

National Wound Care Strategy Programme

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Practical Recommendations for the use of Digital Images in Wound Care

Contents

Executive Summary.....	1
Background	2
Scope of the Recommendations.....	2
Principles underpinning these recommendations.....	3
Section 1	
Key points to consider for Standard Operating Procedures for digital wound imaging	4
Clinical indications for use of digital images	4
Informed Consent	4
Privacy & Dignity.....	4
Safeguarding Issues	5
Infection Prevention.....	5
Preparation	6
Positioning.....	6
Surroundings and Lighting	6
Capturing the image	7
File Management	9
Staff Training	9
Quality Improvement	9
Section 2	
Simplified Step-by-Step recommendations for taking images.....	10
Thanks and Acknowledgements	11
Further Guidance	12
Reference list	13
Policies	14
Appendix.....	15



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Executive Summary

The aims of these recommendations are to promote and standardise the practice of taking and using wound images, to promote adequate mechanisms for safeguarding and quality control and to encourage the use of digital wound images to support learning. This document provides practical advice to support the development of local Standard Operating Procedures for digital imaging of wounds that are informed by local Information Governance policies and current legislative advice.

The intended audience for these recommendations is health and care professionals across all care settings where digital wound images are used.

Key points

1. Digital imaging must only happen if the subject gives valid (voluntary, informed, capacity to make the decision) consent.
2. Matters of privacy, dignity and safeguarding should be practiced in accordance with existing organisational standards and professional governing bodies' principles.
3. Information Governance and Safeguarding policies, in line with NHS digital guidelines, should cover the legal frameworks relevant to digital imaging and be in place for all clinical services that provide wound care.
4. Digital imaging by health and care professionals should only be undertaken using devices and digital systems approved by the health and care professional's organisation for that purpose. Where possible, devices used to capture digital wound images should be encrypted.
5. Images should be sharp, clear and well-formatted (centred, at an appropriate angle) free of extraneous detail and with a plain background.

Background

The National Wound Care Strategy Programme (NWCSP) aims to improve wound care in England by reducing unnecessary variation, improving safety, and optimising patient experience and outcomes. High quality wound assessment (cause, observations, potential barriers to healing and treatment objectives) is key to achieving this vision.

The use of digital images as part of wound care assessment and evaluation can help improve clinical outcomes, staff experience and efficiency. Digital images are more accurate than written notes or memory for recording healing progress and guiding care decisions. Used appropriately, high quality digital images can improve cross-sector working and facilitate new models of care and reporting to drive efficiencies. Digital images are also helpful in arbitration or litigation and future innovations such as the possibility of machine learning and artificial intelligence.

In practice, the use of digital imaging is not yet part of standard care. There are often delays or inefficiencies in obtaining and using images within and between teams, services and service users. Variation in practice and low levels of implementation are evident: a baseline observational audit found that less than 20% of home visits and less than 6% of GP surgery visits included digital imaging in wound assessment¹.

In secondary care, clinicians are often required to refer to a medical photography service for wound imaging². Clinicians report lack of equipment³ and issues with the quality of digital images uploaded to electronic patient records². Although there is evidence that shared wound images benefit patients and patients broadly welcome the use of digital imaging, there are few examples of patient involvement in digital imaging and those that exist are relatively small scale and focused within specialisms⁴⁻⁶. Overall, only 2% of patients report digitally enabled interactions with the NHS⁷.

These recommendations seek to promote and standardise the practice of taking and using digital wound images and support the development of robust mechanisms for safeguarding and quality control. These recommendations were drafted by the National Wound Care Strategy Programme Digital, Data and Information Workstream, drawing on existing quality standards, local policies and expert input and were developed in consultation with the NWCSP Stakeholder Forums. The aim of this document is to provide practical advice to support the development of local Standard Operating Procedures for digital imaging of wounds that are informed by local Information Governance policies and current legislative advice.

