



*In January 2018, it was estimated that 42% of the world's population were active on social media and that figure has been rising rapidly since then.*



## Why use Social Media?

*Guidance from the Health and Care Professions Council, College of Paramedics and AACE general guidance*



### Document background

To provide detailed advice to NHS ambulance service staff who have been selected and trained by their organisations to share information about their roles and the work of their ambulance service, through media or social media e.g. "corporate tweeters".

See Page 02



### AACE General guidance

A simple check list of advice which takes on board the information from the Caldicott Principles, the HCPC and other expert organisations.

See Page 05



### What if you get it wrong?

Where you have made a mistake, it is important to state that that is the case – we are human.

See Page 08

# Best practice guidance for NHS ambulance service corporate tweeters on the use of social media/media related to patients

## INTRODUCTION

All NHS ambulance trusts use media and social media channels to share and promote information about the services they provide but also as methods of passing on information to the public and staff about innovation, education and campaigns. In particular, social media also provides a way of interacting with the public in a way that has only recently become available. Its use has undoubtedly had a significant impact on how our organisations are perceived by the public and indeed other organisations.



In January 2018, it was estimated that 42% of the world's population were active on social media and that figure has been rising rapidly since then. Studies by McKinsey Global Institute and Warwick Business School found that "almost three quarters of organisations are not using social media to its fullest potential". According to the

research, if they did, it "could improve employee productivity by 20 to 25 percent". Another study by the Pew Research Centre also found that "the use of social media boosts organisational productivity as staff use it to solve work problems, builds work relationships between departments,

they use it to take a mental break and it allows organisations to publicly recognise employees both internally and externally leading to a boost in morale". The use of social media presents ambulance services with the opportunity to improve staff engagement whilst also engaging with our publics and stakeholders.

Throughout all of these activities, it must be remembered that ambulance services also have the same responsibilities as all other NHS organisations to ensure that they protect patient confidentiality at all times.





# Guidance from the Health and Care Professions Council (HCPC)

The HCPC is the regulatory body for paramedics. While not all ambulance staff are paramedics or regulated by the HCPC, the guidance is a useful reference tool for ensuring that individuals keep within the boundaries of what is appropriate especially as many will progress to become paramedics during their career with the ambulance service.

Particularly if you are a paramedic, we would strongly recommend that you read the guidance documents issued by the HCPC:

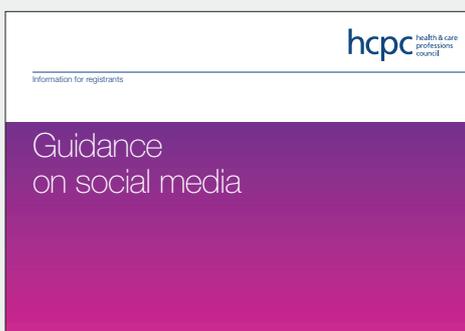
- Their social media guidance can be downloaded here: <https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-social-media.pdf>
- Their confidentiality guidance sets out the principles for handling information about service users: <https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-confidentiality/>
- You may also wish to look at their Standards of conduct, performance and ethics: <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>
- The HCPC's Head of Policy and Standards, Katherine Timms, published a blog about the use of social media, social media in professional practice which you may also find useful

## Documents from the HCPC acknowledge:

"Twitter can be a quick and easy way to show people how dedicated and hardworking registrants are, show the public what they do and highlight the services they provide. A key challenge is confidentiality. Raising the profile of their profession should only ever be a secondary consideration and should not impact on the service user's privacy or dignity."

"Registrants should take care to only share information required to achieve this aim. They should tweet in a modest manner, only providing the information the public needs to understand the role, and they should ensure any additional information, in particular service user identifiable information, isn't included."

Their confidentiality guidance document says: "Anonymised information is information about a service user that has had all identifiable information removed from it and where there is little or no risk of a service user being identified from the information available. You should always consider carefully what you are sharing and who you are sharing it with."



