

SAFE AND APPROPRIATE USE OF MOBILE PHONES AND OTHER MOBILE COMMUNICATION TECHNOLOGIES BY STAFF, PATIENTS AND VISITORS POLICY

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Documents to read alongside this Policy (delete as necessary)	Equality, Diversity and Human Rights Policy Management, Issue and Use of UHB Mobile Phone Policy Social Media Guidelines IT Security Policy 2008 Data Protection Policy Consent to Examination or Treatment Policy - Appendix A: Illustrative Clinical Records - Photography, Video and Audio Recordings Protection of Vulnerable Adults Policy NHS Wales Disciplinary Policy and Procedure All Wales Safeguarding Children Policy All Wales Standards for Accessible Communication and Information for People with Sensory Loss
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Disclaimer

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Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	Dec 2014	Jun 2015	This is a new policy

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1. INTRODUCTION

Cardiff and Vale University Health Board (UHB) recognises that in today's society mobile phones and other mobile communication technologies have become an essential possession for many people.

Whenever anyone is hospitalised or is receiving social or health care, communication with family and friends becomes an essential source of support and comfort. In addition, guidance issued by the Department of Health "Using Mobile Phones in Hospital" (2009) states patients should be allowed the widest possible use of mobile phones where the mobile phone will not represent a threat to the safety, dignity and privacy of patients or staff, or compromise the operation of electronic medical devices. This policy highlights the key principles regarding the safe and responsible use of mobile phones and other mobile technologies to include UHB staff, patients and visitors to the UHB to allow the widest possible use.

Whilst mobile phones and other mobile technologies can be perceived to be of benefit to the user they could also be considered to be a source of nuisance to others. The Human Rights Act 1998 places a duty on the UHB to respect patients' privacy, and to protect their confidentiality. The Children's Act 2004 places a duty on the UHB to safeguard the welfare of children. With the rapid developments in technology which have the capability to take images, both photographic and moving video, the use of mobile phones presents a potential risk and challenge. In addition, more sophisticated mobile devices having access to the internet brings even more challenges. However safe and responsible use will ensure that the fundamental rights to communicate are not hindered whilst ensuring the privacy and dignity of the user and others is maintained.

Mobile phones may be used subject to consideration for the sensitivity and feelings of others. Consideration is also needed to ensure the safe use in the vicinity of electronic medical devices. Although evidence has concluded mobile phones have little or no adverse effect on electronic medical devices, they should not be operated within close proximity of 2 metres or less (MHRA 2004; 2006; 2007). This policy outlines the safe and appropriate use of mobile phones and other mobile communication technologies by staff, patients and visitors on UHB premises.

All staff are authorised to take action to restrict the use of mobile phones in line with this policy, as well as outside the policy, if professionally, it is deemed to be in the best interests and safety of patients. Local and patient specific guidance may be required in some circumstances where the policy does not provide adequate controls to limit risks and nuisance. Where needed, local guidance must complement/ build upon the principles set out in this policy and it must be appropriately approved and reviewed.

2. POLICY STATEMENT

The UHB is committed to ensuring the safe and appropriate use of mobile phones and other mobile communications technology. It will ensure that the independence and dignity of all patients and staff is respected at all times whilst protecting their safety as a result of

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inappropriate use of equipment or the potential for electromagnetic interference with medical equipment.

3. DEFINITION

For the purpose of this policy, where the term mobile phone is used, this includes other mobile communication technologies to include the following examples:

- iPods™/ MP3 players
- Electronic tablets e.g. I pads™
- Laptops (excluding netbooks and notebooks supplied by the UHB to employees working in the Community)
- Game stations/consoles

This list is not exhaustive.

Mobile communication technologies can be grouped according to their potential to cause interference with medical equipment. The [MHRA provides information on Electromagnetic Interference caused by mobile phones and other equipment](#).

- Medical Equipment: for the purpose of this policy is defined as Powered electronic equipment connected to a patient for the purpose of therapy or diagnosis.

4. AIM

The aim of this policy is to set out the key principles regarding the safe and appropriate use of all mobile phones to include staff, patients and visitors to the UHB.

