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Using BWV in Healthcare Settings



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Using BWV in Healthcare Settings

This publication provides a **Position Statement** on the operational use of BWV by staff and contractors authorised by healthcare organisations to use such equipment.

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1. Purpose

AEGIS Protective Services supports the appropriate use of Body-Worn Video (BWV) within healthcare where its use is lawful, necessary, proportionate and supported by appropriate organisational governance.

BWV may be used by Security Officers, clinical staff and other authorised healthcare personnel. This Position Statement establishes the principles that AEGIS considers should underpin its use.

AEGIS considers the principal value of BWV to be its ability to provide:

- **transparency of process;**
- **accountability;**
- **an independent contemporaneous evidential record;**
- **fair and timely investigation of incidents and complaints;** and
- **organisational learning and improvement.**

BWV may also influence behaviour and deter some incidents of violence, aggression or misconduct. However, AEGIS considers that deterrence should be regarded as **a potential additional benefit** and should not automatically be assumed to demonstrate that a person wearing BWV is at reduced risk of violence.

BWV should complement, and not replace, appropriate staffing, training, risk assessment, communication, de-escalation and other measures intended to prevent and manage violence and aggression.

2. Scope

This Position Statement applies to the operational use of BWV by staff and contractors authorised by healthcare organisations to use such equipment.

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For the purposes of this Position Statement, a **BWV User** means any employee, contractor or other person authorised by the healthcare organisation to operate an organisation-approved body-worn video system.

The principles apply irrespective of whether the BWV User performs a security, clinical or other healthcare role.

Individual organisations remain responsible for establishing the lawful basis, purposes, governance and operational procedures governing their use of BWV.

Where BWV is used in connection with CQC-regulated activities in England, the organisation's arrangements should also reflect the relevant requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly those concerning dignity and respect (Regulation 10), safe care and treatment (Regulation 12), safeguarding (Regulation 13) and good governance (Regulation 17).

3. Transparency of Process

AEGIS considers **transparency of process** to be a fundamental purpose of BWV within healthcare.

Properly used BWV provides a contemporaneous record of interactions and enables the subsequent actions and accounts of those involved to be considered against recorded evidence.

The presence of BWV should not be viewed simply as a means of gathering evidence against patients, visitors or members of the public. It also provides scrutiny of the conduct of the BWV User and other staff.

BWV should therefore be regarded as **a means of protecting all parties** and promoting confidence that significant interactions can subsequently be reviewed fairly and objectively.

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4. The Independent Evidential Witness

One of the principal benefits of BWV is its ability to act as an **independent and impartial evidential witness to proceedings**.

Subject to the limitations of the equipment, its positioning, field of view and audio capture, properly recorded BWV can provide important evidence of:

- the circumstances confronting staff;
- the behaviour and communications of those involved;
- attempts at communication and de-escalation;
- requests, explanations and warnings given;
- changes in behaviour and risk;
- decisions and actions taken by staff;
- the circumstances leading to physical intervention or use of force;
- the nature and duration of any intervention; and
- events immediately following the incident.

Such evidence can protect patients, visitors, staff and organisations by enabling subsequent accounts, allegations and complaints to be assessed against a contemporaneous record.

BWV may substantiate a legitimate complaint. Equally, it may demonstrate that an allegation against a member of staff is mistaken, misleading, unfounded or malicious.

BWV protects the integrity of the evidence, irrespective of whom that evidence ultimately supports.

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5. Early Activation

AEGIS considers **early activation to be fundamental to the effective use of BWV**.

BWV Users should activate their equipment at the earliest reasonable opportunity where circumstances indicate that an interaction is reasonably foreseeable as involving:

- violence or aggression;
- significant confrontation or behavioural escalation;
- threats or intimidation;
- physical intervention or restraint;
- the exercise of a legal power;
- circumstances reasonably likely to result in a significant complaint or allegation; or
- another significant event for which an objective contemporaneous record is justified.