## College of Paramedics Social Media Guidance



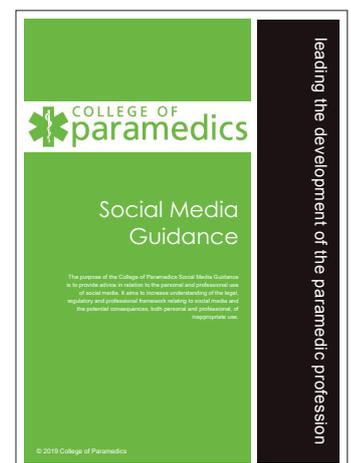
The College of Paramedics has published guidance for its members.

The purpose of this guidance is to clarify the College of Paramedics' position on the professional responsibilities of paramedics and student paramedics in relation to social media. It provides advice on how to develop appropriate behaviours in relation to personal and professional use of this technology. It also outlines the personal and professional consequences of inappropriate use of social media.

You may wish to read this in addition to this document.

It can be found here.

<https://www.collegeofparamedics.co.uk/news/college-of-paramedics-publishes-updated-social-media-guidance>



# Caldicott Principles and the Caldicott Guardian



Dame Fiona Caldicott



The Caldicott Principles were developed in 1997 following a review of how patient information was handled across the NHS. The Review Panel, which was chaired by Dame Fiona Caldicott, set out the principles an organisation should follow to ensure that information that can identify a patient is protected and only used when it is appropriate to do so. All NHS organisations have a senior clinician who is responsible for ensuring information about patients is managed and shared in a responsible manner, known as the Caldicott Guardian.

The Caldicott Principles are:

**PRINCIPLE**

**1**

**Justify the purpose(s) for using confidential information**

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

**PRINCIPLE**

**2**

**Don't use personal confidential data unless it is absolutely necessary**

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

**PRINCIPLE**

**3**

**Use the minimum necessary personal confidential data**

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

**PRINCIPLE**

**4**

**Access to personal confidential data should be on a strict need-to-know basis**

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

**PRINCIPLE**

**5**

**Everyone with access to personal confidential data should be aware of their responsibilities**

Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

**PRINCIPLE**

**6**

**Comply with the law**

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

**PRINCIPLE**

**7**

**The duty to share information can be as important as the duty to protect patient confidentiality**

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.



# AACE General Guidance

The following is designed to be a simple check list of advice which takes on board the information from the Caldicott Principles, the HCPC and other expert organisations:

