

Policy Statement

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Audiovisual Recording in the Emergency Department

Revised June 2019 with current title

Revised January 2017 titled "Recording Devices in the Emergency Department"

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Audiovisual Recording in the Emergency Department



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ACEP believes that in emergency department (ED) patient-care areas, patients and staff have a reasonable expectation of privacy. Because audiovisual recordings made without explicit consent may compromise their privacy and confidentiality, such recordings should not be permitted, particularly when they contain personally identifiable information. Consent should be obtained prospectively from ED staff, patients, and the surrogates of patients without decisionmaking capacity, such as minors or those undergoing resuscitative procedures. Time-sensitive recordings of patients without decisionmaking capacity and no available surrogate may sometimes be made, but individuals making the recordings must later obtain patient or surrogate consent to retain or use those recordings. Emergency physicians and physician organizations should promote the adoption of consistent national and local policies to protect ED patient privacy and confidentiality.

In addition, ACEP believes the following:

- Recording encompasses producing still images, audio files, or audiovisual materials. They can be made using both organizationally and personally owned equipment and devices, including cell telephones.
- Recording ED staff or patients should be a deliberate decision. Use of always-on recording devices, whether by hospital personnel, law enforcement officers, or other persons, should be regulated and restricted to areas in

which patient care is not occurring and there is no reasonable expectation of privacy and confidentiality.

- Emergency medicine professional organizations should work within their states with other medical organizations, law enforcement, hospitals, patient advocacy groups, legislators, and other public officials to generate legal restrictions to body camera use in the ED.
- Health care institutions should provide Health Insurance Portability and Accountability Act (HIPAA)-compliant methods to store and transmit health-care-sensitive recordings securely.
- Health care organizations and institutions should recognize that HIPAA-compliant audiovisual materials may benefit patients. They should promote the creation and use of audiovisual educational materials to help patients understand and recall vital parts of their ED experience and discharge instructions.
- Health care organizations and institutions should recognize the increasing value of and encourage the use of recordings for professional publication, education, research, and quality assurance or quality improvement when they are made with ethically and legally appropriate patient and staff safeguards. Images that cannot be linked to a patient (eg, deidentified radiographic/magnetic resonance/computed tomographic/ultrasonographic images, pathology specimens, restricted areas of the body) may not fall under these constraints.
- Clinicians recording patients in international settings should be guided by the same ethical norms as they are in their home country.

- Health care institutions and departments should establish protocols that include both procedures for obtaining consent to record and publish (print or electronic) images and appropriate disciplinary measures for staff who violate them.
- Health care institution security services may, with proper HIPAA safeguards, use audiovisual recordings to enhance patient and staff safety, including in hallways used for patient overflow. Use of privacy screens is encouraged. Only authorized personnel should have access to these recordings.
- EDs and institutions should publicly post their rules governing ED recordings, including a ban on surreptitious or unconsented recordings by any person.
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