

Photographs in Medication Administration Policy (Replaces Policy No. TP/CL/016 V.5)

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EXECUTIVE SPONSOR	Chief Medical Officer (Caldicott Guardian)
POLICY AUTHORS	Chief Pharmacist Associate Director of Nursing Standards and Safety Deputy Director of Social Work – Principal Social Worker

KEY POLICY ISSUES:

- This Policy exists to safely identify patients to support a reduction in medication errors occurring as a result of mis-identification.
- Unless in Forensic Service, patients will be able to decline to have their photograph taken.
- Only one printed photograph per drug chart of the patient may be taken. If the photograph is to be uploaded to Carenotes it must be done immediately, with the digital image on the camera or device being destroyed.
- On discharge or if another photograph is needed, the original printed photograph(s) will be given to the patient or destroyed in their presence. A digital photograph will still remain on their Carenotes record.

If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Office on 01903 843041 or email:
[**policies@sussexpartnership.nhs.uk**](mailto:policies@sussexpartnership.nhs.uk)

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Using Photographs in Medication Administration Policy

1.0 Introduction

The use of patient photographs in mental health is widespread to reduce medication errors due to misidentification.

As taking a photograph is an intrusion of privacy, this Policy sets out essential governance to ensure a consistently acceptable approach.

The term “patient” has been used throughout this document, but equally refers to service users and clients.

1.1 Purpose of policy

Medication errors can have serious consequences for patient care. One of the high-risk errors is to administer medication to the wrong patient. This risk is significantly increased when patients with similar names are on a ward or temporary staff who are unfamiliar with the ward or unit, are employed. Unlike acute hospitals, where patient name tags are used, mental health and learning disability inpatient and residential units have avoided using them to reduce institutionalization. An alternative approach to reducing the risks of misidentification is to have a photograph of the individual on the patient’s drug chart.

1.2 Scope of Policy

This Trust-wide policy applies to photographs taken specifically for the purposes of reducing the risk of a medication error.

1.3 Principles

- 1.3.1 Taking and using a patient’s photograph constitutes an invasion of privacy and it so should only be undertaken with the patient’s informed consent.
- 1.3.2 In the case of patients who are capable of giving informed consent, explicit informed consent is necessary before the photograph is taken and refusal of consent must be respected.
- 1.3.3 It must be made clear to the patient that, while the Trust regards this Policy as potentially beneficial in the delivery of high-quality care, it is not a prerequisite to receiving care. Failure to explain this may render any consent given invalid and lay the Trust open to challenge on the issue of failure to respect human rights.
- 1.3.4 In the case of patient’s who lack capacity to give informed consent then the procedure for making “Best Interests” decisions laid down in the code of practice to the Mental Capacity Act 2005 should be followed in deciding whether to take a photograph.
- 1.3.5 The purpose of this Policy is to provide a photographic means of identification to avoid medication errors.

2. Policy Statement

The Trust is committed to delivering the safest possible services. The use of patient photographs in mental health is used in medication administration to minimise the risk of misidentification leading to a medication error.

3. Duties

Chief Executive Officer

To ensure a fit for purpose Policy, based on best practice, is in place and reviewed every two years or sooner if predicated by learning or legislative change.

Chief Medical Officer

As Caldicott Guardian to ensure that personal information is used legally, ethically and appropriately, and that confidentiality is maintained.

Chief Pharmacist

To ensure the Policy is referenced to national best practice. To ensure Pharmacy staff are working with clinical colleagues to implement the Policy.

Deputy Director of Social Work – Principal Social Worker

To ensure the Policy is consistent with mental health law including the Mental Health Act 1983/2007 and the Mental Capacity Act 2005.

Clinical Operational Managers

To ensure consistent implementation of the Policy across all inpatient facilities; delegated through the matrons.