Scope of the Recommendations

These recommendations cover the use of digital images for wounds in people of all ages, receiving care in all settings (including primary, secondary and community care) and are intended for patients and carers, and health and care professionals (paid or unpaid) who wish to use digital wound images.

The recommendations only relate to digital wound imaging (also known as medical wound photography) and excludes other types of medical /biological radiological imaging.

These recommendations are intended to cover image capture for general wound care only.

The recommendations do not cover wider related topics such as full wound assessment, referral and/or escalation processes, photography equipment or IT systems.

Principles underpinning these recommendations

1. All clinical services that care for people with wounds must have Information Governance and Safeguarding policies in place that enable staff to take and use wound digital images 24 hours a day.
 - Local Information Governance policies (or other relevant policies) should cover:
 - The legal frameworks governing the use of personal and confidential data and governance requirements (data protection, data processing, image security and access, including deleting, archiving and retrieval).
 - Secure methods for receiving, uploading, deleting, storing, archiving and retrieving images submitted by patients/service users.
 - A Local Equality Impact Assessment should accompany this as standard.
2. Key clinical staff should be involved in the development of local digital imaging Standard Operating Procedures (SOPs) and ongoing monitoring of adherence.
3. Clinicians undertaking digital imaging of wounds should have access to education on digital imaging.
4. Digital imaging should be a routine part of wound documentation to complement and support the clinical data recorded in the patient's electronic data record (which should include the minimum data set for wounds along with the patient's DOB, NHS Number, medical record details, date of image, type, and location of the wound).
5. Digital imaging by health and care professionals should only be undertaken using devices and digital systems approved by the health and care professional's organisation for that purpose. Where possible, devices used to capture digital wound images should be encrypted. Clinicians should not use private smart phones or other private devices to undertake digital imaging.
6. If patients are being asked to submit images, the local Standard Operating Procedure should refer to what information patients/carers will receive about:
 - How the image is sent.
 - How the image will be used to support care.
 - What information the patient may expect to receive following submission of an image and
 - the limitations of an image compared to a face-to-face examination.

The recommendations are intended to be a practical resource.

Section 1 provides a list of key points to consider for digital imaging and should be used with the local Information Governance (IG) policy to develop Standard Operating Procedures (SOPs).

Section 2 provides step-by-step guides for taking wound images in practice.

Section 1: Key points to consider for Standard Operating Procedures for digital wound imaging

The key points listed in this section should be used with local Information Governance policy when developing Standard Operating Procedures for digital imaging of wounds.

Clinical indications for use of digital images

The need for and frequency of digital imaging will depend on local policy combined with clinical judgement. Digital images should only be taken if necessary, for care. This is particularly relevant if the wound is located on or close to a private and personal part of the body.

The following are suggested indications for digital imaging:

- As part of initial wound assessment.
- To monitor for healing progress.
- To confirm healing (usually as part of a research study).
- On transfer to another health or care provider service to support interdisciplinary care.
- To record notable changes which could have implications for treatment (e.g., Category 1 pressure damage, wound improvement, deterioration, pre-or post-debridement).
- Prior to starting new treatment.
- To support remote assessment and care.
- As part of documentation for safeguarding, incident reporting, or pressure ulcer incidence and prevalence surveillance.
- As part of a strategy for surgical site infection surveillance.
- To support patient engagement strategies (e.g. to allow a patient to see a wound and/or to enable self-monitoring of healing).
- To support education for patients, carers and clinicians.
- Medico-legal purposes.

Digital imaging should be a standard part of wound assessment but not undertaken so frequently that it places unnecessary burden on patients/carers or health and care professionals.

Digital images should be recorded as part of the wound dressing procedure before a dressing is applied or after a dressing is removed. Removing a dressing for the sole purpose of taking an image should be avoided.

Informed Consent

It is the responsibility of the individual taking the digital image to ensure that informed consent is obtained for digital imaging that includes where and how the images will be used.