BWV Users should not ordinarily wait until an incident has escalated or physical intervention has commenced before activating BWV.

Where Security Officers are deployed specifically in response to a reported incident of violence, aggression or significant confrontation, the circumstances giving rise to that deployment should ordinarily be regarded as an activation trigger.

For clinical or other staff already engaged with a patient or other person, activation should take place at the earliest reasonable opportunity once circumstances develop to the point that a significant incident is reasonably foreseeable.

The evidential value of BWV may be substantially reduced where only the latter stages of an incident are recorded.

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The purpose is not simply to record an intervention. It is to record the circumstances that explain why the intervention became necessary.

Early activation does not mean continuous or indiscriminate recording. BWV Users must understand both when recording is expected and when recording would be unnecessary or disproportionate.

6. Notification and Consent

BWV should ordinarily be used overtly and transparently.

Where reasonably practicable, the BWV User should inform the person concerned that recording is taking place and provide a brief explanation of its purpose.

AEGIS recommends that notification emphasises transparency and accountability rather than suggesting that the individual is being recorded because they are considered dangerous or suspected of wrongdoing.

A suitable notification may be:

> **"In accordance with Trust policy, I'm required to record this interaction. The recording helps ensure that I am polite, fair and reasonable in the way I deal with you."**

The purpose of this statement is to notify relevant persons that recording has commenced - not to seek their consent.

Notification that recording is taking place and consent to recording are separate concepts.

Consent is not a legal requirement for BWV recording where the organisation has a lawful basis for processing the recorded information.

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7. Exceptional Delay in Activation or Notification

The principles of early activation and transparency should not oblige a BWV User to take an action that they reasonably believe would create an immediate increased risk of harm.

Where the BWV User reasonably believes that making an immediate announcement of recording would be likely to seriously escalate the situation or increase the risk of harm, **recording may commence without immediate verbal notification**.

Notification should then be provided as soon as it is safe and reasonable to do so.

Exceptionally, activation itself may be delayed where the BWV User reasonably believes that the act of activating the equipment would be likely to seriously escalate the situation or create an immediate increased risk of harm.

BWV should be activated as soon as that risk has sufficiently reduced.

Where the circumstances require BWV to be activated, BWV Users should not delay, stop or avoid recording simply because a person objects to being recorded.

Where recording would ordinarily have been expected but BWV was not activated, or activation or notification was significantly delayed, the reason must be documented following the incident.

8. Recording the Whole Incident

Once BWV has been activated in response to a significant incident, there should be a presumption that recording continues until the interaction or circumstances giving rise to activation have concluded.

Recording should not ordinarily cease simply because the immediate confrontation appears to have subsided.

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The period immediately following an incident may provide important evidence concerning:

- the condition and behaviour of those involved;
- explanations provided by staff;
- medical assessment or assistance requested;
- statements made by those involved;
- the continuing justification for any restriction or restraint; and
- actions taken to bring the incident safely to a conclusion.

Any interruption or cessation of recording during an ongoing significant incident must be reported and explained by the BWV User following the incident.

9. Use of Force and Physical Intervention

Where physical intervention or use of force is reasonably foreseeable, BWV should, wherever possible, be activated **before force is used**.

Recording should ordinarily continue throughout the intervention and its immediate aftermath.

BWV may provide important evidence of:

- the circumstances confronting staff;
- attempts to avoid physical intervention;
- the decision-making preceding intervention;
- the force actually used;
- its duration;
- the behaviour of all parties during the intervention; and

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- the condition and treatment of the individual afterwards.

The existence of BWV does not itself justify the use of force and does not replace the requirement for staff to act lawfully, necessarily, proportionately and in accordance with applicable organisational procedures.

10. Privacy, Dignity and Sensitive Environments

Healthcare environments create particular privacy, confidentiality and dignity considerations. BWV Users must therefore remain conscious of the potentially intrusive nature of recording, particularly where patients are receiving treatment, are undressed, or are in locations where they would ordinarily have a heightened expectation of privacy.