4. Procedure

- 4.1 Individual patients must always have the reason for taking their photograph explained to them. It is advised that the member of staff who undertakes the consent conversation with the patient should be appropriately qualified, have a good understanding of the Mental Capacity Act in daily practice and has completed their mandatory Mental Capacity Act training.
- 4.2 Unless they are a forensic inpatient, where for security reasons there is a compulsory requirement, they will have the right to refuse. They will also have the right to have their photograph returned to them at a later date should they change their mind after originally giving their consent. If a patient refuses to have their photograph taken, a dated note detailing this must be made on the front of each drug chart, and in their Carenotes record.
- 4.3 Only one printed photograph per drug chart of the patient may be taken. If the photograph is to be uploaded to Carenotes it must be done immediately, with the digital image on the camera or device being destroyed in the presence of the patient so that no additional prints can be made.
- 4.4 The photograph will be stapled to the front of each of the drug charts in the box provided and will subsequently be transferred to the replacement chart each time it is rewritten. In Secure and Forensic inpatient units, a large

laminated photograph of the single image may be stored within the patient's medication folder.

- 4.5 When a drug chart is required to be photocopied in order to be emailed to the Pharmacy Department for medication dispensing, ward or unit staff will ensure that the photograph is obscured before photocopying it so that no duplicate images can be produced.
- 4.6 The printed photograph will be returned to the patient upon discharge by the nurse involved in the discharge process, or will be destroyed in their presence if preferred. A digital photograph will still remain on their Carenotes record.
- 4.7 Any patient who significantly changes their appearance whilst an inpatient (e.g. removal of beard) should have a new photograph taken, the old photograph must be destroyed or returned to them. Consent will need to be given again prior to a new photograph being taken.
- 4.8 A patient may request to have a new photograph taken and this request should be respected. The old photograph should be destroyed or returned to them.
- 4.9 A patient may indicate at any point that they wish to change his or her gender. At this point it should be discussed with them when they would like a new photograph. The patient doesn't need to be under medical supervision for gender reassignment when they make this choice. Their care team should be supportive of these decisions.
- 4.10 The photograph will not be used for any other uses except identifying the patient at the time of medication administration. The photograph will be on the patient's drug chart and it will be considered to be the patient's property.
- 4.11 All patients will be given a leaflet explaining the reasons for the photograph and reassuring them that the decision as to the disposal of the photograph upon discharge will be theirs (see Appendix 1 for leaflet).
- 4.12 Staff must ensure that patients who consent to their photograph being taken for medication purposes are truly giving their informed consent and not merely acquiescing to a request. This means that the patient is able to demonstrate that they understand the information given to them and can articulate back their reasons for agreement or refusal.
- 4.13 The principles of this Policy apply to all care groups including children and young people; the Children and Young People Consent Policy; <https://policies.sussexpartnership.nhs.uk/mental-health-act-and-mental-capacity-act-policies/540-chyps-consent-policy> should be cross referenced considering consent the policy and parental responsibility as per the Children Act (1989). The Capacity Act is applicable for those aged 16/17 years and over.
- 4.14 **Rights of Refusal and Freedom of Religion**
Other than in Secure and Forensic units, where the process is compulsory, all patients have the right to refuse, although they should be encouraged to comply with this Policy. However, patients must not be coerced or

pressurised to comply and the discussion and decision should be recorded in the patient's Carenotes. People may refuse to have a photograph taken for religious purposes, for example some Amish people believe that it violates the Ten Commandments. These beliefs should be respected and cultural sensitivity shown within photography where a person for religious reasons refuses to remove items of religious dress (e.g. head scarves) or requires the photographer to be the same gender.

4.15 Patients Lacking Capacity

Where there is a reason to doubt a patient's capacity to consent to their photograph being taken, a capacity assessment should be undertaken using the Capacity assessment form on Carenotes (assessments tab). This capacity assessment form will guide staff through the assessment process. If a patient is assessed as lacking capacity to make this decision, staff should consider whether the decision can be made at a later date where the patient may regain capacity to make this decision. If the decision cannot be delayed or there is no prospect of the patient regaining capacity to make this decision, a 'Best interests' decision should be made by either a doctor or senior nurse. This must be in accordance with the Mental Capacity Act and again fully documented in patient's Carenotes. The capacity assessment form provides guidance on how a 'Best interests' decision should be documented and who should be consulted.