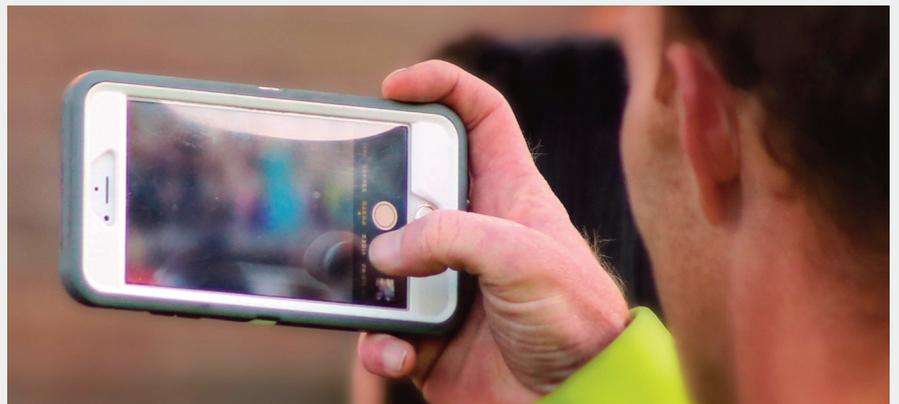
- If you are commenting about a case you were involved in, either in control or as a frontline clinician, you must always act in the best interests of your patient.
- Do not tweet on the way to, or during, an incident or episode of patient care. Your priority should be the patient but in addition, details at that stage may not be sufficiently clear to give a reasonable update. Even if you were commenting about good driving by other motorists, for example, it would be good practice to comment after the incident has been completed.
- However, if you are attending an event e.g. a school fete or county show, it would be appropriate to say that you will be there. Equally, if you are at a standby post, it may be appropriate to comment on that.
- It is always advisable to wait a period of time after completing the case before posting information about it – this could be on a meal break or after your shift has finished.
- If you are tweeting a list of the patients that you have seen, for example, before your break, consider mixing up the order you saw them in. Generally, avoid listing all the patients even if anonymised.
- Where a patient has died, check with your press office for guidance. It is usually better to avoid social media comments on these cases unless there is a very specific reason for mentioning it e.g. highlighting public assistance with CPR where you want to highlight the value of knowing this skill. Particular care should be taken to ensure that the patient cannot be identified due to the risk of relatives becoming aware prior to formal notification by police. We advise waiting a considerable period, for example, the following day before commenting.
- You must be aware of the 'jigsaw effect' where information from you, the fire service and police combined, could lead to identification of a patient even if your own tweet would not do so.
- A patient identifying themselves does not in itself breach confidentiality – the test is whether other people can identify them from what you post.
- We would advise not saying whether you are treating a man or a woman; instead just refer to them as a patient.
- Avoid giving an age, but it is reasonable to say an adult or child where that is appropriate.
- Be very general if you feel you need to give a location – Birmingham, Leeds, Northumbria etc. RTCs are an exception where a more specific location may be appropriate – the M25 junction 10 – 9 anticlockwise. Please be particularly mindful if the case is outside the patient's home address or close to it. It is usually better to retweet comments from the Police and or Highways Agency about avoiding specific areas or locations, after you have completed the patient care episode, or for the organisation's media team to share this information.
- Do not say 'Patient 1' or 'Patient 5' etc, as this indirectly gives an indication as to the time you were treating the patient, which may help someone identify a patient. If you feel the need to give a time frame, use a phrase such as earlier today, earlier on this shift, recently etc.
- Do not tweet about 'at risk' or vulnerable patients such as those who have learning difficulties or do not have the capacity to give consent. The same is true where children are involved. Particular caution should be shown around consent issues where people are under the influence of drink or drugs
- To reduce the chance of someone spotting that it is you at their neighbour's property, we would suggest that you do not say which vehicle you are on e.g. I'm on 4406 today. Equally, if you are taking a picture with the vehicle in shot, no issue with doing so, but try to avoid getting the vehicle number in shot.
- Don't say which hospital you are taking the patient to, even though in many cases it may be obvious given there only being one hospital in the area. Highlighting that you are taking the patient to a major trauma, heart attack or stroke centre is fine as it demonstrates the improved care being provided to the patient.
- Avoid giving figures for the patient's specifics e.g. temperature, or blood pressure. You might say that you were concerned by the findings of your assessment so took the patient on blue lights to hospital.
- Never include details about the patient's personal life e.g. just been to a funeral etc.
- Highlighting educational messages e.g. FAST test, SEPSIS and similar are great, especially if you can include details of how to spot them.
- Avoid talking about the actual treatments you gave to a specific patient, but you are more than ok to talk about it in general terms in a separate tweet:
  - **Tweet 1:** Went to a patient who was potentially having a heart attack – treated on scene and taken to hospital.
  - **Tweet 2:** When we get sent to a patient with a potential heart attack, we look out for several things – grey colour, sweating, chest pain etc.
  - **Tweet 3:** For potential heart attack patients, we will do an ECG (including pic of machine) to see how the heart is behaving – depending on what we see, we may transfer the patient to hospital rapidly / make an appointment for them to see a GP etc.
- By separating the patient from background information, we reduce the chance of identification.
- Avoid tweeting about incidents that could cause embarrassment to a partner agency e.g. tweeting about a police car or fire engine involved in a crash. You may however, want to alert the press office to the incident.



