

## Policy for the Use of Mobile Phone and Devices Policy

v 3

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<b>Directorate / Department responsible (author/owner):</b>	Estates Department
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<b>Brief summary of contents</b>	The management of mobile phones and electronic devices at Weston Area Health Trust and its Properties
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### Version Control Table

Date	V	Summary of changes	Author
01/05/2019	3	Full review and reformatting into new policy template	Barry Hynam
01/05/2019		Removal of paragraph 5.4.3 (Patients and visitors will not be allowed to charge mobile devices when on Trust property is no longer applicable)	Barry Hynam

## Document Amendment Form – minor amendments

No.	Date	Page no	Amendment	Authorised by
1				
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Ten or less minor amendments can be made before the document is revised.

Major changes must result in immediate review of the document

**If printed, copied or otherwise transferred from the Trust intranet, procedural documents will be considered uncontrolled copies. Staff must always consult the most up to date version – located on the intranet.**

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## 1. Introduction and purpose

1.1 This Policy has been developed to ensure that all staff, patients and visitors are aware of the areas where the use of mobile phones and mobile devices (eg. Laptop Computers/Tablets/Gaming Devices) is restricted or limited.

1.2 Weston Area Health NHS Trust recognises that when a patient is in hospital, communication with his or her family and friends is an essential element of support and comfort.

1.3 Communication is made easier today with the widespread use of mobile phones and their integrated functionality, such as texting and e-mailing.

1.4 However, modern mobile phones also often include camera and video recording capability, and music players.

1.5 There is the potential for patients and visitors to use this functionality to take inappropriate photographs or videos that presents the greatest potential to interfere with patient dignity and privacy.

1.6 In addition, ringtones or music played via mobile phones could disturb ill patients who are trying to recuperate and constant 'chatter' from other patients on mobile phones would be disruptive to those patients wishing to rest.

1.7 Throughout this policy document the term "mobile phones", automatically includes and applies equally to mobile camera phones.

1.8 The Department of Health states that use of mobile phones within NHS sites should be allowed, as long as their use does not affect:

- The safety of patients or other people
- Patients' privacy and dignity
- The operation of medical equipment

1.9 Interference from mobile phones and other mobile devices can stop medical equipment from working properly, for example:

- Dialysis machines
- Defibrillators
- Ventilators
- Monitors
- Pumps

1.10 Loud ring tones and alarms on mobile phones can also be confused with alarms on medical equipment.

## 2. Scope

2.1 This Policy applies to all those working in the Trust, in whatever capacity including contractors. This policy also applies to staff that provide Trust services from non-Trust owned sites

e.g. The Barn. A failure to follow the requirements of the Policy may result in investigation and management action being taken as considered appropriate. This may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees; and other action in relation to other workers, which may result in the termination of an assignment, placement, secondment, contract or honorary arrangement.

2.2 This Policy also applies to patients and visitors to the Trust whilst on Trust premises

2.3 This version supersedes any previous versions of this document.

### 3. Explanation of terms

Digital Enhanced Cordless Telecommunication	DECT
Document Management System	DMS
General Packet Radio Services	GPRS
International Organization for Standardisation	ISO
Radio Local Area Network	RLAN
Terrestrial Trunked Radio	TETRA
The Medicines and Healthcare Products Regulatory Agency	MHRA

### 4. Roles and Responsibilities

**4.1 The Trust Board** is responsible for ensuring that the Trust acts in accordance with Estates Policies and Procedures, with due regard for statutory provisions as set out by legislation, regulation and guidance.

**4.2 Senior Management Group** is responsible for enforcing the Use of the Mobile Phone and Devices Policy and all associated plans and procedures.

**4.3 Health and Safety Committee** is responsible for reviewing this Policy and all associated plans and procedures.

**4.4 The Chief Executive** has overall responsibility for this Policy and is accountable to the Trust Board for ensuring that effective systems are in place to facilitate a robust Use of Mobile Phone and Devices Policy.