However, the fact that an incident occurs in a sensitive or private environment is not, by itself, sufficient reason to delay, interrupt or cease recording where a significant incident is taking place and recording remains necessary and proportionate.

Where violence, aggression, restraint, use of force or another significant intervention is occurring, there may be a compelling need to maintain an objective record of the actions of everyone involved. In such circumstances, transparency, accountability, safeguarding and the evidential value of the recording must be balanced against the intrusion into privacy and dignity.

BWV Users should not automatically stop recording merely because an incident moves into a bedroom, bathroom, toilet, changing area or other sensitive location.

Where recording remains necessary, **the BWV User should continue recording while taking all reasonable steps to minimise unnecessary intrusion into the person's privacy and dignity without compromising safety or the integrity of the evidential record.**

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Such steps may include adjusting position or camera angle where this can safely be achieved, avoiding unnecessary recording of uninvolved persons, and ceasing recording as soon as the circumstances that justified recording have ended.

Particular consideration should be given to:

- toilets, bathrooms and changing areas;
- intimate care;
- clinical examinations and treatment;
- circumstances involving nudity;
- maternity and other particularly sensitive clinical environments;
- interactions involving children and young people; and
- circumstances in which people unrelated to the incident may be recorded.

The greater the intrusion into privacy and dignity, **the stronger the justification required for recording**.

However, privacy and dignity considerations should not be interpreted or applied in a manner that automatically prevents the recording of a serious incident where BWV is necessary to provide transparency, accountability, safeguarding or important evidence.

Audio-Only Recording

Where the BWV system provides an approved audio-only recording function, BWV Users may consider switching from audio and video recording to audio-only recording where:

- continued recording of the incident remains necessary; but
- continued video recording would result in a disproportionate intrusion into a person's privacy or dignity.

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The availability of audio-only recording may provide an appropriate means of maintaining a contemporaneous evidential record while reducing unnecessary intrusion.

However, BWV Users should not switch to audio-only recording where the visual record remains important to demonstrate what is taking place, including the actions of staff or others during a significant incident, physical intervention or use of force.

Where reasonably possible, other means of reducing unnecessary intrusion, such as repositioning the camera or avoiding unnecessary capture of intimate areas, should be considered before removing the visual element of the evidential record.

Any decision to switch from video to audio-only recording during an ongoing significant incident must be reported and explained by the BWV User following the incident.

11. Complaints and Allegations

AEGIS recognises the significant contribution BWV can make to the **prompt, fair and objective resolution of complaints**.

Without an objective recording, investigations may depend heavily upon competing accounts and recollections.

Where good-quality BWV captures the relevant interaction, investigators may be able to establish quickly what occurred.

This can enable legitimate concerns regarding staff conduct to be identified and addressed promptly.

Equally, where allegations against staff are mistaken, unfounded or malicious, BWV may enable those allegations to be resolved at the earliest reasonable opportunity.

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This can reduce the personal impact upon staff of prolonged uncertainty and the organisational resources required to investigate incidents where reliable contemporaneous evidence is available.

BWV should nevertheless be considered alongside other relevant evidence and should not automatically be regarded as providing a complete account of everything that occurred.

12. Written Accounts and Review of Footage

BWV complements rather than replaces written incident reporting.

Staff involved in significant incidents should continue to provide appropriate written accounts in accordance with organisational requirements.

Healthcare organisations should establish a clear procedure governing whether, when and in what circumstances staff may review BWV footage before completing an initial written account.

BWV Users do not have an automatic entitlement to view recordings simply because they made them. Access to recordings must only take place for an authorised purpose and in accordance with the organisation's established access and governance arrangements.

Such procedures should recognise both:

- the potential for footage to improve factual accuracy; and
- circumstances in which an investigator may require an individual's unaided recollection to be recorded before footage is viewed.

Access should therefore not be determined solely according to individual preference.

Where a BWV User has viewed footage before completing or supplementing an account, that fact should be appropriately recorded where relevant to the investigation.

