



Approved June 2019

Audiovisual Recording in the Emergency Department

Revised June 2019 with
current title

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

Originally approved
April 2011

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 from the surrogates of patients without decision making capacity, such as minors or those undergoing resuscitative procedures. Time-sensitive recordings of patients without decision-making capacity and no available surrogate may sometimes be made, but those making the recordings must later obtain patient or surrogate consent to retain or use those recordings. Emergency physicians (EPs) and physician organizations should promote the adoption of consistent national and local policies to protect ED patient privacy and confidentiality.

In addition, ACEP believes that

- Recording encompasses producing still images, audio files, or audiovisual materials. They can be made using both organizationally and personally owned equipment and devices including cellphones.
- 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 expectations 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.
- Healthcare institutions should provide HIPAA-compliant methods to store and transmit healthcare-sensitive recordings securely.
- Healthcare 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.

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- Healthcare organizations and institutions should recognize the growing value of and encourage the use of *recordings for professional* publication, education, research, and quality assurance/quality improvement when they are made with ethically and legally appropriate patient and staff safeguards. Images that cannot be linked to a patient, e.g., de-identified radiographic/MR/CT/ultrasound images, pathology specimens, or 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.
 - Healthcare 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.
 - Healthcare 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.