5. OBJECTIVES

This policy will ensure the appropriate balance is achieved between the competing needs of:

- promoting communication with carers, friends and relatives.
- providing a safe diagnostic and therapeutic environment
- protecting the rights of all individuals
- promoting recovery
- protecting confidentiality
- protecting people from abuse
- promoting professional standards of behaviour

6. SCOPE

This policy applies to all patients, visitors, contractors, students, bank staff and staff employed by Cardiff and Vale UHB, including those with honorary contracts, whilst working at or visiting UHB premises.

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Whilst independent contractors are not mandated to follow the policy within their premises it does support a framework for good practice and may be complimentary to guidance already adopted within that setting. As independent contractors they are responsible for developing their own policies and procedures.

Tetra radiosTM and other hand held radio devices used by security and emergency services are excluded from this policy. The departments issuing these devices will need to ensure that the standard operating procedures are adequate and that staff fully comply with these. Mobile working netbooks and notebooks supplied by the UHB for use in the community setting are also excluded from this policy. Users of these devices should refer to the guidance documentation received when they are issued with their devices.

7. ROLES AND RESPONSIBILITIES

- **The Executive Nurse Director as Executive lead** has delegated responsibility for ensuring that the UHB has a clear policy outlining its commitment to ensure that mobile phones and communication technologies are used safely and appropriately by staff, patients, contractors (excluding independent contractors whilst working in their own premises), students and visitors at all times in all settings.
- **Clinical Board Management Teams and Corporate Directorates** must ensure that risk assessments are undertaken in accordance with the Department of Health (DoH) guidance (2009) within their Departments to identify where exceptions to the general rules for the use of mobile phones and mobile communication technologies. need to be amended. Local protocols for implementation of specific aspects of the policy will be developed, approved and communicated in the local areas as necessary.

The Clinical Board Quality and Safety Groups will approve and review any Clinical Board/Directorate or Department specific protocol.

- **Directorate Management Teams** must ensure that risk assessments are undertaken in accordance with the DoH guidance (2009) within their Directorates to identify where exceptions to the general rules for the use of mobile communication equipment need to be amended. Local protocols for implementation of specific aspects of the policy will be developed, approved and communicated in the Directorate and local areas as necessary.

The team will be responsible for ensuring that the policy is communicated to the Ward Sister /Charge Nurse /Department Managers throughout their Directorate. The team will also be responsible for ensuring that implementation is monitored and that any incidents are escalated as appropriate and reported via the Health Board's incident reporting system.

- **Ward Sister/Charge Nurse/Department Managers** are responsible for enforcing compliance with the policy and escalating any problems to their Directorate and Clinical Board Management Teams as appropriate.

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- **Individual members of staff** are responsible for ensuring that they adhere to this policy and act as good role models to patients and visitors through compliance with the policy.

They should also ensure that patients under their care are aware of the content of this policy.

8. GENERAL PRINCIPLES AND GUIDANCE

8.1 The intention of the UHB is to allow the widest possible use of mobile phones and communication technologies providing that such use does not compromise safety, delivery of therapeutic care, confidentiality, privacy and dignity of staff and patients, or any other persons.

8.2 Any persons, be it staff, patient or a visitor, using a personally owned mobile phone whilst on UHB premises is responsible for any charges incurred from the use of the mobile phone or from an application associated with it.

8.3 The UHB is not responsible for any damage or loss unless the mobile phone is handed over to staff for safe keeping and a receipt is received. Responsibility for security of mobile phones lies with the owner. Please refer to the [UHB Patient Property Policy](#) (UHB117)

8.4 Areas where restrictions on the use of mobile phones apply

Please refer to Appendix 1 for a poster summarising the restrictions around the use of mobile phones.