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13. Identifying, Reporting and Preserving Footage

BWV Users have an important responsibility following an incident.

They should not simply upload or dock the device and assume that relevant footage will subsequently be identified by somebody else.

At the end of each shift, BWV Users must confirm whether they have made any recordings relating to an incident or significant interaction.

Where such recordings have been made, the BWV User must ensure that they are appropriately identified and categorised in accordance with organisational procedures and, where applicable, cross-referenced to the relevant incident report.

Recordings associated with significant incidents must be appropriately preserved in accordance with organisational procedures.

This must include footage potentially relevant to:

- violence, aggression or criminal offences;
- use of force or restraint;
- injury;
- safeguarding concerns;
- complaints or allegations;
- serious incidents;
- anticipated legal, regulatory or disciplinary proceedings; or
- another matter requiring investigation or review.

Where an incident meets the organisation’s criteria for BWV activation but no recording has been made, the BWV User must report and explain the reason.

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Every significant recording should be accounted for, and every significant incident that should have been recorded but was not should also be accounted for.

14. Governance and Evidential Integrity

Healthcare organisations using BWV must establish clear governance arrangements covering the entire lifecycle of recordings.

These should include:

- defined and documented purposes for recording (for example, to provide a transparent, objective and contemporaneous record of significant interactions and incidents; support accountability; provide evidence for the investigation and fair resolution of incidents, complaints and allegations; and, where appropriate, support criminal investigations, safeguarding, organisational learning and staff training);
- Data Protection Impact Assessment and appropriate privacy information;
- secure transfer and storage;
- categorisation;
- retention and deletion;
- preservation of evidential footage;
- access controls;
- audit trails;
- copying and export;
- disclosure;
- redaction where required;
- handling of individual information rights;

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- information security;
- management of data breaches; and
- appropriate organisational oversight and audit.

Regulatory Governance and Accountability

Where BWV is used in connection with CQC-regulated activities, its governance should form part of the healthcare organisation's wider arrangements for ensuring safe, effective and accountable care.

In particular, organisations should ensure that:

- responsibility for the authorisation, management and oversight of BWV is clearly assigned;
- BWV policies and operational procedures are consistent with applicable regulatory requirements concerning patient safety, dignity, privacy and safeguarding;
- the risks associated with BWV deployment, non-deployment and inappropriate use are appropriately assessed and managed;
- arrangements exist for monitoring compliance, identifying deficiencies and implementing corrective action;
- significant incidents, complaints and findings arising from BWV footage are considered within the organisation's established governance and assurance processes; and
- relevant findings and lessons are escalated to those responsible for organisational governance and improvement.

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These arrangements should support compliance with Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, alongside other applicable regulatory requirements.

The existence of a BWV policy or procedure should not, by itself, be regarded as demonstrating effective governance. Organisations should be able to provide evidence that their arrangements are implemented, monitored and reviewed in practice.

BWV recordings should only be captured and subsequently used for purposes that are lawful and compatible with the organisation's defined purposes for operating the system.

The organisation must maintain records of who has accessed, viewed, copied, exported or disclosed BWV recordings, including any disclosure to third parties.

It is essential that BWV Users and other unauthorised persons are not able to alter or delete BWV recordings. Deletion of recordings must only take place through the organisation's approved retention and disposal processes.

Retention periods should reflect the purposes for which recordings are held. Footage required for an investigation, complaint, criminal proceeding, civil claim, safeguarding matter or other legitimate purpose may require preservation beyond the organisation's routine deletion period.

15. Disclosure to Authorised Bodies

BWV may contain important evidence of criminal offences, safeguarding matters or other incidents requiring investigation by external authorities.

Healthcare organisations should maintain clear procedures enabling relevant footage to be identified, preserved and lawfully disclosed to police and other bodies entitled to receive it.

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Data-protection law should not be interpreted as imposing a blanket prohibition upon sharing BWV footage with police or other law-enforcement authorities.