The process of recording consent should follow the consent policy of the health or care professional's employing organisation. Verbal consent is acceptable if the image is part of the patient's treatment or care record but should be documented in the patient's clinical record. Consent must be obtained from the person themselves but if a person does not have the capacity to decide about their treatment and they have not appointed a lasting power of attorney (LPA), digital imaging can happen if the healthcare professionals believe it is in the person's best interests. Clinicians must take reasonable steps to discuss the situation with the person's friends or relatives before making these decisions. More information about consent (including mental capacity) can be found at www.nhs.uk/conditions/consent-to-treatment. The process of seeking consent for children/ minors should follow the consent policy of the health or care professional's employing organisation. More information can be found at www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years.

Consent should be recorded in the person's record.

If the digital image is for a purpose other than the person's treatment or care (e.g., education or publication as part of an academic paper) written consent must be obtained for that specific purpose. If necessary, such consent forms should be locally developed as part of the wider organisation's consent policy, include patient information, take account of language barriers, and be approved through the organisation's governance arrangements. Signed consent should be stored in the person's record, or transferred to the electronic patient record (EPR) (or similar), as appropriate and the person should receive a copy.

An example consent form is provided in [Appendix 1](#).

Privacy & Dignity

Privacy and dignity should be always protected and matters of privacy and dignity should be practiced in accordance with existing organisational standards and professional governing bodies' principles. The patient should be afforded privacy throughout and care must be sensitive to and respectful of dignity, ethnicity and religious beliefs.

- Where possible, cover private and personal body parts (e.g., genitals, breasts) and identifiable features (such as face, tattoos, or birthmarks) and consider editing/cropping of image where this is not possible. Care should be taken to ensure that any editing does not render the image unfit for purpose.
- The area surrounding the focus of the image should be clean (unless this information is needed for legal or safeguarding purposes).
- Identification information should be restricted to patient initials or NHS number, rather than name.
- The offer and use of a chaperone (or companion present) should be offered where possible and documented.

Safeguarding Issues

Digital imaging may identify a safeguarding issue of concern. Local safeguarding policies should include guidance and mechanisms to enable such concerns to be reported and actioned.

There should be a clear process and defined responsibilities in place to regularly monitor the content of images.

Infection Prevention

- All digital imaging equipment used by health and care professionals must be provided/approved and maintained in line with organisation policy and guidance.
- The decision as to whether personal protective equipment is necessary should be considered.
- In addition to usual hand hygiene for wound care, hand decontamination should be performed before accessing the device and after completing wound image capture^{8,9}.
- Potentially contaminated items (e.g., non-sterile patient labels, stickers, packaging, or paper, wound measures/rulers) should be kept away from an open wound.
- During image capture, avoid physical contact with the patient and prevent the camera or device from coming into contact with the wound or other potential sources of infection.
- Ensure that each image has a clear, unique identifier, that includes the patient's ID, date and wound site, captured within the image either automatically using the device technology or written on the scale measure or similar.
- After use, the device used for image capture should be decontaminated in line with manufacturer's guidance.



Figure 1: Example of single use measure

Preparation

- Before starting, ensure everything necessary is to hand and if assistance is needed, help is available.
- Ensure the imaging device is functioning correctly and has sufficient power and storage capacity/ memory.
- Remove the dressing and cleanse the wound, surrounding skin and any skin or clothing that will be visible in the digital image (unless this is needed for legal or safeguarding purposes).

Positioning

- Where possible, move the camera or the device, rather than the patient.
- As needed, the patient should be helped into a neutral position which they can comfortably hold. It may be necessary to seek additional assistance from another professional or carer or to separate skin folds to fully view the wound.
- When taking subsequent images, seek to replicate the same positioning, surroundings, and lighting of the original image.

Surroundings and Lighting

- Where possible, use an uncluttered pale or neutral background (ideally non-reflective and neutral grey, or surgical drape or sterile sheet)¹⁰ with no personal identifying items or other people visible.
- Ambient (natural) light is ideally used. Avoid extremes of light or dark and minimise shadows.
- If flash is used, document its use.



Figure 2 Background should be clutter free.