**4.5 Caldicott Guardian** is responsible for Patient Confidentiality across the Trust. Ensures the Use of Mobile Phone and Devices Policy is adhered to across the Trust

**4.6 Management responsibilities;**

**4.6.1 The Estate and Facilities Compliance Manager;**

Has responsibility for reviewing and implementing the Policy, also keeping an accurate record of all mobile phones and users.

**4.7 Department Managers are responsible for;**

- Informing staff and implementing the policy,
- Keeping an accurate record of mobile phone users in their remit.
- Annual review of the allocation of mobile devices to staff to ensure the list is accurate and up-to-date.

- **Ensuring any mobile communications device no longer essential for use is returned to the Telecoms Manager.**

**4.8 Line Managers** should ensure all current and future staff are instructed in this Policy.

#### **4.9 All staff in the Trust**

4.9.1 Must ensure that this Policy is adhered to in all premises of the organisation.

4.9.2 Individuals to whom mobile phones are issued are responsible for ensuring that the Phone is kept secure at all times and only used for essential work related calls. Misuse of Trust-owned mobile phones could be a disciplinary offence.

4.9.3 The Trust recognises that any staff who work alone in the community can be vulnerable. Therefore the Trust may fulfil part of its Duty of Care by issuing mobile phones to staff where a risk has been identified.

4.9.4 It is recognised that the use of mobile phones whilst driving is hazardous. Therefore **staff are instructed not to make or receive calls when driving**. All handsets provided by the Trust have a voice mail facility and this should be used to take calls when driving.

**4.10 All Patients & Visitors** on Trust premises must ensure that this Policy is adhered to

## **5. Policy details**

### **5.1 Code of Conduct**

### **5.2 Areas of use**

Categories of mobile phone areas across the Trust can be split into three;

**Category 1** – Non-Clinical areas/low risk patient areas (e.g. clinic waiting areas, corridors, reception areas), where mobile phones can be used by staff, patients and visitors alike.

**Category 2** – Clinical Patient areas (e.g. general wards, departments) where mobile phones can be used by staff, patients and visitors, but may be subject to local restrictions if their use is deemed to be affecting patient care, dignity or confidentiality.

**Category 3** – Safety Critical Patient areas (e.g. Intensive Care, High care, and Theatres): Mobile phones must be switched off in these areas.

5.2.1 Weston Area Health NHS Trust has conducted a thorough risk assessment and established the areas within the Hospital to be designated as acceptable for mobile phone use.

5.2.2 It believes that in these areas issues of privacy and dignity and interference with medical equipment can be kept to a minimum.

5.2.3 All these areas will be clearly marked with appropriate signage, as to whether mobiles phones are, or are not, allowed to be used.

5.2.4 The Trust wishes to adhere to Department of Health (DoH) guidelines and to reflect the rapidly developing principles of patient choice in the matter of mobile phone usage. It therefore considers that the working presumption should be that patients will be allowed the widest possible

use of mobile phones whilst in Trust premises, including on-wards, where the local risk assessment indicates that such use would not represent a threat to:

- The patients' own safety, or that of others
- The operation of electrically sensitive medical devices in critical care situations
- The levels of privacy and dignity that must be a characteristic of all NHS care
- A disturbance-free environment for patients.

These are the areas where mobile phones **may** be used by patients and visitors:

- Hospital main reception and entrance area,
- Rafters Restaurant
- Public Corridors
- North Somerset Academy
- In the open air grounds

In addition, staff may use mobile phones in the following staff-only areas:

- Administrative offices on the main Hospital site
- Brent Knoll and East Brent Offices
- The Industrial Block to the rear of the A&E Department
- Children's Services South offices, Drove House, Drove Road site
- Children's Services North offices, The Barn, Clevedon

These are the areas where mobile phones **may only be used with the express permission of the senior person in charge;**

- On all medical and surgical wards
- Intensive Care Unit
- Operating theatres
- Ashcombe Maternity ward and clinic
- Seashore Centre
- Library
- Children's Services South clinical rooms and waiting areas, Drove House, Drove Road site
- Children's Services North clinical rooms and waiting areas, The Barn, Clevedon.

### **5.3 Signage**

Signage needs to be in place across all sites where the Trust provides services to indicate the code of conduct for usage as well as which category the area is and if mobiles can be used.