## PHOTOGRAPHS AND CONSENT

**There is no question that a gif, picture or even video can make a huge difference to a post. However, their use needs to be appropriate to the circumstances. What seems funny or even just normal to you could be seen as offensive by someone else. Please ensure you consider carefully whether the circumstances are appropriate. When using such media you must consider:**

- Pictures at the scene of an incident where there are patients being treated must only be taken once the patient's care has been completed – taking a picture should never interrupt the care of your patient.
- Does the picture breach confidentiality? This could be because: a patient or someone else is in it without their consent; or you display location information that might increase the chance of someone identifying your patient, for example a road name or an easily identifiable building. A photo of a pet or of unusual possessions may also increase the chance of them being identified.
- In general, it is not appropriate to take a picture of a patient. There are exceptions, however, you should not be taking a picture of a patient if care is on-going e.g. it would not be appropriate to take their picture while on the back of an ambulance travelling to hospital at normal road speed – this could be considered as interrupting patient care and as such would not be appropriate. The only time it could conceivably be appropriate would be if you have discharged the patient and their episode of care has been completed. Please note the comments further on in this document about the patient understanding what it is that you are asking. If in doubt do not take the picture and certainly do not post it.
- Be particularly careful if you are even considering taking a picture of a child. Even though the patient's parent or guardian gives consent, they may only be saying yes because you have helped their loved one, where they might not ordinarily have done so. Please use extreme caution in such scenarios – you must assure yourself that the parent or guardian understands what you wish to do and be clear that they understand this. This should be explicitly noted on the patient record.
- Are those in the picture behaving appropriately? There have been high profile cases in the past where an emergency services worker has been pictured at the scene of a fatal or serious injury collision giving the thumbs up or 'larking about', which has brought widespread criticism of the individuals and organisations as a whole. Clearly this would be inappropriate given the nature of the incident.
- We have seen pictures posted of, for example, a small child's teddy with bandages on. This is great, but please ensure you have the full permission of the patient/their guardian. This should be explicitly noted on the patient record.
- You must ensure that the patient/guardian understands the implications of tweeting a picture:
  - Some people may not understand what you mean by saying you are going to post it on social media. Perhaps explain it is a bit like it being printed in the newspaper or seen on the television to try and ensure that the patient understands the situation.
  - If you are in anyway unsure, don't post it.
  - You must annotate it on the patient record that you have done so and that the patient has given permission.
  - If you are in any doubt that the patient / parent or guardian is unsure, do not use the picture.
- Ensure you add to the tweet that you are tweeting with the consent of the patient/guardian.
- You may want to use a picture of an ECG to illustrate something. You must ensure that the ECG was anonymised at the time of taking the photo. You must also seek permission from the patient to post this, again noting it on the patient record that you have expressly asked permission to do so and that the individual understood what they were being asked. A better alternative would be to use a similar image e.g. from an ECG website, to illustrate a point saying we went to a patient who had an ECG like this one and then talk about why it is interesting.
- Generally, a tweet with an educational purpose is better than a random tweet about a case.
- There is absolutely nothing wrong with a selfie or a picture of staff looking happy, as long as the accompanying tweet is appropriate for the circumstances.





## RTC PHOTOGRAPHS

**These have proved contentious in some quarters. We believe that a picture of a crash scene does not necessarily breach patient confidentiality but matters of taste and decency should be strongly considered. In addition, we recommend that you follow this guidance to reduce the chance of patients being identified:**

- Consider taking the picture from the edge of the cordon or with a trust vehicle in the foreground so that the vehicles involved are not obvious.
- Do not put out a picture with a number plate on it.
- Never tweet a picture of a fatal crash scene or one where a patient has serious injuries.
- If the crash is on a motorway or in a built-up area, the chances of identification are less due to the sheer number of people – in a rural area, the chances of identification increase, even though they are still small.
- An alternative might be to take a picture much closer up so that you can't identify what type of vehicle it is. However, be mindful of any personal effects or stickers that might be on show that are identifiable.



- If you are in any way unsure, either don't tweet the picture or talk to the press office first asking for their thoughts – they can also remove number plates if you haven't been able to.