The use of mobile phones is prohibited in any area where invasive procedures or treatments are carried out, for example (this list is not exhaustive);

- Critical care areas and high dependency units
- Resuscitation areas
- Operating theatres
- Anaesthetic rooms
- Endoscopy operating rooms
- Cardiac catheter laboratories

Mobile phones in these areas must be switched off unless one of **2 exceptions** are met:

Exceptional patient use – patients with specific communication needs (or those who are confined to bed). Use must be discussed with the nurse in charge and the risk of interference to medical device that the patient may be attached to must be discussed with the patient. The call must be of minimal duration, and where practicable, must not be within 2 metres of an in use medical device.

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Exceptional staff use- staff may leave their mobile phones on if they are rostered to be immediately contactable in the event of a clinical emergency. All efforts should be made not to use the mobile phone within 2 metres of an in use medical device.

Prohibited areas may designate an area away from patient beds/ activity where staff may switch on their phone to access, for example, a clinically appropriate mobile device application. This must be agreed by the Directorate Management team.

8.5 Staff use of mobile phones

8.5.1 Staff must switch off their mobile phones in areas designated as prohibited unless they meet the exceptional use criteria.

8.5.2 Staff must not use their personal mobile phones during working hours, except during breaks, or in an emergency situation. Staff needing to use their mobile phones for emergency situations must obtain agreement from their line manager. This could include staff with caring responsibilities which require them to have access to a, private telephone. Staff must ensure that key people have the relevant ward/department telephone number for contact in an emergency.

8.5.3 Staff must not use a phone for personal use in a patient area.

8.5.4 Staff must not use mobile phones or other mobile communication technologies when involved in patient care (e.g. it is inappropriate to use a phone whilst pushing a patient along the corridor or where the conversation may be overheard by patients/visitors). The only exception is if the phone is required to access a clinically appropriate 'app'. If the mobile phone is being accessed at the bed side to access a clinically appropriate mobile device 'app', the purpose must be explained to the patient prior to using the mobile phone. All efforts should be made not to use the mobile phone within 2 metres of an in use medical device. *Please also refer to section 10 regarding use of clinical appropriate apps.*

8.5.5 Staff must not give patients their personal mobile or home number. Patients should make contact with staff via the hospital telephone system.

8.6 Staff use of Health Board Issued Mobile Phones for Work

Refer to the '*Management, Issue and Use of UHB Mobile Phones Policy*'. Staff must comply with the safe and appropriate use of mobile phones and other communication devices.

8.7 Patient Use of Mobile Phones and Mobile Communication Technologies

8.7.1 The use of mobile phones within UHB premises will allow for compliance with the UHB's Strategic Equality Plan and to meet its disability public sector Equality Duty. Supporting the use of equipment will provide for those with a sensory loss or communication impairment to make contact in a similar way to those without the impairment. Local arrangements will be made available should a patient wish to access their mobile phone in line with the All Wales Standards for Accessible Communication and

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Information for People with Sensory Loss. (Please see also 8.7.6 and Equality Statement below).

8.7.2 Patients attached to medical devices must be discouraged from using mobile phones. The patient must be advised of the risk to the patient themselves and to other patients if using a mobile phone within 2 metres of medical devices.

8.7.3 Staff must discourage patients from using the mobile phone or other communications devices during ward rounds, or whilst receiving treatment or consultation.

8.7.4 Mobile phone users must have due consideration for other patients, staff, and visitors when using their mobile phone. This will include, where possible, the use of earphones.

8.7.5 If patients are able to use a mobile phone in the ward area, it is recommended that patients are advised to keep the phone in silent mode to limit any disturbance to others and use earphones where possible. Mobile phone use should be kept to a minimum and wherever possible patients should be discouraged from using them at their bed or bay.

8.7.6 Whilst the use of earphones is encouraged to prevent the disturbance of others it is particularly important where patients are using mobile communication technologies to watch films/television programmes etc. If patients are hard of hearing or profoundly deaf and they have a hearing aid they may not be able to use earphones. However, with the use of available technology they may be able to use a Bluetooth facility or loop system as an alternative. Where a patient or their relatives/visitors are not familiar with this technology the Audiology Helpline can be contacted to provide further advice on 029 20743011 (Internal extension 43011).

