



Institute of
Medical
Illustrators

Clinical Photography, Art,
Graphics and Video in Healthcare

IMI National Guidelines

Photography of Non-accidental Injuries

The IMI National Guidelines have been prepared as baseline guides on specific aspects of medical illustration activity and provide auditable standards for the future.

The Guidelines can either be implemented in full, or may be amended according to individual requirements.

Copies are available on the IMI website (www.imi.org.uk)

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Introduction

It is important that all medical photography and illustration units in the UK that deal with non-accidental injury photography make use of the nationally agreed guidelines. These include a concise quick reference checklist accompanied by detailed guidelines and sample documentation.

A non-accidental injury (NAI) is defined as any abuse purposefully inflicted on a person; this abuse can be physical or emotional.

Medical photographers play an important role in creating evidence in NAI cases. It is vital that NAI cases are documented thoroughly. High quality photographs can be an accurate and reliable source of evidence used in court. These images can help courts adjudicate on whether abuse has taken place. It is important to document all circumstances relating to photographing such injuries as well as undertaking the actual photography.

There is a need for departments to use these guidelines in NAI photography to ensure the photographs taken can be used as credible evidence.

The guidelines have been divided into requirement categories, in sequential order, for an NAI assignment: request, photographic procedures, processing of images, post production, accompanying documentation.

The guidelines have been developed with advice from many expert sources: eight different medical photography departments, child protection units, social workers, nursing staff, doctors, police, home office and by referencing the Department of Health Guidelines, The Children Act, Data Protection Act, and other published material.

The guidelines aim to satisfy the requirements of all interested parties: patients, families, doctors, child protection teams, as well as medical photography departments, and legal and forensic departments.

It is important that departments use these guidelines to write up their own, applying them to their own departmental practices within their policies and procedures.

The Request

Medical photography and illustration departments will provide the best NAI photographic results, as they have staff trained in the production of accurate clinical records.

It is important that the child protection team (CPT), or equivalent, is informed of the services available from the medical photography department so they can be included in the hospital's child protection guidelines. It is also important that the CPT is aware of the photographic department's working practices, such as normal working hours, on call-services and the provision of alternatives e.g.: equipment available for the CPT staff to use themselves with appropriate training.

The consultant requesting the photographs needs to inform the patient that photographs are required. If the family is present they also need to be informed. It is preferable to not have the patient's family present during the photography session but it is essential to have another staff member, a nurse or doctor, to act as a chaperone and witness. A social worker or play therapist may be present as well to help the child through the experience; it is important not to increase the child's psychological trauma.

It is important to be familiar with the Trust's child protection procedures and recognise and respond appropriately where there are concerns about the welfare or safety of a child.

Consent

- If the family is present it is best practice for the clinician to gain parental consent. It is important to inform them of the procedures.
- Consent from parents/guardians is not essential in cases of suspected NAI.
- If the parents refuse to give consent it is up to the clinician in charge to deal with the situation appropriately. The consultant requesting the photographs can sign the consent form if the photography of the injuries is demonstrably to the benefit of the patient.
- People over 16 years old can give their own consent.
- Children under 16 years can provide their own consent if they are judged to be capable of giving consent and fully understand the procedure.
- Photography should not be forced on anyone against their will.

Photography

Preparation

Provide a readily available checklist for the staff to read before going to photograph an NAI case. This will ensure the department's procedures are followed correctly. It is good practice to post a quick reference checklist inside the camera cupboard door. See Appendix 1

When NAI photography is requested it is important to check that the requester has followed the hospital protocol. The patient should be fully informed for your arrival as should any others present. The consent form should be filled in with a description of the views required. If it is possible to discuss the case beforehand with the consultant this will help in fully understanding what is required. It is essential that another member of staff is available to act as a chaperone.

Standardisation

As with all clinical recording it is important to ensure that standardised photographic equipment and procedures are used at all times when recording non-accidental injuries. The use of strictly standardised procedures is particularly important when photographs may be used as evidence in court.