Capturing the image

Focus

- The wound should be photographed from a parallel plane (i.e., straight in front of the wound). Most devices will facilitate auto-focus.
- Hold the device still (avoiding talking or movement) as it adjusts, and the image becomes clear. Hold the device still for a few seconds after capturing the image to maximise focus stability. Check clarity of image before saving.



Figure 3 Ensure image is sharp and well-focused.

Frame

- An image of the wound plus an image of the site of the wound (e.g., arm, leg) is recommended to aid clinical description.
- Before taking the picture, review the frame and remove anything that is not wanted or detracts from the wound, such as jewellery, hair, clothing.

Figure 4 Move distracting items.



- Ideally frame the wound with a single colour to minimise contrast and distractions. Ensure the area of interest in the centre of the image and an appropriate angle is used.
- There is no recommended standard set of clinical views (perspectives) as this will depend on the type, location and clinical requirement for the image.
- Generally, in a close-up, the wound bed fills the frame and shows the wound margins (approximately 30cm from the wound base) and regional shot would capture the entire body part (approximately one metre).
- A surgical marker may be useful to indicate the position of small wounds.

Figure 5: Images at different angles are useful for raised lesions.



Figure 7: Regional or overall shot, close up and with measure.



Figure 6 Ensure area is at the centre of the image (with appropriate angle).



Centred with correct angle



Not centred



Not centred

Scale

- For devices without inbuilt measurement scales, use a well-contrasted marker such as single use, disposable metric self-adhesive measurement tool (non-reflective, not glossy) which can be placed close to the wound edge to indicate scale.
- It is recommended that variations in skin tones are accounted for by using a scale with a colour control patch or spectrum. Single use Munsell colour charts have been used for this purpose¹¹.
- To assist focus, the measurement tool should be placed on the same focal plane as the skin (parallel to the frame of the image), taking care to keep the measurement tool taut and without distortion.

Consistency

Where possible, the same environment/light source, the same equipment and position for the same patient should be used for the continuity of image resolution and clarity. This includes consistency in magnification (zoom) angle. (It helps if the wound assessment describes the wound in relation to a clock face to ensure that measurements are always consistent). Distance, rotation and height from the wound and lighting should be noted in the clinical record.

Editing

- Editing should be restricted to crop and rotate functions only. Do not edit the sharpness, contrast, or correct the brightness of the image. If this cannot be avoided, it should be performed on a copy of the original.
- The original unprocessed image should remain available for auditing.
- Clear labels should be used to identify original and edited versions.

File Management

These recommendations recognise that local Information Governance policies must ensure compliance with associated legislation, such as the Caldicott Report 1997 and Data Protection Act 1998. Digital image management and storage should be in line with national guidelines for health records.

- All images should be dated, logged and stored using a clear and secure system to enable quick identification and location of images.
- Digital images should be uploaded as soon as possible and linked to the patient's electronic clinical record.
- Digital images should always be accompanied by an electronic minimum data set (including date of birth, NHS Number, date of digital image, type and location of the wound).
- Once images have been uploaded to the clinical record, they should be deleted from the device.
- Digital images should not be uploaded or shared on any medium other than patients' electronic clinical record unless specific consent has been given for that particular use.

Local Standard Operating Procedures (SOPs) or guidelines should be in place and cover file management information, including:

- Advice on the key data points that should be included to enable an audit trail.
- The process to cover deleting or discarding images (duplicates, no ID or poor-quality).
- Contingency planning should equipment and/or systems be unavailable.

Staff Training

It is the responsibility of the employing organisation to ensure the provision of training for staff required to undertake digital imaging.

Quality Improvement

The quality of digital imaging should be monitored as part of the monitoring of the quality of clinical record keeping.

Section 2: Simplified recommendations for taking images

Step-by-step for healthcare workers to take digital wound images.

Follow the processes outlined in your local Standard Operating Procedures (SOP) and local Information Governance policies.