8.7.7 Mobile phones must not be used for phone calls in clinical in-patient areas between 23.00 and 07.00 (except in emergency situations).

8.7.8 Patients must not use mobile phones in toilets or bathrooms.

8.7.9 Local and patient specific guidance may be required in some circumstances where this policy does not provide adequate controls to limit risks and nuisance. Where needed, local guidance must complement/build upon the principles set out in this policy.

To assist staff in working with patients who are detained under the Mental Health Act it is important to bear in mind that detained service users have the same rights as informal service users to have contact with family and friends through readily accessible telephone facilities.

If it is felt necessary to restrict the use of mobile devices, this decision should be taken as part of the individual's Care and Treatment Plan and recorded in the medical/ nursing records.

8.8 Visitor use of Mobile Phones

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Unless there are exceptional circumstances, for example carers' needs, visitors will be requested to leave the ward area to make calls and will be advised by staff where use of the mobile is permitted, for example, corridor, day room.

9. Use of photography, video or audio recordings

9.1 Patients and Visitors

- Patients and visitors may want to take photographs or video or audio recordings whilst on UHB premises, for example on maternity wards. Images or audio **must not be taken** without authorised approval. If patients or visitors want to take photographs, video or audio recordings, they must first gain the authorised approval of the senior member of staff on duty. This applies to photographs of individuals and the environment of care locations. Unauthorised taking of any images will be taken seriously and dealt with through the appropriate framework, for example, Safeguarding.
- It will be the responsibility of the authorising member of staff to ensure that the patient agrees to photographs being taken and that the patient fully understands the implications of being photographed or videoed. If there is any reason to doubt the mental capacity of the patient to decide about this, a capacity assessment must be undertaken by a professional member of staff and documented in the clinical notes. Where the patient lacks capacity to make this decision, the staff must follow the requirements of the Mental Capacity Act 2005.
- When it is permitted to take photographs, it must be made explicitly clear that any images taken must not compromise the dignity of the patient being photographed, and/or the privacy and dignity of staff, other patients and visitors in the ward/department. Consent must always be obtained from all subjects included in images taken. If consent is not given those refusing must not be included in any images. (See UHB Consent to Examination and Treatment Policy)

9.2 Staff, students and contractors

This section must be read in conjunction with Appendix A Illustrative Clinical Records-Photography, Video and Audio Recordings of the Consent to Examination or Treatment Policy (2012) as well as the Data Protection Policy.

Under routine circumstances, staff must not use their mobile phones to take photos, and must not take photographs for research or training purposes or personal interest. However, it may be required for staff to use their personal phone in exceptional circumstances, such as road traffic incidents.

10. Internet access

- This policy must be read in association with the UHB Social Media Guidelines which states staff must not use social media except at break times or when access is required for professional purposes such as updating a UHB Twitter account.

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- ‘Apps’ should only be accessed if they are required for professional purposes. If the ‘app’ is being accessed at the bed side, the purpose must be explained to the patient prior to using the mobile phone.
- Similar restrictions exist regarding access to the internet. Reference should be made to the Internet and Email Policy regarding this. Some patients will access the internet and in some circumstances this is encouraged. Staff are empowered to intervene if inappropriate use is suspected, for example, the use is compromising the dignity and privacy of staff or other patients.
- Local or patient specific guidance may be required for the safe use/ prevention of internet access.

11. Charging of mobile phones

- The number of these devices being brought onto UHB premises by patients is on the increase and whilst the UHB recognises the general use of these technologies, this has to be balanced with any potential risk this may present to critical systems within the hospital. Therefore, where any such devices are used, providing there is a suitable electrical socket that is not required at that time for hospital related use, the device may be plugged into that socket, subject to agreement with ward staff. Patients must not unplug medical equipment under any circumstances.
- There are minimum requirements placed on the individual to ensure that all leads, chargers and equipment are in good condition in order to use such devices. In the event of any damage being evident then the device will be disconnected from the power socket. All devices used by individuals will be low voltage supplied by a charger. Use of such devices will be restricted to one socket being used at any one time and 240 volt direct supply equipment must not be used at any time.