Any disclosure must have an appropriate lawful basis and, where applicable, satisfy the additional requirements governing special-category or criminal-offence data.

Healthcare organisations should refer to the relevant provisions of the UK GDPR and Data Protection Act 2018, together with current Information Commissioner's Office (ICO) guidance on Special Category Data and Criminal Offence Data.

Disclosure should be **necessary and proportionate**, and only the information reasonably required for the relevant purpose should be provided.

Requests and disclosures must be appropriately documented.

Where footage may constitute evidence in criminal proceedings, it is essential that suitable arrangements are in place to preserve its integrity and provenance, and to maintain an appropriate audit trail.

16. Use of BWV for Organisational Learning

BWV footage can provide a valuable resource for **learning, reflective practice and organisational improvement**.

Subject to appropriate governance, footage may assist organisations in reviewing:

- communication and de-escalation;
- staff decision-making;
- management of violence and aggression;
- teamwork and coordination;
- use of force and restraint;

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- adherence to organisational procedures;
- examples of effective practice; and
- opportunities for improvement.

Review should not focus solely upon identifying mistakes.

Footage demonstrating effective communication, good decision-making, successful de-escalation or other examples of good practice can provide valuable learning for staff.

The use of footage for training or organisational learning is a secondary use of recorded information and must therefore be appropriately governed. Organisations should establish whether the proposed use is lawful and appropriate and what safeguards are required.

This may include restricted access, anonymisation, redaction or other measures appropriate to the circumstances.

Footage should never be accessed or shown merely for curiosity, entertainment or because an incident is considered interesting.

17. Training and Competence of BWV Users

BWV Users must receive appropriate training and demonstrate an understanding of:

- why BWV is used;
- its benefits and limitations;
- when recording is required;
- the importance of early activation;
- when recording may be unnecessary or inappropriate;

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- how and when to notify people that recording is taking place;
- the distinction between notification and consent;
- circumstances in which notification or activation may reasonably be delayed;
- privacy, confidentiality and dignity considerations;
- the importance of maintaining an effective camera position and, so far as reasonably practicable, ensuring that the camera remains directed towards the relevant interaction and is not obscured by clothing, equipment or other obstructions;
- the need, so far as reasonably practicable, to minimise unnecessary recording of individuals who are not directly involved in the incident;
- the importance of checking before deployment that the BWV is correctly positioned, unobstructed, sufficiently charged and operational;
- responsibilities during and following significant incidents;
- identification and preservation of significant recordings;
- the requirement to report and appropriately identify any incident-related BWV recordings made during the shift, including completion of any required end-of-shift declaration and cross-referencing of significant footage to the relevant incident report;
- the requirement to report and explain any failure to activate BWV, delayed activation, interruption or premature cessation of recording where recording would ordinarily have been required;
- organisational arrangements governing access and disclosure; and
- the consequences of inappropriate use.

Training must include realistic operational scenarios and must not be limited to instruction in the operation of the equipment.

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BWV User competence must be maintained and periodically assessed.

18. Police BWV in Mental Health Units

AEGIS recognises the specific statutory provisions applying when police attend mental health units in England.

Section 12 of the Mental Health Units (Use of Force) Act 2018 requires a police officer going into a mental health unit on duty to assist staff working in that unit to wear and operate a body camera **at all times when reasonably practicable**.

Healthcare organisations and staff should therefore understand that police recording in these circumstances may arise from a statutory requirement and should not routinely ask police officers to deactivate their BWV merely because they have entered a clinical environment.

Any particular privacy, dignity or operational concern should be addressed according to the circumstances and applicable legal and professional requirements.

19. Organisational Review and Assurance

Healthcare organisations using BWV must periodically review their use of the technology to ensure that it remains lawful, necessary, proportionate and effective for its stated purposes.

The organisation's periodic review of BWV must include consideration of:

- incident data;
- activation and non-activation;
- delayed activation;

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- interruptions or premature cessation of recording;
- complaints;
- use-of-force incidents;
- staff experience;
- patient and service-user experience;
- privacy and data-protection issues;
- access and disclosure;
- governance compliance;
- training and competence;
- technical performance; and
- lessons arising from footage review.