## HOW YOU SHOULD ACT IF CRITICISED

**Twitter is full of a range of views, some held very strongly. If you are involved in criticism of a tweet you have put out, we would advise the following:**

- Never be abusive to anyone on social media, however unpleasant they might be to you. The HCPC have stated that the vast majority of 'fitness to practice' cases involving social media have been around the abusive nature of the content. If you get abusive tweets, you could:
  - Ignore the tweet completely.
  - If you do decide to respond, wait a while before doing so, so that you can carefully consider what to say – as the saying goes - act in haste, repent at leisure...
  - Avoid sarcastic replies, it'll just lead to more negative comments.
  - Be particularly careful if you use hashtags and emojis as these could be perceived wrongly.
- Thank them for their views and say that you will consider their comments. They may well come back with further comment. In general, we would not advise engaging with them unless it is sent in a constructive manner.
- Do self-reflect on what has been said and consider if there is learning that you should do as a result of the comments.
- Social media is still pretty new and lots of people simply don't understand it. With the way language is developing things like grammar and use of emojis can be misconstrued by some people – there have been cases where what seemed like an innocent use of an emoji has caused someone to take great offence. Equally, some people do not recognise some of the reasons for using social media which were outlined at the beginning of this document.
- Within some social media formats, there is the option to 'block' someone so that you cannot see what they post. In general, we would not advise doing this unless the person messaging you is repeatedly being abusive. If that is the case, you may wish to consider reporting them to Twitter etc, but also considering carefully whether they have a point or not. You may wish to discuss this with your press office before doing so.



# Appendix

Please see three examples of tweets which describe patient care provided by ambulance staff which meet best practice guidelines:

**@DrLindaDykes**

Next patient was having a panic attack. These can be very frightening but aren't physically dangerous. After checking it wasn't anything more serious, we taught our patient controlled breathing techniques and signposted them to #anxiety advice.  
<https://www.nhs.uk/conditions/stress-anxiety-depression/coping-with-panic-attacks/>

**@wmasrobmoore**

I attended a patient who was choking. Their life had been saved with really simple first aid, before we arrived.  
SLAP IT OUT: Up to 5 back blows, between shoulder blades.  
SQUEEZE IT OUT: Up to 5 abdominal thrusts, inwards and upwards, between ribs and belly button.  
#jobdone

**@LAS\_NorthLdn**

Currently at the scene of a road traffic collision on the A406 towards Edmonton from the Coloney Hatch Lane junction. Thankfully no injuries, #ambulance cancelled. @MPSEnfield @MPSRTPC on scene working to clear the carriageway. 1 lane currently closed. HT



# Press Office

It is worth noting that you may, on rare occasions, see a trust press office issuing information that is contrary to what is outlined previously in the document.

- Although the general principles are the same, there is occasionally a distinction between an organisation providing information and an identifiable frontline member of staff/clinician doing so. For example, the press office may confirm a more accurate location to a member of the media than we would encourage corporate tweeters to do.
- The organisation is responsible for information relating to our patients, under the responsibility of the Caldicott Guardian for the trust; the trust is subsequently accountable for any information released and would be assessed according to the Caldicott Principles for all NHS organisations.

# What if you get it wrong?

Where you have made a mistake, it is important to state that that is the case – we are human.

- If you get it wrong and someone else points it out to you, don't panic. It is probably best to screen shot the post so that you have a record (almost inevitably, someone else will have taken a screen shot too), delete the tweet, consider an apology and then reflect on what went wrong and why. Acknowledging publicly that you got something wrong and the actions you have taken may reduce the level of criticism you face. We would also advise writing this up and adding it to your portfolio so that you can demonstrate any reflection or learning. Press offices are always happy to discuss things with you and provide a bit of balance and guidance where required.
- Our overwhelming message is that if you are in any doubt as to whether to post something, don't send it out until you have had a chance to think about it and reflect!



## AACE contact details

For more information please contact:

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