RCN position statement
Nursing staff using personal mobile phones for work purposes

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Publication

This is an RCN position statement. RCN position statements are evidence-based documents used to describe an explanation, a justification or a recommendation for a course of action that reflects the RCN's stance regarding a particular topic.

Description

The purpose of this document is to state the RCN's position on nursing staff (including nursing students and health care support workers) using their own mobile phones for work related purposes and to provide guidance on specific issues. It does not intend to be a complete guide on mobile phone usage in health and social care. This is a revision of the publication first published in August 2012 (publication code 004 259), and we would like to thank Alison Wallis, then RCN eHealth Adviser, who was the principal author of the first publication.

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The Nine Quality Standards

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Evaluation

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Nursing staff using personal mobile phones for work purposes

Introduction

Mobile technology, in particular the mobile phone, has made immense changes in a short space of time to the way we communicate and exchange information. However, as with the introduction of any technological innovation, new practice issues have been raised by mobile phone use in health and social care.

Many health and social care organisations supply mobile phones for nursing and other staff to use. In a survey of health clinicians, 95% of nurses owned a smartphone and 65% a tablet. Fifty three percent perceived their smartphone to be useful when performing their clinical duties

(Mobasheri, 2015). The survey also found that 29% of nurses had used their smartphones at work for communication purposes, with 14% sending patient-related clinical information over their smartphones. A small number of nurses (3.6%) believed that they still had patient-related clinical information on their smartphones.

The purpose of this document is to state the RCN's position on nursing staff using their own mobile phones for work-related purposes and to provide guidance on specific issues. It does not intend to be a complete guide on mobile phone usage in health and social care.

RCN position

The RCN does not support the use of staff personal mobile phones for routine provision of services. Staff personal mobile phones should never be used to record, transmit or store a patient's personal details, health information, or images of the patient.

Background

Health IT systems are now an integral part of professional nursing practice. There is evidence to suggest they make a positive difference to the safety of patients, to their experience of health care and to the working lives of health professionals (RCN, 2012a).

This includes the safe use of mobile technology such as mobile phones, which can be used in a number of ways to improve communication between clinicians and patients, and to improve safety and efficiency for nursing staff.

The modern mobile telephone has elevated the 'phone' far beyond telephonic communication and into the realms of entertainment, knowledge management and photography. The properties of current smartphones have made their use integral to many areas of our lives, such as entertainment, leisure, study and work, and for many people mobile technology has made it difficult to separate out these different spheres of our lives.

As mobile phone functions have evolved, so have the ways in which we use them to benefit staff and patients in health and social care, for example:

- communication via telephone, SMS text messaging and email
- photography, for example, of patients' wounds or skin condition
- basic tools such as calculator and stopwatch
- internet/intranet usage to access guidelines and other knowledge sources
- downloadable apps designed for specific purposes
- use of global positioning system (GPS) software for getting directions or calculating mileage, and for protection purposes by tracking the location of lone working nursing staff.

Nursing staff using personal mobile phones for work purposes

What should nursing staff be aware of?

There are a number of issues to be taken into account if nursing staff do use their personal mobile phones for work-related purposes. RCN guidance on these issues is detailed in this document.

1. Employer's policy

The majority of NHS and other health and social care employers have policies relating to where and when mobile phones can be used at work. There may be restrictions on what areas of health premises mobile phones can be used in; on use of cameras and videos incorporated into mobile phones; and on personal use of mobile phones by staff while on duty. This is to: prevent interference with the functioning of certain medical equipment; to protect patient privacy and dignity; and to avoid the nuisance factor of mobile phone related noise (Department of Health, 2009). There may also be safety risks if staff use unapproved electrical equipment to charge their own phones at work.

The RCN advises that nursing staff should adhere to their employer's policy on mobile phone use. If usage of their own mobile phones for work purposes is a regular occurrence this should be raised with their manager to explore other options, such as supplying an approved mobile phone.

2. Security and confidentiality of patient information

The Nursing and Midwifery Council principles of good record keeping apply to emails, photographs, videos, tape recordings of telephone conversations, and text messages, as well as paper-based records (NMC, 2015). Therefore, information that is identifiable to a patient used in any of these media must be protected. Not all mobile phone users have a password or personal identification number (PIN) to prevent unauthorised access, and personal mobile phones are unlikely to have embedded encryption. Without this protection any emails, voicemails, videos, SMS text or picture messages containing patient identifiable information, could be vulnerable to unauthorised viewing if the mobile phone is lost, stolen or lent to someone else. Even if the phone is sold on the information may still be visible to the new owner.

Sharing information about patients is important for safe and effective care, but patients should be aware of how their personal information is being recorded, stored and shared, and they have the right to ask to see their record (RCN, 2012b). The patient related information or images contained in the mobile phone's email, text or voice messaging facilities constitute part of the patient record and should be able to be attached to that relevant record, adhering to the NMC principles for good record keeping. Explicit consent is required for photography and for sound/video recording of a patient.

The RCN advises that nursing staff do not use their personal mobile phones for recording, transmitting or storing patient identifiable information at any time.

Box 1 – case study, taken from the NMC Fitness to practice hearings, 2016

2.2 On 9 January 2014 the registrant was working a night shift. At around 19.45 in the reception area of the unit a number of members of staff, including the registrant, were looking at an x-ray image on the unit computer. The image showed a patient's lower abdomen [PRIVATE]. On the x-ray image, there were tabs showing the patient's name as well as the details of other patients.

