



# Body Worn Camera Use in Health Facilities Policy

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## 1. Purpose

Workplace violence and aggression (WVA) can occur in healthcare settings and represents an important consideration for maintaining the health, safety and wellbeing of healthcare workers while also supporting consistent and effective patient care.

Body Worn Cameras (BWCs) are classed as listening and optical surveillance devices under the *Surveillance Devices Act 1998 (WA) (SD Act)*. The *SD Act* strictly regulates the use of BWCs and prohibits the use of a BWC to record, monitor, observe or listen to 'private' conversations or activities except in limited circumstances.

Within a patient-centred care framework and alongside other safety and mitigation strategies, the use of BWCs may, in some circumstances, deter or de-escalate violent, aggressive and/or threatening behaviour. BWCs are intended to complement broader, evidence-informed prevention measures, as set out in [MP 0159/21 Preventing and Managing Workplace Violence and Aggression policy](#). They can enhance transparency and accountability by creating an objective record of interactions which may assist with the management, review or resolution of incidents or disputes where appropriate. When used in accordance with relevant WA health policies, procedures and privacy obligations, BWCs form one component of a systemwide approach to supporting a safe and secure environment for staff, patients and visitors across WA Health.

The *Body Worn Camera Use in Health Facilities Policy* (policy) establishes the mandatory operational requirements governing the lawful, ethical and consistent use of BWCs by Security Officers in health facilities. The policy outlines the requirements for BWC activation, use, security officer training, data storage and access to footage. It ensures that BWCs are used in a manner that upholds the dignity, privacy and rights of individuals, and that recordings are made only when proportionate to the threat or incident, avoiding unnecessary surveillance.

This policy is a mandatory requirement for Health Service Providers (HSPs) under the *Work, Health and Safety Policy Framework*, pursuant to section 26(2)(d) of the *Health Services Act 2016 (HS Act)*.

This policy must be read in conjunction with the [MP 0159/21 Prevention of Workplace Violence and Aggression Policy](#) and [MP 0194/26 Privacy and Responsible Information Sharing policy](#).

## 2. Applicability

This policy is applicable to all HSPs excluding Health Support Services, and the Quadriplegic Centre.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted

health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

### 3. Policy Requirements

#### 3.1 Local policies and Procedures

- HSPs must develop local policies and procedures for the lawful and effective use of BWCs in health facilities in alignment with this policy.

#### 3.2 BWC Use

HSPs must ensure:

- BWCs are only used by Security Officers solely for the purpose of responding to incidents involving violent, aggressive or threatening behaviour.
- Security Officers complete the appropriate training in accordance with section 3.9 below prior to wearing and operating a BWC.
- BWCs are only to be used as an overt (visible) device and worn in a location that captures a clear recording of any incident.
- BWCs are mounted and operated in accordance with the manufacturer's instructions.
- BWCs are activated in line with the activation conditions in section 3.3 below.
- where a WVA incident occurs and a BWC is activated, the incident report must include the statement 'BWC activated' to link the BWC footage to the incident record.

#### 3.3 Activation of BWCs

HSPs must ensure Security Officers:

- activate and use BWCs only where there is an imminent risk to the safety of workers, patients or visitors arising from threatening or actual violent and/or aggressive behaviour.
- do not activate BWCs in toilets, change rooms, bathrooms, parent rooms, lactation rooms, clinical treatment areas, during medical procedures, or in a state of undress, **unless** there is an imminent risk to the safety of workers, patients or visitors arising from threatening or actual violent and/or aggressive behaviour.
- exercise discretion when activating a BWC and ensure that recording does not occur in circumstances prohibited under the *SD Act*, including private conversations or activities.
- where practicable, take into account any relevant information provided by clinical workers about the patient including but not limited to known clinical conditions, substance use, known triggers or behavioural history, particularly if BWC activation may escalate violent, aggressive and/or threatening behaviour.
- provide reasonable notification to all parties, using clear language that the BWC is being activated and that they are being recorded. This may require physical actions, such as pointing towards the device to support vulnerable persons in understanding what has been communicated.

#### 3.4 Restrictions on BWC Activation

BWCs must not be activated:

- for routine monitoring and general surveillance.

- to record interpersonal conflicts or conversations between WA health workers.
- to intimidate, harass, or discriminate against any person.
- for the entire duration of a shift or as continuous surveillance.
- for personal use.