12. Infection Prevention and Control

Due to their personal nature mobile phones have the potential to harbour harmful pathogens which may serve as a reservoir for health care associated infections. Hand hygiene should be performed after handling mobile phones as well as regular cleaning of mobile devices (as per manufactures guidelines) in order to reduce the risk of cross-infection.

13. Guidance when there is inappropriate or unauthorised use of mobile phones and mobile communications technologies

13.1 Inappropriate use or misuse by staff members

Breaches of this policy will initially be dealt with through education and counselling. If this fails, staff that refuse to comply with this policy will be subject to normal disciplinary procedures. Action will, however depend on the nature of the breach and some issues will proceed automatically to disciplinary investigation.

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13.2 Inappropriate use by patients and visitors

Each situation must be judged at that time as there may be several factors that need to be weighed up against each other, for example,

- Whether the user is a patient or visitor
- The potential interference with equipment
- Interference with the right to privacy/confidentiality of patients, staff and visitors
- Inappropriate use of a mobile phone is interfering with the delivery of therapeutic/clinical care
- The needs or wishes of the user to maintain contact with the outside world.

Staff are empowered to act on any identified inappropriate use of mobile devices and most patients and visitors will comply with a reasonable request to stop. Support may be required from a staff member from a senior level when patients or visitors refuse to comply and depending on the situation, other UHB policies may need to be invoked.

Examples where staff may insist that the mobile device is switched off

- A visitor is using a mobile device in a high dependency unit where there is potential interference with equipment.
- Patient in the main ward area is viewing pornography which may offend other patients or staff.
- Patient or visitor recording the environment, making audio or visual recordings without consent.

As soon as staff are aware anyone is using a mobile communication device inappropriately, the following actions must be taken immediately:

- Request that the mobile device is switched off immediately giving the reason why this is necessary.
- Make alternative arrangements if required for patients, for example, to allow the use of a land line if possible, move to a different location (please also refer to Appendix 1 – restrictions on use).
- Visitors can be directed to an appropriate area to use the mobile. If they refuse, Security may have to be called.

On becoming aware of inappropriate taking of photographs, video, or audio recordings, staff are advised to:

- Ask the person taking the photographs, video/ audio recording to stop immediately. Staff must advise the person(s) that they could be in breach of the Human Rights Act (1998) in relation to the respect and protection of patients against interference of privacy, dignity and safeguarding of welfare.
- Advise the person that they must not text or upload any images or video/audio recordings that they have taken.
- Record the name and address of the person taking the images, video/audit recordings and complete an incident form.

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- Inform a senior manager and make a decision as to the most appropriate course of action if the person(s) refuses to stop. If appropriate the Security Department should be called, and if necessary the Police.
- Ask Senior Managers to assess the safeguarding implications for patients in relation to protection of vulnerable adults (POVA), and Safeguarding Children (SC). Concerns identified must be actioned using the Health Board POVA and SC Policies.

For issues that will potentially damage the public image of the Health Board, Senior Managers must escalate to the Executive Team via the Clinical Board Management Team. The Communications Department for the Health Board must be involved as soon as possible.

14. TRAINING

It is the responsibility of the Directorate Management Team and Line/Departmental Manager to ensure that employees are made aware of this policy and any local arrangements and their role and responsibilities at local induction. Existing members of staff will also be informed of this policy and the implications for their practice.

15. IMPLEMENTATION

The policy will be implemented by the UHB and will apply to all staff in all care settings across the UHB. The policy also applies to patients and visitors to the UHB.

16. GUIDANCE AND REFERENCE DOCUMENTS

Department of Health (2009) Using mobile phones in NHS hospitals.

