only did their use reduce violence, the cameras detected blind spots that other surveillance devices were unable to do. The camera was able to identify staff requesting entry into the departments (New body cameras for Trust security, 2011)
- The Cardiff Hospital in Wales has been practicing the usage of body cameras. Security officers turn on cameras once presented with a violent situation. At the University Hospital of Wales, security warns the person being aggressive and discloses they are being recorded. The footage that they capture can be used in a criminal prosecution. With these practices, rates of violence have gone down greatly (Seal, C. 2015).

There are also some limitations with the use of body worn cameras. First, the camera does not follow the eyes of the officer as the event occurs. Another limitation may be that the body blocks the view of the scene. The camera is unable to capture a 360 degree view of the situation that might be occurring. It may be difficult to know when to turn the body worn camera on. There have been incidences where police officers did not have their camera on when an incident occurred. Lastly, a camera can never replace a thorough investigation. Limitations that are associated with body worn cameras need to be improved and show effectiveness in order to be able to use camera footage as evidence (10 limitations of body cams you need to know for your protection, 2014).

An online tool kit has been developed by the U.S. Office of Justice Program’s Bureau of Justice Assistance. This tool kit allows different agencies to train on how to use body worn cameras (Atkinson, 2015). Various roles within an agency require different methods for training and are provided on this online website. This was created by

criminology professors Charles Katz and Michael White. It consists of sections on policy training, technology, privacy issues, and creating dialog with community stakeholders (Atkinson, 2015).

Should body worn cameras be allowed in healthcare facilities?

Body camera technology in a health care environment is a major concern regarding the expectation of privacy of patients and visitors given the legal and regulatory circumstances that the healthcare environment requires. There are very strict rules governing the use and release of information regarding behavioral health patients, many of whom begin their care in a hospital's emergency department, a common area for law enforcement officers that might be equipped with body worn cameras. Similarly, there are certain victim and witness interviews that are often conducted within the healthcare facility by law enforcement officials such as sexual assaults, child abuse, and domestic violence cases that will create a potential conflict with existing rules due to the location of the interview and the relationship of the subject with the health provider. The presence of a person in a health care facility is often times enough to make the interaction with law enforcement problematic when it comes to what information can and cannot be shared, let alone recorded.

Specific legal requirements and procedural constituents should be identified and discussed in detail prior to implementation. By assembling a multidisciplinary team, including local police, risk management, legal services, human resources, compliance and privacy, etc., healthcare security professionals can research and potentially mitigate many of the prospective issues involved with the use of such technology on their campuses (Warren, B., 4 June 2015).

What does the United States' Health Insurance Portability and Accountability Act (HIPAA) state?

The HIPAA Privacy Law was published December 28, 2000 as a set of standards for the protection of certain health information. The HIPAA Law has many requirements as to who is allowed to view personal health information and who can receive this information. It addresses the use and disclosure of an individual's health information called "protected health information" and by the organizations called "covered entities," as well as an individual's privacy rights to understand and control how their health information is used.

The HIPAA Privacy Law also generalizes when it will be acceptable for individuals of a crime to disclose health information. Under "Law Enforcement Purposes," the organizations may disclose health information to law enforcement officials for purposes under six circumstances. (1) It is required by law under court order, warrant, subpoena, or administrative request. (2) To identify or locate a suspect, fugitive, witness, or missing person. (3) In response to a law enforcement officials request for information about a victim or suspected victim of a crime. (4) To alert law enforcement of a

person's death if caused by criminal activity. (5) When an organization believes the health information is evidence of a crime that has occurred on premise. (6) By a covered health care provider in a medical emergency not occurring on the premises when necessary to inform law enforcement about the commission and nature of a crime, location or the crime or crime victims, and perpetrator of the crime (OCR Privacy Rule Summary, May 2003).

Similar to the United States' HIPAA Privacy Law, the United Kingdom Data Protection Act and the Australian Privacy Law do not state the use of video and body camera use is a breach in confidentiality. In the event security officers in hospitals were to use body cameras, there is no rule in the law that states it is unacceptable to use body cameras in hospitals. Under the "Judicial and Administrative Proceedings," the law states that "covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal." This means that if the organization is subpoenaed, they must disclose protected health information in a court of law (OCR Privacy Rule Summary, May 2003).

Are their industry standards?

There are no set of universal industry standards for the use of body worn cameras. Some states require two-person consent before recording, and some allow video recording, but no audio. "Even if a healthcare organization or hospital has solid policies and procedures governing their own personnel and facilities, unless local law enforcement and others adopt similar supportive language in their policies, the potential for breaches of confidentiality through a third party use of BWC still exists (Warren, B., 4 June 2015)" Each department or facility must develop their own set of standards, roles and responsibilities, and policies and procedures to comply with state and federal requirements. (Ferrell, October 2013).

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