Preparation for taking images of wounds

- 1 Explain to the patient why you wish to take a digital image and seek their verbal consent. Document consent in their notes.
- 2 Before starting, ensure everything necessary is to hand and if assistance is needed, there are sufficient staff.
- 3 Ensure the imaging device is functioning correctly and has sufficient power and storage capacity/memory.
- 4 Make sure the patient is in a comfortable position, with the entire wound visible but private and personal body parts (e.g., genitals, breasts) and identifiable features (such as face, tattoos, or birthmarks) covered. (If there are previous images, seek to replicate the previous position).
- 5 Where possible, use an uncluttered pale or neutral background (ideally non-reflective and neutral grey, or surgical drape or sterile sheet) (with no personal identifying items or other people visible. Ambient (natural) light is ideal. Avoid extremes of light or dark and minimise shadows. If flash is used, document use.
- 6 Clean your hands, remove the dressing, and cleanse the wound, surrounding skin and any skin or clothing that will be visible in the digital image (unless this is needed for legal or safeguarding purposes).
- 7 Decide how many images will be needed. (The recommended minimum is an image of the wound plus an image of the site of the wound e.g., leg, abdomen).

Instructions for taking images of wounds

- 8 Use a single-use disposable measuring scale, or an auto-scale (if available on the device).
- 9 If the digital imaging device does not automatically immediately upload the image to the patient's digital clinical record, a patient identifier (e.g., the patient's initials or NHS ID number) should be visible either within the image or at the beginning and end of the image sequence.
- 10 Scales with colour control patch to take account of variation of skin tones are recommended.
- 11 Aim to take a clear, close-up photograph of the wound. Hold the camera or device at a distance so that you can photograph the whole wound if possible.
 - If the wound is long, you may need to take more than one image to capture the whole wound.
 - For some sites (e.g., the heel) It may be easier to use a mirror to view the wound (do not use the camera flash if a mirror is used).
 - Gentle tension on excess body tissue or the separation of skin folds may be necessary to reveal the depth of a cavity, or you may need to lift the leg to photograph the heel or separate toes.
- 12 Where possible, point the camera or device directly at the wound (i.e., straight in front of the wound and not at an angle).
- 13 Allow the device to focus on its own (auto-focus). If needed, focus manually.

This can usually be done by tapping the screen or pressing down the button slightly. You may need to move the camera or device further away if it cannot focus.
- 14 Check the image(s) on the display screen. It should be in focus, (unblurred) well-lit and ideally with no shadows over the wound.

You can try taking a picture with and without the flash (if available) to see what looks best. It is very important that the photo does not show any identifiable features, such as the patient's face, tattoos etc.). If you need to, take another photo until you are happy that you have the clearest photo possible.
- 15 Delete unsuccessful photos as you go along so you are only left with the ones that you want.
- 16 Decontaminate your hands and equipment before and after taking the photos.

Thanks and Acknowledgements

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Melissa Rochon, Quality & Safety Lead for Surveillance, Royal Brompton & Harefield Hospitals, part of Guy's and St Thomas' NHS Foundation Trust

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Further Guidance

elearning for healthcare (elfh) in partnership with Health Education England (HEE) and The National Wound Care Strategy Programme (NWCSP) Essentials of Wound Assessment 2021

www.e-lfh.org.uk/programmes/essentials-of-wound-care-education-for-the-health-and-care-workforce/

For NHS apps (non-industry) - The Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018 (www.legislation.gov.uk/uksi/2018/852/contents/made) and the government accessibility requirements, all public sectors have a legal duty to make their digital services (i.e. websites and mobile applications) compliant with the Web Content Accessibility Guidelines (WCAG 2.1), level AA.

www.w3.org/TR/WCAG21/

Royal College of Nursing (RCN) position statement: Nursing staff using personal mobile phones for work purposes <https://www.rcn.org.uk/professional-development/publications/pub-005705>

For a useful resource regarding Gillick competence and Fraser guidelines, please see General Medical Council 0-18 guidance

www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years.

