

DEPARTMENT (DIVISION): Trauma  
TITLE: VIDEOTAPING OF TRAUMA RESUSCITATIONS

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**TRAUMA AUDIOVIDEO RECORDINGS AND REVIEW TOOLS ARE CONFIDENTIAL  
PEER REVIEW PROTECTED DOCUMENTS**

**PURPOSE:** To describe how video-taping will be utilized during Trauma activations and to provide appropriate guidelines for the review of such videotapes for education and performance improvement purposes.

**PROCEDURE:**

A. THE RECORDING PROCESS

1. The documentation RN is responsible to initiate the recording of all trauma activations.
  2. There is a recording access pad located on the left side wall in each trauma room.
  3. When the trauma activation is called, the recording access pad must be swiped twice by the documentation RN to turn on the recording device. The access pad light will turn green with the first swipe and the pad must be immediately swiped a second time. Proper initiation of the recording device is confirmed by seeing a red bulb lit above the access pad.
  4. The documentation RN or his/her designee will swipe the recording access pad twice to turn off the recording when the Trauma activation has concluded or when the patient leaves the Trauma room for the OR, CT, or other department location. Verification that the recording process has stopped may be visually confirmed once the red light above the recording access pad is no longer lit.
- \* At all times audio-video equipment will be secured with controlled access within the trauma room.

B. THE REVIEW PROCESS

1. In accordance with policy and procedure No. 1.92 **Photography Treatment and Medical Training**, consent is validated before viewing of any trauma activation recording
  - The digital recording will be erased without review if the consent form is not signed by the legal guardian. This consent for photographs and video is now included on the “Consent upon Admission and Release of Information for Payment and Treatment Purposes” form (Form #01026).
2. The Trauma Program Manager (TPM) will do an initial review of all Trauma Code recordings within 15 days of the event.
3. A random sample of activations will be reviewed monthly by a select group within trauma leadership.
4. Any member of the trauma team can request a specific activation be reviewed.
5. An audit will be completed on each reviewed recording.
  - Opportunities for improvement will be forwarded to the appropriate Trauma Performance Improvement/Peer Review forum for review/discussion.
6. The audio-video equipment hard drive will be auto-erased within 30 days of the activation. If a trauma activation review is requested for a Peer Review forum, the activation will be saved by the TPM prior to the erasing of the hard drive. The video recording may be held securely by the TPM for up to 60 days and will be destroyed upon conclusion of the peer review process. The TPM maintains responsibility for erasing/destroying the copy of the video recording.