### 3.5 Deactivation of BWCs

Security Officers are only to cease recording when:

- The incident has been resolved, or the imminent safety risk has passed, and the security officer has been stood down from the incident or the safety risk.

If requested by a member of the public, patient, parent, carer, guardian or worker to stop recording:

- the security officer must assess the validity of the request and circumstances in line with the activation conditions (section 3.3), including consideration of current safety risks, observable behaviour, the environment, and whether continued recording remains necessary and lawful.
- if the security officer decides to continue recording, they must clearly inform the person that the recording will continue.

### 3.6 Signage and Notification

HSPs must ensure prominent signage is displayed within hospitals notifying patients, visitors and workers about the use of BWCs to manage violent, aggressive and threatening behaviour.

### 3.7 Storage of BWC Footage

HSPs must ensure:

- all BWC recordings are downloaded and stored at the end of each shift, or as soon as is practicable thereafter, in a secure, access-controlled data storage system.
- the storage and management of all BWC recordings is in accordance with the following:
  - [MP 0145/20 Information Storage Policy](#);
  - [MP 0144/20 Information Retention and Disposal Policy](#);
  - [MP 190/25 Aboriginal Data Governance Policy](#); and,
  - [General Retention and Disposal Authority for State Government Information DA 2023-004 \(Section 88 – Security and Surveillance\)](#).
- recordings stored have a relevant report documented in the appropriate security database.

### 3.8 Access, Use and Disclosure of BWC Footage

- Requests to access, use and disclose BWC footage must be managed by the information custodian in accordance with the [MP 0015/16 Information Access, Use and Disclosure Policy](#) and the [MP 190/25 Aboriginal Data Governance Policy](#).

### 3.9 Training Requirements

HSPs must ensure security officer training includes the following minimum components:

- legislative requirements under the *SD Act*
- activation and deactivation requirements

- appropriate BWC footage access, use and disclosure requirements
- end of shift actions
- incident reporting requirements following BWC activations.
- practical competencies including:
  - mounting and positioning the camera
  - issuing verbal notifications
  - operating the device correctly
  - taking appropriate care of BWCs and reporting faults.

#### 4. Compliance Monitoring

The System Governance and Reform Unit, on behalf of the System Manager, will monitor compliance with this policy by requiring HSPs to report on the completion rate of mandatory BWC training by Security Officers.

The System Manager may also request additional information from HSPs to evaluate compliance with the policy requirements and to support policy evaluation activities.

#### 5. Related Documents

The following documents are mandatory pursuant to this policy:

- N/A

#### 6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- N/A

#### 7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Imminent risk	For the purpose of this policy, means a credible and immediate threat to the safety of workers, patients or visitors arising from threatening, violent or aggressive behaviour. An imminent risk exists where observable actions, conduct, or escalating behaviour indicate that harm is about to occur or is occurring, and prompt intervention is necessary to prevent injury or serious consequences. Imminent risk does not require harm to have already occurred but must be based on clear, current, and objective indicators of danger.
Information Custodian	For the purpose of this policy, has the authority to access, use and disclose body worn camera footage in line with applicable legislation.
Listening device	Refers to any instrument, apparatus, equipment, or other device capable of being used to record, monitor or listen to a private conversation or words spoken to, or by any person in private

	conversation, but does not include a hearing aid or similar device used by a person with impaired hearing to overcome the impairment and permit that person to hear only sounds ordinarily audible to the human ear.
Optical device	Refers to any instrument, apparatus, equipment, or other device capable of being used to record visually or observe a private activity, but does not include spectacles, contact lenses or similar device used by a person with impaired sight to overcome that impairment.
Private activity	Refers to any activity carried on in circumstances that may reasonably be taken to indicate that any of the parties to the activity desires it to be observed only by themselves, but does not include an activity carried on, in any circumstances, in which the parties to the activity ought reasonably to expect that the activity may be observed.
Private conversation	Refers to any conversation carried on in circumstances that may reasonably be taken to indicate that any of the parties to the conversation desires it to be listened to only by themselves, but does not include a conversation carried on, in any circumstances, in which the parties to the conversation ought reasonably to expect that the conversation may be overheard.
WA health system	The WA health system is comprised of: (i) the Department of Health; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

## 8. Policy Contact

Enquiries relating to this policy may be directed to:

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## 9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0196/26	18 May 2026	May 2029	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

## 10. Approval

<b>Approval by</b>	Lesley Bennett, Deputy Director General, Clinical Excellence Division
<b>Approval date</b>	15 May 2026

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