### **5.4 Patients & Visitors**

5.4.1 Patients and visitors mobile phones are their own responsibility when on Trust property.

5.4.2 Patients and visitors must be mindful of moderation of tone, volume and language and may be informed if behaviour is deemed disruptive. Telephone ringing and subsequent conversations may disrupt important patient/healthcare professional activities or may disturb and/or alarm patients who are resting

5.4.3 Patients and visitors must switch phones to vibrate/silent in category 2 areas, if they wish to talk after 10pm or before 7am they must find a local category 1 area e.g. corridor

5.4.4 Staff should advise patients who are leaving the ward to use their phone that mobiles phone should NOT be used within 1m of active infusion pumps and monitors.

**5.4.5 The Ashcombe birthing unit may permit photos to be taken with a mobile phone or other mobile device, for example, parents with their new born baby as long as no staff or other patients are in the photo.**

**5.4.6 Patients and visitors using other devices (e.g. Laptop Computers/Tablets/Gaming Devices) enabled with wireless network capabilities must also apply to this code of conduct.**

**5.4.7 Should a patient or visitor take a photograph or film of a member of staff without their consent they will be asked to delete the photograph/film from their mobile device. Should they decline; an incident form will be generated detailing the breach of policy. If the Visitor continues taking photographs or films the member of staff without consent they will be asked to leave the premises. Security staff can assist if required**

**5.4.8 Patients and visitors must not access illegal or explicit internet sites or sites with adult only content whilst on Trust premises.**

## **5.5 Staff**

5.5.1 Staff personal mobile phones are their own responsibility when on Trust property.

5.5.2 Personal Mobiles must be kept on silent, unless working in a Category 3 area where they must be switched off. The only exemption being the staff member needs their phone on them for Trust business (e.g. consultant on call). Staff should not have their phones on them whilst in the clinical areas, they should be kept with other personal items e.g. handbag, backpack etc...

5.5.3 Staff must be mindful of moderation of tone, volume and language when using mobile phones on Trust premises

**5.5.4 Integral cameras/document management functions within any form of personal mobile communication should never be used for clinical purposes.**

**5.5.5 Staff must not access illegal or explicit internet sites or sites with adult only content whilst on Trust premises.**

5.5.6 The restrictions on mobile phone usage in designated areas apply to staff as well as to patients and visitors.

5.5.7 All staff are empowered to challenge the misuse of mobiles on site.

**5.5.8 It is an offence under the Road Traffic Act to use a handheld mobile phone whilst driving. Using a handheld mobile phone whilst driving on Trust business is not permitted.**

## **5.6 Allocation of Mobile Phones**

- The Department / Divisional Manager will make an application for mobile phones by completing a Statement of Need (Appendix 4) and Recharge Form (available from Estates Department)
- The E&FM Compliance Manager will supply an appropriate mobile phone
- The E&FM Compliance Manager will carry out a regular review of the allocation of mobile phones. Department and Divisional Managers will review the allocation of mobile devices to their staff annually.

## 5.7 Costs

- The cost of a call from a mobile phone is greater than from a landline. Mobile phones should only be used if fixed phones are not available and calls should be as brief as possible
- **Private use of Trust mobile phones may only be made in exceptional circumstances and all private calls must be paid for.**
- **If private calls are made the E&FM Compliance manager should be informed and an Itemised bills will be copied to mobile phone holders to enable them to identify their private calls and pay the Trust.**
- Details of the costs of private calls should be kept for six years for inspection by the Inland Revenue or the Trust's Auditors  
The E&FM Compliance Manager will make review of the call tariff on all Trust mobile phones on a regular basis to ensure best value for money

## 5.8 Security

- All Trust mobile phones **must have the P.I.N. number active** and a copy of the number kept with the Department Manager
- Loss or theft of a mobile phone should be reported immediately to the Vodafone service centre 03333 044 444 and calls barred to prevent fraudulent use. The E&FM Compliance Manager should be informed as soon as possible.
- When an employee leaves the Trust the mobile phone remains the property of the Trust and must be returned to the Department or the contract terminated by the E&FM Compliance Manager

## 5.9 Charging of mobile phones;

5.9.1 Is only allowed when using an official phone charger that has a valid safety test certificate. Only spare power sockets can be used with an understanding that other devices will take priority where limited sockets are available. Mobile phone chargers will also have to be unplugged when not in use.