2.3 The registrant took her personal mobile telephone out of her tunic pocket and took a photograph of the x-ray image.

2.4 A few moments later one of the doctors on the unit arrived at the reception area. The registrant said to him "…look here what I've got on the phone". She then showed him a picture on her personal mobile phone. It was a picture of the x-ray image taken from the unit computer.

2.5 The doctor left the reception area and came back soon afterwards. He told the registrant to delete the picture from her mobile telephone and said that she should not have had it on her phone. The registrant appeared shocked by this comment and agreed to delete it. The doctor asked her why she had done something silly like this. The registrant replied that she "just didn't think".

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3. Staff safety

When telephoning or texting, the sender's number is available to the recipient. Nursing staff using their own mobile phones for this purpose could be putting themselves at risk of receiving unsolicited communications unless they are able to, and action, withholding their number.

Under health and safety law an employer has a duty to assess the risks to nursing staff working alone and to put in place measures to reduce those risks. This includes providing lone workers with a means of raising the alarm if they are in danger or need urgent assistance (HSE, 2013, NHS Protect, 2013, RCN, 2016).

A survey of RCN members found that most used a mobile phone for security (RCN, 2012c). However, NHS Protect recognise they are not as effective as a dedicated lone worker device when faced with a difficult situation (NHS BSA, 2009).

Since 2007 it has been illegal to use hand-held phones or similar devices while driving (Gov.uk, 2014). Whilst it is not illegal to use hands-free devices, research suggests that driving while talking on a hands-free phone can be as distracting as talking on a handheld mobile (Briggs, 2016).

The RCN advises nursing staff to withhold their number if they have to contact patients using their own mobile phone and should not give their personal numbers to patients, their carers, or their families. Patients should be discouraged from contacting staff on their own mobile phones. Appropriate work contact details should be provided instead.

Nursing staff should ensure that they are aware of their employer's lone working policy and, if assessed to be at risk of verbal or physical abuse, that they have been issued with the appropriate lone worker technology, which may or may not be incorporated in a mobile phone, rather than relying on their own mobile phone.

Nursing staff should adhere to the Highway Code regarding mobile phone use while driving a vehicle.

Increased use of smart phones and hand held devices has been linked to a rise in musculoskeletal disorders including neck and wrist injuries and visual fatigue (Christopherson, 2015, Manchester, 2015). Small screens and keyboards can make reading text and inputting data difficult. Where work phones are frequently used to input data or read documents from, under health and safety laws, employers have a duty to assess and reduce the risk of musculoskeletal injury (HSE, 2009). In some instances alternative equipment such as laptop or notebook may be more appropriate to use.

Nursing staff should ensure that they are aware of their employers' policy on the use of display screen equipment including handheld mobile devices/smart phones. Individuals can take steps to reduce the risk of problems including reducing the duration of uninterrupted use, avoiding prolonged static positions eg, continued bending of the neck; avoiding using one thumb or finger and periodically stretching fingers hands and wrists. Keeping the screen clean, scratch free and adjusting brightness can also help reduce visual strain.

4. Cost and network availability

The cost of mobile phone contracts or pay as you go deals can vary enormously and, with some contracts, functions such as picture messaging or mobile internet access cost extra. Therefore nursing staff may end up paying substantially more than they had anticipated as a result of work-related mobile phone usage. Employers may refuse to reimburse costs if they have not been agreed beforehand.

Network availability also varies and nursing staff working in a different area from their home may encounter inconsistent signal coverage.

The RCN does not agree that nursing staff should bear the brunt of costs associated with work-related mobile phone usage. Nursing staff who do not qualify for an employer supplied mobile phone should ascertain the local policy on claiming for work-related calls made on their own mobile phones.

5. Infection control

Studies have found high bacterial contamination, including MRSA, on mobile phones, which are likely to have originated from hand contamination (Ulger et al, 2015; White et al, 2012). In addition, a Freedom of Information request sent to 264 NHS organisations found that 22% of organisations had no policy in place for mobile device cleaning and disinfection practices (White et al, 2015).

The RCN advises use of standard precautions to underpin safe care of all patients at all times when staff are using equipment such as mobile phones and computer keyboards/tablets. Precautions include hand washing before direct contact with patients and after any activity that contaminates the hands, and regular cleaning of the equipment with detergent and disinfectant wipes, which should be used in line with manufacturer's instructions (RCN, 2011a).

6. Trustworthiness of software

The number of health and social care apps is growing exponentially, and an increasing number of nurses use apps on their mobile phones to help them perform their day-to-day clinical duties (Mobasheri, 2015). The RCN recognises that there are many reliable and trustworthy sources or downloadable applications that can enhance knowledge and contribute to safe patient care. However, a 2015 study found poor information privacy practices in health apps certified as clinically safe and trustworthy by the NHS Health Apps Library, a two-year pilot which ran from 2013-2015 (Huckvale, 2015).

There is also a risk with smartphones of downloading viruses or worms, which can embed with data transmissions and infect other systems.

Nursing staff are advised to develop the knowledge and skills to 'judge whether the information is reliable, valid, accurate, authoritative, timely, or has a particular point of view and how it is biased' (RCN, 2011b).

The RCN is supportive of the work of the National Institute for Health and Care Excellence (NICE) and its collaborators in developing an assessment tool for Apps used for health and social care. Until such time that a credible assessment tool becomes available the RCN is not in a position to endorse or accredit Apps.

Nursing staff are advised to ensure that they have up to date antivirus software installed on their mobile phones, do not open documents, texts and emails from unknown sources and do not transfer known infected materials to work computers.

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