Location

The location of the photography session is important. The department's clinical studio will produce technically better lighting but may add to the patient's stress. Sometimes it is advisable to photograph the patient in a clinic or in a ward. All situations are unique and it is best to assess each one independently. In some cases doctors are happy to carry out the examination at the same time as photography to avoid the patient having to be undressed twice.

Identifying the patient and documentation

The doctor should be asked to identify the patient, e.g. "Is this the patient ...?" The doctor's name should be recorded on the request form together with the name of the photographer, as well as the names of others who are present, and the location, date and time.

High-standard clinical photographs

These guidelines do not cover the clinical photography techniques, only issues directly relating to NAI photography. It is assumed that departments have skilled staff with reliable equipment able to produce professional results.

Whether using film or digital cameras, it is **imperative** that the request form is photographed **FIRST**, to ensure images are easily identifiable. If possible include the child's face for identification. If the patient has a hospital ID bracelet, this can be photographed alongside the patient's face.

It is important that the photographer can prove the authenticity of the image and provide the original negatives, transparencies or the original / master electronic files if required. This is usually achieved by providing an audit trail. An audit trail should form part of the department's clinical photography policies and procedures.

This can be demonstrated in several ways.

- By taking a blank frame at the beginning and end of the session and, if cutting up film for storage, keeping these blank frames to prove that no shots are missing.
- By use of a new film for each NAI case. Some departments go as far as storing films in strips uncut. (This is not necessary, if it is not already a department's procedure, as forensic scientists could analyse the cuts on film to see if they belonged to one continuous roll).
- By keeping proof that digital files are all of the same patient and the master files are the original and have not been enhanced or manipulated.

Photographic views and scales

It is important to take general establishing views of areas affected so that the location of the individual injuries can be identified or that they reveal a telling pattern. A separate close-up photograph of each injury is then taken. It is very important to use a scale for each close-up view. Some departments require an additional close-up view without the scale; this depends on individual department's policies. Do not limit the number of views as one view may prove to show the injury better than another and this may reduce the chance of the child having to return for more photographs.

Normally photography is limited to **only the injuries that are identified on the request card by the consultant**; this will avoid documenting injuries that may not be relevant to the NAI case.

In cases of suspected bite marks, an ABFO#2 scale (American Board of Forensic Odontology) placed in the same focal plane as the mark, will help a forensic odontologist to compare and measure the photograph of the mark against a photo of a suspect's teeth mould. Any curved line of bruises should be treated as suspicious.

Post Production

Clinical guidelines - processing images

Standardised processing, labelling and archiving of photographs will ensure that images are easily retrieved if the photographer is called to court.

Important issues relating to confidentiality, copyright, the Data Protection Act 1998 and the Caldicott Report 2000 must be observed in the post production process.

Confidentiality

It is important to use a safe laboratory for processing films. This will be a lab where the general public cannot see photos being processed and where a professional confidential service is assured. The printer and courier's details need to be recorded, as they are also part of the audit trail. Negatives should be labelled with job number, patient hospital number, date and client, leaving the patient's information to a minimum. Negatives or slides must be stored in a lockable, secure place within the hospital. Any unwanted photographs should be appropriately disposed of, either shredded in the department or placed in a sealed bag to be incinerated.

If digital cameras are used, files can either be left named as they come off the camera or renamed as they are downloaded from the camera to the computer with names that are unique and identifiable for retrieval. All the files should be stored in folders that are uniquely identifiable leaving the patient's information to a minimum e.g. files can be labelled with a date and consecutive number and stored in folders labelled with a job number, date, and hospital number. These raw unmodified electronic files are archived and stored in a secure place within the hospital. The raw files, even though a "copy" of what was recorded originally in the camera's memory, are considered as originals and are admissible as evidence.