## 5.10 Exemptions

5.10.1 There are some special circumstances where it is acceptable for mobile communication technology to be used where normally forbidden within this Policy. These are considered to be:

- Senior on-call clinicians and managers who may need to be urgently contacted whilst in a patient area
- Where there is a clinical imperative that negates the use of all other means of communication



- Carers of patients with a Cognitive Impairment e.g. Learning Disability who wish to develop a picture book to aid the process for further admissions – permission needs to be sought from the ward sister or nurse in charge.
- To enable staff to access clinical Apps e.g. Antibiotic therapy
- Where there is an urgent need for translation at the bedside of a patient and no advocate is available to attend.
- Major incident declared.

5.10.2 Staff who meet the criteria for a temporary exemption to the policy are politely asked to show consideration to the enforcement of the policy to NHS colleagues, patients and visitors. It is accepted that it is the circumstances at the time that dictate the clinical imperative and as such people who are using their phones are requested to give consideration to politeness and professionalism.

## **5.11 Compliance**

5.11.1 The privacy and dignity of patients and compliance with health & safety is the duty of all staff, patients and visitors whilst on the hospital premises. For the reasons stated the Trust feels it is necessary from a clinical perspective that everyone complies with this policy.

5.11.2 Patients or visitors who fail to adhere to the policy will be asked to leave the prohibited use area and security may be called if they become abusive or aggressive towards staff enforcing this policy, in line with the Trusts Violence & Aggression Policy. It should be noted the Trust does not accept the display of violence or aggression towards NHS staff whilst undertaking their work. Staff who fail to comply with the policy will be reported to their line manager and persistent breaches of the policy will be dealt with under the Trust's disciplinary procedure.

## **5.12 Training and Awareness**

This Policy will be made available to all staff via the intranet and will also be placed on the Trust external website for the public and patients to see. Reference will be made to this Policy at Induction of new staff members.

## **5.13 Review**

- This Policy must be subject to review when any of the following conditions are met:
- The adoption of the Policy highlights errors or omissions in its content
- Where other policies/strategies/guidance issued by the Trust conflict with the information contained herein
- Where the procedural or guidance framework of the NHS evolves/changes such that revision would bring about improvement
- Three years elapse after approval of the current version

## 6 Dissemination

- 6.1 The Policy will be available on the Trust intranet site in the Policy Library.
- 6.2 The document will be referred to at induction and in relevant training and development.

## 7. Implementation

- 7.1 This Policy has been agreed with the Health and Safety Committee.
- 7.2 This agreed Policy supersedes all other agreements on this subject and will be reviewed no later than 3 years of this agreement.
- 7.3 The Policy will be implemented through the Trust Intranet, e-mail and via induction and training.
- 7.4 Each member of staff is responsible for maintaining up-to-date awareness of this Policy and adhering to the content in the course of their daily work. All new staff joining the Trust should be made aware through line management of all current Trustwide documents.

## 8. Monitoring Compliance and Effectiveness

**Table 1. Mandatory Elements of Monitoring Compliance.**

Element to be monitored	Use of Mobile Phone and Devices
Lead	Estates Officer – the Estates and Facilities Compliance Manager
Tool	Compliance Tools / Management Performance / Security
Frequency	Monthly
Reporting arrangements	Health and Safety Committee (Quarterly)
Acting on recommendations and Lead(s)	Estates Meetings, Health and Safety Committee, Security Meetings / Local Security Management Specialist, Health and Safety Advisor, Trust and Legislative Guidance
Change in practice and lessons to be shared	By updating current policies / procedures in line with legislative changes / guidance from other directorates

## 9. Reference and bibliography

- 9.1 Reference should be made to Appendix 3.

## 10. WAHT associated records

Nil.

## 11. Staff compliance statement

All staff must comply with the Trust-wide procedural document and failure to do so may be considered a disciplinary matter leading to action being taken under the Trust's Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or

illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual concerned.