Where BWV has been introduced partly on the basis that it reduces violence or aggression, organisations should seek evidence from their own experience to determine whether that claimed benefit is actually being achieved.

The mere issue or wearing of BWV should not, without supporting evidence, be treated as demonstrating that the risk of violence to staff has been adequately controlled.

20. AEGIS Position

AEGIS supports the appropriate use of Body-Worn Video within healthcare as a means of promoting **transparency, accountability, evidential integrity, fair investigation and organisational learning**.

BWV should not be regarded simply as a camera worn by staff, nor should wearing BWV automatically be assumed to make the wearer safer from violence.

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Its effectiveness depends upon:

- why it is used;
- when it is activated;
- what it records;
- how completely it captures the relevant interaction; and
- how the resulting evidence is subsequently preserved, governed and used.

Therefore, healthcare organisations adopting BWV should ensure that:

- recording begins early enough to provide meaningful context;
- BWV Users understand that early activation is fundamental;
- people are informed about recording wherever reasonably practicable;
- notification is not confused with consent;
- safety takes precedence where immediate notification or activation would seriously increase the risk of harm;
- significant incidents are recorded as completely as circumstances reasonably permit;
- BWV provides scrutiny of staff conduct as well as evidence of the conduct of others;
- significant recordings are identified and preserved;
- recordings are securely governed and disclosed only for appropriate purposes;
- complaints and allegations can be investigated fairly and promptly;
- footage is used appropriately to support learning and improvement; and
- BWV complements rather than replaces effective measures for preventing and managing violence and aggression.

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The purpose of BWV should ultimately be to provide confidence to patients, staff and the public that significant interactions within healthcare can be subjected to fair, transparent and objective scrutiny.

21. References and Supporting Framework

This Position Statement should be read alongside applicable legislation, regulatory guidance and organisational policy, including, where relevant:

1) UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018, as amended.

2) Data (Use and Access) Act 2025, including provisions affecting the UK data-protection framework.

3) Information Commissioner's Office (ICO): Guidance on Video Surveillance, including guidance relating specifically to Body-Worn Video.

4) Information Commissioner's Office (ICO): Data Sharing Guidance, including guidance on sharing personal information with law-enforcement authorities.

5) Information Commissioner's Office (ICO): Special Category Data Guidance, including the requirements relating to Article 9 UK GDPR and, where applicable, Schedule 1 of the Data Protection Act 2018.

6) Information Commissioner's Office (ICO): Criminal Offence Data Guidance, including the requirements relating to Article 10 UK GDPR and Schedule 1 of the Data Protection Act 2018.

7) Protection of Freedoms Act 2012 and applicable provisions and guidance concerning surveillance camera systems.

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8) Mental Health Units (Use of Force) Act 2018, particularly section 12 concerning police use of body-worn cameras in mental health units.

9) Mental Health Units (Use of Force) Act 2018: Statutory Guidance for NHS Organisations in England and Police Forces in England and Wales.

10) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as amended, and associated Care Quality Commission (CQC) guidance, particularly:

- Regulation 10 – Dignity and respect.
- Regulation 12 – Safe care and treatment.
- Regulation 13 – Safeguarding service users from abuse and improper treatment.
- Regulation 17 – Good governance.

These requirements are relevant to the governance, operational use and oversight of BWV where its use forms part of, or affects, CQC-regulated activities.

11) Applicable organisational documentation, including privacy notices, Data Protection Impact Assessments, BWV policies and procedures, incident-management procedures and information-governance requirements.

AEGIS recommends that organisations periodically review their BWV arrangements against current legislation and regulatory guidance, recognising that the legal and regulatory framework governing surveillance and data protection continues to develop.

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More Information

I hope you find the information above useful. If you would like to discuss it or any aspect of Healthcare Security, please don't hesitate to contact me:



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