It is good practice to make another copy of the raw files called the "working copy" to work on and print etc. thus avoiding any possible problems of accidentally altering the original. Some departments consider renaming the file as altering the "original" therefore manipulating the image. The Home Office has confirmed that the renaming of files is not considered manipulation and either procedure (as long as it is documented) is considered valid. The photograph's weight as evidence will depend on proper authentication.

Clinical guidelines – layouts

Photographic prints should be supplied using either standard departmental layouts and labelling systems, or as detailed by the person requesting the photographs.

Photographic prints must be identifiable and labelled with the patient's hospital number, diagnosis, departmental reference, or job number, department's name and details, date of photography, hospital copyright, consent level, and requester's name.

The photographs should be labelled so that they are instantly recognisable as being produced by a hospital department.

Clinical guidelines - recording all information

It is important to record information about the job in the department's clinical database or using other record keeping procedures. This information must include who took the photographs, the location where the photographs were taken, date and time and who else was present.

Also a record of the equipment used is required if it is different from the standard set listed in the department's guidelines. Details of what was photographed, i.e. type of injury and anatomical location, must be recorded.

Chain of possession – continuity

A complete chain of possession must be recorded from photography to collection. Any breaks in continuity can have serious implications in relation to the validity of the images as evidence. The person who processes and prints the photographs must record their name in the records. The storage of the electronic files, or negatives, is also subject to the chain of continuity. It is important to have safe lockable storage areas for all clinical photographs.

Collection or delivery of photographs

Prints must be kept in a secure place or hand delivered to the child protection team. The full name and signature of the person to whom they are delivered, along with the date and time, must be recorded. These details are all important if the photographs are required as evidence.

The release of reprints of clinical photographs and medical records to people (whether police or solicitors), other than those for whom the photographs were originally taken, needs to be cleared with the hospital's data protection and risk management officer.

Support

It is important to have details of people who can provide support for the medical photography staff, if needed. If for any reason a staff member feels the need to talk about a case, they should have access to a social worker, occupational health counsellor or NHS phone support or the hospital's equivalent. Being involved in a debriefing session can also help resolve feelings about a distressing case.

Accompanying documentation

Statement

If the photographs are requested as evidence to be used in court, a statement and covering letter will be required to accompany the images. Some departments have arrangements for the police to come and take the statement; which vary in length and detail depending on local procedures. If the police are not available to come and take a statement it is very helpful to provide one in the form of a covering letter.

The main purpose of the covering letter is to give brief details of the case and should include a statement as follows: "To my knowledge these photographs represent a true and accurate record" See Appendix 2.

The statement needs to contain all the details that have been documented to support the photographic evidence. See Appendix 3.

The statement must include: date of statement, name of patient, hospital number and date of birth, statement that the evidence is a true and accurate record, photographer's name, address, phone number, occupation, date of birth, qualifications, work experience and duties, case description, date, place and time of photography, who requested the photography, who was present, what protocol was followed, exhibit description, signature, witness, date.

Patient's personal details such as date of birth and address for those over 21 are placed on the back of the first page of the statement so that they are not copied to the defence, avoiding possibility of witness intimidation.

Writing departmental guidelines

These guidelines serve as a starting point for writing your own department specific guidelines. When writing guidelines the legal aspects of NAI photography are not negotiable, however the guidelines should reflect individual departments' procedures, equipment and local arrangements. It is the standardisation and documentation of the procedure that is the main objective.

It is good practice to include the date on your NAI Photography Guidelines. If any alterations are made to the guidelines keep a note of modification dates and all old copies of the guidelines. These may be required for a case you photographed in the past when you will need to refer to the procedures that were followed at that time.

Conclusion

Photographing an NAI case can be a difficult job; it requires high standards of clinical photography under sensitive conditions, as well as the documentation of important details, so as to be able to produce accurate evidence for use in court.

Having guidelines for NAI photography ensures that credible evidence can be produced when required. Medical lawyers advise that it is essential to use standardised and secure image-handling procedures. If a case comes to trial, and the imaging evidence is found to be defective or questionable due to careless procedures, even if the photographs are technically and clinically excellent, the evidence could be rendered useless.