## **12 Equality and Diversity statement**

The Trust aims to design and implement services, policies and measures that meet the diverse needs of users of our services, population and workforce, ensuring that none are placed at a disadvantage over others.

## Equality Impact Assessment Screening Tool

To be completed for any procedural document when submitted to the appropriate committee for approval.

		Yes/No	Rationale
<b>1</b>	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>2</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3</b>	<b>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</b>	No	
<b>4</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5</b>	<b>If so can the impact be avoided?</b>	No	
<b>6</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	No	
<b>7</b>	<b>Can we reduce the impact by taking different action?</b>	No	
<b>8</b>	<b>Actions identified following screening process</b>	None	
<b>9</b>	<b>Screening identified a full impact assessment.</b>	No	

If you have identified a potential discriminatory impact of this policy/procedure, please refer it the appropriate Director in the first instance, together with suggested actions required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact the H.R Department. For advice on completion of this form please contact the Governance Team.

## **Appendix 1: Legal Framework**

The following refers to the laws within which the framework for this policy has been developed.

### **○ Patient Privacy and Dignity**

There is a legal duty to respect a patient's private life. The Human Rights Act 1998 (HRA) enshrines the right to respect for private and family life set out in the European Convention on Human Rights (Convention) which states:

*Everyone has the right to respect for his private and family life, his home and his correspondence*

*There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.*

The HRA makes it unlawful for public authorities (including health authorities) to act in a way which is incompatible with the Convention. The European Commission has found that the collection of medical data and the maintenance of medical records fall within the sphere of private life protected by Article 8 of the HRA Act.

The European Court has recognised that respecting medical confidentiality is a 'vital principle' crucial to privacy and to confidence in the medical profession and in the health services in general.

Permitting the use of mobile phones with cameras in hospitals is unlikely to sufficiently respect medical confidentiality, or indeed each patient's right to respect for his/her private life.

The European Court and Commission have also ruled that there is a duty to take action to ensure that these rights are protected effectively.

Therefore, in order to protect fully these rights, each trust could well be required to take the positive action of drafting a policy which states that the use of cameras and mobile phones with cameras are not permitted in the hospital.

### **○ Patient Confidentiality**

The use of camera phones and other photographic devices risks infringing patient confidentiality. Given the difficulty in detecting usage, the consent for taking photographs of either patients or their confidential information (especially with camera phones) may not be sought from either the hospital staff or the patient.

The Information Commissioner's Office states that all public and private organisations are legally obliged to protect any personal information they hold.

In relation to this, any individual who takes a photograph of another individual using the camera on their mobile phone will be processing "personal data" and must comply with the Data Protection Act 1998 (DPA) in relation to the circumstances in which the photograph is taken and the use of that photograph.

Photographs taken of individuals may contain sensitive personal data in relation to which the Act imposes requirements that are more stringent.

Examples of categories of sensitive personal data are; the racial or ethnic origin of the individual, an individual's physical or mental health or condition and information about their physical health, all of which may be shown on a photograph.

Where a photograph contains sensitive personal data, it will be necessary for the individual being photographed to give their explicit consent to the photograph being taken and they should also be notified of all of the purposes for which the photograph will be used.

- **Child Protection**

The Children Act 2004 obligates each NHS Trust (along with councils, children's services, police authorities etc) to make arrangements for ensuring that:

*(a) Their functions are discharged having regard to the need to safeguard and promote the welfare of children; and*

*(b) Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.*

This Trust takes very seriously its responsibility to safeguard and promote the welfare of children. We are well aware that mobile camera phones are a potential risk, in that inappropriate photographs could be taken either of them or of their confidential information within the hospital.

## Appendix 2

### The Medicines and Healthcare Products Regulatory Agency (MHRA) recommendations (as of June 2013)

#### Summary

Healthcare providers should actively manage the use of the radio frequency spectrum in their own sites. This includes considering areas where medical devices will not be affected and therefore no restrictions apply and other areas where authorised staff can use communication devices authorised by the hospital. Report incidents to the MHRA when a medical device is suspected to have suffered electromagnetic interference.