NHS Choices (2011) Can I use my mobile phone in an NHS hospital
<http://www.nhs.uk/chq/pages/2146.aspx?CategoryID=68&SubCategoryID=162>

The British Medical Association (2011) Social Media: practical guidance to doctors and medical students
<http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/socialmediaguidance.pdf>

The Nursing and Midwifery Council (2011) Social Networking sites [Social networking sites | Nursing and Midwifery Council](#)

The Medicines & Healthcare products Regulatory Agency (MHRA) Electromagnetic interference on medical equipment
<http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Technicalinformation/Electromagneticinterference/index.htm>

MHRA (2010) Mobile Communications interference
<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON007365>

The office of Public Sector Information/ - Acts of Parliament for

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- Human Rights Act (1998)
- Data Protection Act (2008)
- The Children Act (2004)
- Mental Capacity Act (2005)

17. EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we will not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender reassignment, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan. We believe that all staff should have fair and equal access to training as highlighted in both the Equality Act 2010 and the 1999 Human Rights Act. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

18. AUDIT

Adherence to the policy will be appropriately audited by the Directorates and Clinical Boards. In accordance with the DOH guidance (2009), patient safety incidents should be monitored and reported through the UHB incident reporting system.

19. DISTRIBUTION

This policy will be available via the UHB Clinical Portal, Intranet and Internet web sites. Where staff do not have access to these resources, the line manager must ensure that they are aware of the content where appropriate.

Responsibility for distribution within Directorates will be undertaken by the Directorate Management Team.

Patient awareness will be raised through posters displayed across the UHB.

20. REVIEW

The policy will be reviewed to reflect any changes in guidance or legislation. As a minimum, it will be reviewed three years after the date of approval, or sooner if new guidance or legislation dictates.

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21. RESOURCES

There are no resource implications for this policy

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Appendix 1 Safe use of mobile phones – restrictions on use

The intention of the UHB is to allow the widest possible use of mobile phones providing that such use does not compromise safety, delivery of therapeutic care, confidentiality, privacy and dignity of staff and patients, or any other persons.

The Health Board does not take any responsibility for charges incurred for a personally owned mobile phone.

The UHB is not responsible for any damage or loss unless the mobile phone is handed over to staff for safe keeping and a receipt is received.

Patients with in use medical device attached must be made aware of the risks associated with using a mobile phone.

Area	USE	Patients	Staff	Visitors
Critical care areas and high dependency units Resuscitation areas Operating theatres Anaesthetic room Endoscopy operating room Cardiac catheter laboratories Renal dialysis units	Prohibited	Exceptional use * Patient must be aware of the risks associated if used within 2 metres of an in use medical device.	Exceptional use * for UHB business only. If it is agreed with the manager that the mobile phone being used falls under the 'exceptional use criteria' all efforts must be made for it not to be use within 2 metres of an in use medical device.	Not allowed. Visitors should be advised to leave the area.
Clinical areas other than the above	Minimal	There may be limits to using the phone between 11pm and 6 am. Please ask nurse in charge. Must not be used if within 2 metres of an in use medical device.	Exceptional use, for business use only Break times, in permitted areas Emergency, if agreed with Line manager	Visitors should be advised to leave the area unless there are exceptional circumstances, for example, carers needs. Not within 2 metres of an in use medical device
Other areas		Allowed but not within 2 metres of a in use medical devise	Exceptional use Break times, in permitted areas agreed with line manager Must not be used whilst undertaking patient care, for example, escorting patient to another area.	Allowed, but not within 2 metres of an in use medical device

Exceptional use: patients with specific communication needs or bed bound. Must not be used within 2 metres of an in use medical device.

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Exceptional use: staff may leave their mobile phones on if they are rostered to be immediately contactable for UHB business in the event of a clinical emergency. All efforts should be made not to use the mobile phone within 2 metres of an in use medical device.

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Gweler Staff am fwy o wybodaeth

Please see staff for further information

Diolch. Thank you

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<p>Reference Number: UHB 262</p>		<p>Next Review Date: 01 Dec 2016</p>
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Policy Drafting Group

Nursing Representation:

Senior Nurse Standards and Professional Regulation
Nurse representation from all Clinical Boards

Representative - Therapies

Provided by Occupational Therapist

Representative

Information Technology
Clinical Engineering
Medical Photography
Patient Experience
Governance Department
Human Resources
Staff Representation

Medical Representative

Medical Director's Office

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