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Opinion

Body-Worn Cameras by Security/Law Enforcement: Tips for Emergency Psychiatry Staff

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Opinion

In medical emergency rooms or dedicated psychiatric emergency rooms, Emergency Psychiatry (EP) staff often place patients in seclusion and/or restraints for violent behaviors. Security and/or Law Enforcement Personnel (SLEP) are frequently called to assist with such dangerous incidents. Body-worn cameras (BWCs) are regularly used by SLEP to document these violent incidents, and BWC videos are being publicly released in high-profile cases [1]. Since EP staff do not normally have legal authority over SLEP regarding the use of BWCs, this opinion paper provides tips and questions to raise by EP staff when navigating the use of BWCs by SLEP.

Discuss the topic of BWC use by SLEP with clinical staff

Clinical staff may not know they are being recorded by SLEP. Openly discuss this issue with staff to first raise awareness.

What crisis, de-escalation, and/or seclusion/restraint training has EP staff received?

Has EP staff received any formal training in crisis prevention, de-escalation strategies, and/or seclusion/restraint use in their specific setting? If not, raise this issue with clinical leadership.

For a specific incident, do SLEP even need to be involved?

Instead of calling SLEP for all incidents, can a specific incident be addressed by clinical staff only, such as nurses, psychiatric technicians, mental health workers, and/or a Behavioral Emergency Response Team (BERT)? For example, if a patient is already in locked seclusion for severe agitation, but then requires 4-point restraints and injectable medications: Is SLEP truly needed to assist with this process? Or can this be done by clinical staff only? Thus, as an incident unfolds, actively question if SLEP is needed at each step, or if the issue can be managed by clinical staff only.

Know your limits with SLEP

SLEP typically have their own guidelines for BWC use, [2] and EP clinical staff/leadership may not have legal authority over SLEP regarding BWC use.

The risk of not recording may outweigh the risk of recording

A breach of privacy is a concern of BWC use [3]. However, EP staff may be told by SLEP that not recording an incident for later medicolegal review may be worse than inadvertently recording people during an incident. For example, faces can be blurred if a BWC video needs to be publicly released.

If BWC recording is inevitable, consider how a BWC video of your language/behavior would be perceived by the general public, and manage your own stress with self-care

EP staff knowing that they are being recorded may modify their own language and behavior when interacting with patients. Consider how your action(s), or inaction(s), for an incident recorded on video may be later viewed by the non-clinical general public. Manage your own stress through taking time off work, a healthy diet, restorative sleep, and physical exercise.

In summary, EP staff may need to become more aware that they are being recorded on BWCs when SLEP are called to assist with violent incidents. As violent incidents unfold in real time, EP staff should decide whether SLEP is needed at each step, or if only clinical staff can manage the incident. BWC recording may be inevitable, and EP staff should consider how their language and behavior may be viewed by the non-clinical general public at a future time.

Conclusion

EP staff often manage patients who are exhibiting violent behaviors. EP staff should decide whether violent incidents can be managed only by clinical staff, or if SLEP need to be involved. If SLEP are called for help during these violent incidents, EP staff may be recorded on BWCs. BWC videos are being released to the non-clinical general public in high-profile cases, and EP staff should consider their language and behavior when being recorded on BWCs.

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