NHS Information Governance Toolkit www.dsptoolkit.nhs.uk

Institute of Medical Illustrators (IMI) National Guidelines (2019) A Guide to Good Practice: Wound Management Photography https://www.imi.org.uk/wp-content/uploads/2019/04/2019_Apr_IMINatGuidelines_Wound-Management.pdf

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Policies

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Cambridgeshire and Peterborough Clinical Commissioning Group Wound Photography Process. www.cambridgeshireandpeterboroughccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=20405

Cheshire and Wirral Partnership NHS FT Clinical Guideline for Digital Photography in Wound Care (Issue 4, April 2020) www.cwp.nhs.uk/media/5342/cc23-issue-4-clinical-guidelines-for-digital-photography-in-wound-care.pdf

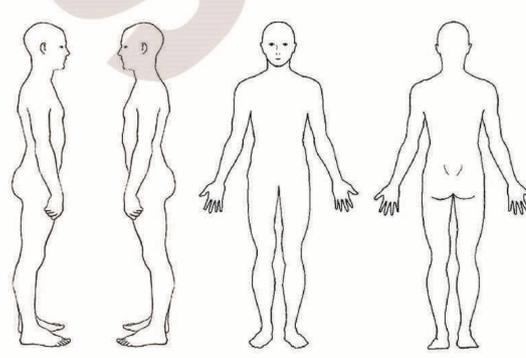
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Shropshire Community Health NHS Trust Clinical Photography Guidelines (Version 3 2019) www.shropscommunityhealth.nhs.uk/content/doclib/10640.pdf

Appendix

Medical Illustration, Royal Bolton Hospital, Minerva Road, Farnworth, Bolton, BL4 0JR Job Number: _____	
<h2 style="margin: 0;">Informed Patient Consent for Clinical Photography / Video</h2>	
Bolton NHS NHS Foundation Trust ☎ 01204 390671 (Internal Ex: 5671)	
Name _____ Address _____ Date of Birth _____ Hospital Number _____	Consultant _____ Department _____ Clinician Name _____ Clinician Signature _____ PACS - OTHER PLEASE STATE: <input type="checkbox"/> _____
I have the right to withdraw consent at anytime by writing to the Trust, and understand this will not affect my treatment in anyway. The images may be stored electronically to be viewed by the clinician on the hospital PACS system. Please ask if you require more information. Please note anonymity will be retained where possible. Consent covers this occasion only.	
Consent A: Medical Records ONLY: I consent to clinical images/video being taken for my confidential treatment records. Signature (Patient/Guardian/Other*) _____ Date _____ *Please state relation to patient: _____	
Consent B: Restricted Educational Use by Medical Staff: I consent to the above and to these clinical images/video being used for medical teaching. Signature (Patient/Guardian/Other*) _____ Date _____ *Please state relation to patient: _____	
Consent C: To educate new patients who may have a similar condition: I consent to the above and to these clinical images/video being used to show other patients. Signature (Patient/Guardian/Other*) _____ Date _____ *Please state relation to patient: _____	
Consent D: Publication: I consent to the above and to these clinical images/video being used for publication in a journal, textbook, website or other open access medium. ** Signature (Patient/Guardian/Other*) _____ Date _____ *Please state relation to patient: _____ ** If images have been released for teaching or publication it may not be possible to control their future use. Images issued for publication may be seen by the general population.	
Consent E: Signature of health professional proposing photography / video recording: The procedure is, in my clinical judgement, in the best interests of the patient, who lacks capacity to consent for him/herself. Where possible and appropriate I have discussed the patient's condition with those close to him or her, and taken knowledge of the patient's views and beliefs into account in determining his or her best interests.	
Name (print) _____ Signature _____ Date _____ Job title _____ Department _____	_____
<p style="text-align: center; font-weight: bold;">Please indicate area to be Photographed</p> 	<p style="text-align: center; font-weight: bold;">Special Instructions / Diagnosis</p> Close ups/specific views _____ Name of person taking photographs (please print) _____ Number of images _____ Date _____ Jpegs no's _____ Registered camera no _____
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