5.0 Development, Consultation and Ratification

Original consultation:

- Acute Care Forum
 - A number of Patient Groups were asked to comment
 - Drugs and Therapeutics Group
-
- The first version was updated twice in quick succession following feedback once implemented between February 2008 and November 2008.
 - Reviewed December 2012 and July 2015 and ratified via CPF.
 - Reviewed July 2017 by the matrons and Deputy Director of Social Work – Principal Social Worker. The Deputy Director and General Manager of Forensic Health Care Service were consulted before ratification by the CPF.
 - Reviewed July 2020, a decision was made to remove using the photograph for the secondary purpose of assisting Sussex Police in the prompt identification of a patient who had left the care of SPFT without authorisation and as a result posed a risk to themselves, or the public. This will be managed under the remit of a separate Policy.

6.0 Equality and Human Rights Impact Assessment (EHRIA)

This Policy has been equality impact assessed in accordance with the Trust's Policy for the development and management of procedural documents.

7.0 Monitoring Compliance and Effectiveness

Reported medication errors relating to medicines administered to the wrong patient will be reviewed against Policy implementation.

8.0 Dissemination and Implementation of Policy

This Policy will be uploaded onto the Trust website by the Governance Support Team. Publication will be announced via the Drugs and Therapeutics Newsletter to all staff.

9.0 Document Control including Archive Arrangements

It will be the responsibility of the sponsor and the author of this Policy document to ensure that it is kept up to date with any changes to legislation, national or local Policy. This Policy will be managed in accordance with the organisation wide Policy for the development and management of procedural document(034/2008/Corporate). The Governance Support team will be responsible for archiving early versions.

10.0 Cross Reference

This policy must be read in conjunction with the Trust's Patient Identification Policy.

Information leaflet and consent or decision form for the photographing of inpatients to reduce the risk of medication errors

It is this Trust's Policy that all patients admitted to our inpatient units are ideally photographed. The reason for this is to reduce the risk of medication errors caused by patients being wrongly identified.

While we recommend that all in-patients have their photograph taken you have the right to refuse and your refusal will not affect your care in any way. You can also change your mind at a later date and have the photograph destroyed or have a new photograph taken to replace the original at a later date.

Only one printed photograph per drug chart will be in existence at any one time. The photograph will be taken with a digital camera and will be printed immediately. The photograph may be uploaded onto Carenotes to help with identification, however the digital image will be immediately deleted from the camera's memory in your presence so that no additional prints can be made.

Upon discharge from the unit the printed photograph(s) will be returned to you or destroyed in your presence. A digital photograph will remain in your Carenotes record, however no digital image will be saved to the camera or device used.

We appreciate your co-operation with this Policy and reassure you that the photograph will only be used for the reasons above and not for any other purpose. Should you be unhappy about the need to have your photograph taken, or wish to refuse, please talk to your Primary Nurse who will explain the reasons to you in more depth.

Thank you for your co-operation.

PHOTOGRAPHING OF INPATIENTS CONSENT OR DECISION FORM

Patient Name.....

Date of Birth.....

Ward / Unit.....

Patient has the capacity to consent

The Policy on Photographs in Medication Administration has been explained to me by:

Staff member's name.....

Position..... Ward.....

Consent to photograph being used in relation to medication

I confirm that I understand the risks and benefits of this Policy.

I AGREE / DO NOT AGREE* to my photograph being taken and used to ensure the safe administration of medication (**delete as appropriate*)

I understand that I have the right to change my decision at any time.

Signed (patient).....

Date.....

Witnessed by (staff)

Staff Signature

Note to staff member - where you believe the patient lacks capacity to make the decision, please refer to a doctor or senior nurse (see paragraph 4.15 of the Policy).