Appendix 1: An example of a quick reference check list for the photography of suspected NAI

NB: Consent from parents/guardians is not required in cases of suspected NAI The consultant / doctor requesting the photographs can sign the consent form.

Photography

- Use standard equipment e.g.: On location D1x camera, 60mm lens with SB29 close-up flash; in the clinical studio D1x camera, 90mm lens with studio flash and SB29 flash for close-up or internal views.
- On arrival at the ward ask the doctor to identify the child to you, e.g. "Is this the patient "patient name"?" Write this doctor's name on the request form.
- Write the names on the form of anyone else who is present at the time of photography
- The first image needs to identify the patient. If the child has already been tagged with an ID bracelet, take a photograph of this or the request form including the child's face.
- Take general identifying shots as well as close-ups of the injuries.
- Use a scale for each individual bruise or mark.
- If the injury is a curved shape use an ABFO#2 scale.

Post production

- Process the images using the department's clinical or forensic protocol.
- Print photographs using standard department layouts.
- The chain of possession must be recorded at all times. The person who processes and prints the photographs must record this in the records if different from the actual photographer.
- Keep details in the department's records of the location where the photos were taken, the date, time and who was present. Also record the equipment used if you have deviated from that listed in the guidelines.
- Prints must be kept in a secure place ready for collection by the child protection team or requester, or hand delivered to the child protection team.
- When the prints are collected or delivered, record the date, time, full name and obtain the signature of the person who receives them.
- If the photographs are requested as evidence to be used in court, a statement and covering letter will need to accompany the images. Ensure that requests for any reprints are directed through risk management, (see Appendices 2 and 3 for example letter and statement).

Appendix 2: Example covering letter

Letter Head Logo
Department of Medical Photography
Name of Hospital
Address

Tel:
Fax:
Email:

Date

Name
Title / Location
Address
Phone number

Re: Patient Name & Patient Hospital Number

Dear Sir/Madam

I, **photographer's name**, am a qualified and registered clinical photographer employed by **Name of Trust** NHS Trust, **Location**.

This is to certify that I photographed **Patient's Name** on the **date**, our reference **job number**, according to our standard procedures and methods.

To my knowledge these photographs represent a true and accurate record.

Yours sincerely

Photographer's name

Title e.g. Head of Medical Photography,
Senior Medical Photographer or Medical Photographer

Appendix 3: Example statement

Letter Head Logo
Department of Medical Photography
Name of Hospital
Address

Tel:
Fax:
Email:

Statement in the matter of: **Patient name**
MRN: **Patient number**
Place of Photography: **Name of NHS Trust**
Date of statement: **Date**

Name: **Photographer's Name**
Address:
Phone:
Occupation:

Statement:

1. This statement, made by me, accurately sets out the evidence which I would be prepared, if required, to give in court as a witness. The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.
2. My date of birth is **Date**.
3. My qualifications are as follows
4. I have been working as a Clinical Photographer at **Name of NHS Trust** since **date**. I previously worked as a Clinical Photographer at the **Name of NHS Trust** since **date**. My duties involve the photographing of a wide variety of subjects both in the studio and on location; this often includes clinical photography of patients for medical and legal records.
5. On **Day, date, year**, at **time am / pm**, I went to the **ward name** at the **Name of NHS Trust** after a request made by **Dr. name** on behalf of **Dr. name**. I took photographs of a child identified to me as **Patient name**. This was in the presence of the doctor and nursing staff on duty at the time, **Sister name** and **Dr name, job title**. I followed the Guidelines for Non-Accidental Injury Photography outlined by the Medical Photography Unit at **Name of NHS Trust**.

Exhibit

I produce number (?) photographs.

Photograph number:

1. Anatomical location / view description
2. e.g. : Head Left lateral view
- 3.

Signature:

Witness:

Date:

Further resources

Articles

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