#### Further technical information

The International Organisation for Standardization (external link) has published a technical report; ISO TR 21730:2005 'Health informatics - use of mobile wireless communication and computing technology in healthcare facilities - recommendations for the management of electromagnetic interference with medical devices'.

Key points taken from this report are:

Misinformation regarding mobile wireless systems, electromagnetic interference and management procedures has led to a broad range of inconsistent policies among healthcare organisations. A balanced approach is necessary to ensure that all the benefits of mobile wireless technology can be made available to healthcare organisations. Overly-restrictive policies may act as obstacles to beneficial technology and may not address the growing need for personal communication of patients, visitors and the workforce. At the other extreme, unmanaged use of mobile communications can place patients at risk. One option involves issuing particular mobile wireless equipment to doctors and staff for healthcare-specific communication and health information access. This would allow the full benefit of wireless technology operating compatibly throughout the healthcare facility, even in sensitive areas in proximity of life-critical medical devices. However this would need to be comprehensively managed, and would involve ad-hoc on-site testing of representative units of all life-critical medical devices in the equipment inventory to characterise any potential health-threatening issues. This is because the variety of medical equipment types makes EMI difficult to predict, and because older equipment is likely to be more susceptible than newer equipment that has been designed according to current radio frequency immunity standards.

It may not be feasible for healthcare organisations to manage every mobile wireless handset that is randomly brought into their facility without certain restrictive limits.

Restrictive policies for non-controlled mobile wireless handsets can be facilitated by offering numerous areas that are easily accessed throughout the healthcare facility where the use of mobile wireless handsets by patients, visitors and staff is permitted. Be aware that mobile devices transmit in three dimensions.

<b>Risk of interference</b>	<b>Type of communication system</b>	<b>Recommendation</b>
<b>High</b>	Analogue emergency service radios.	Use in hospitals only in an emergency, never for routine communication.
	Private business radios	Minimise risks by

(PBRs) and PMR446. E.g. porters' and maintenance staff radios (two-way radios).

changing to alternative lower risk technologies

**Medium**

Cellphones (mobile phones). TETRA (Terrestrial Trunked Radio System). Laptop computers, palmtops and gaming devices fitted with higher power wireless networks such as GPRS\* and 3G. HIPERLAN\*\*.

A total ban on these systems is not required and is impossible to enforce effectively. Should be switched off near critical care or life support medical equipment. Should be used only in designated areas. Authorised health and social care staff and external service personnel should always comply with local rules regarding use.

**Low**

Cordless telephones (including DECT\*\*\*). Low power computer wireless networks such as RLAN\*\*\*\* systems and Bluetooth

These systems are very unlikely to cause interference under most circumstances and need not be restricted.



## **Appendix 3 Sources of Evidence**

### **MRHA Website**

<http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Technicalinformation/Mobilecommunicationsinterference/Frequentlyaskedquestions/index.htm>

### **NHS Choices Website**

<http://www.nhs.uk/chq/Pages/2146.aspx?CategoryID=68&SubCategoryID=162>

#### Appendix 4: Establishment of Need / Requirements

An employee who considers a mobile phone essential to the operation of his/her job must request a mobile from his/her Line / Divisional Manager.

The Manager must be satisfied that a requirement does exist for a mobile telephone and that their Budget holder will support the ongoing variable cost. The application should be judged against the following criteria:

Criteria	Yes/No
Employee is required to be offsite or away from their desk and or while away from the office, employee is required to be contactable at all times during normal working hours	
Employee is regularly on-call outside of normal hours and is expected to be contactable during such periods	
<p>The employee is a lone worker and their personal safety could be compromised if they are not in possession of a mobile phone.</p> <p>Please note that a mobile phone should not be relied upon as the sole means of ensuring an employee's personal safety. A Health and Safety Risk Assessment should therefore be carried out to assess this requirement.</p>	
Other - Please state	

Managers should also consider if it is necessary to allocate a mobile phone on an individual basis or if it may be more appropriate to supply a group or team phone. This is normally applicable where team members meet one of the above criteria but only on an intermittent or irregular basis.