

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 7:	Management of the Environment of Care
PROCEDURE 7.15:	Allowable Patient Personal Property - Electronic Items
REVISED:	01/27/05; 2/23/07; 02/06/09; 11/16/09; 09/28/12; 09/18/14; 11/23/15; 1/25/16; 06/18
Governing Body Approval:	10/04/12; 2/11/16; 06/27/2018(<i>electronic vote</i>)

PURPOSE: The hospital is required to maintain patient privacy and confidentiality. In order to (a) protect **patient privacy** and **Protected Health Information (PHI)**, (b) ensure a safe patient environment, and (c) protect hospital security and telecommunication systems, it is necessary to restrict access to some forms of personal electronic devices. This procedure is designed to assist staff and patients in reviewing and managing patient possession and use of such devices.

SCOPE: General Psychiatry Division

PROCEDURE:

General Guidelines. Patients are allowed a maximum of three corded electrical devices (e.g., television, stereo, computer [i.e., tower/CPU case, a monitor, keyboard, and mouse], printer, alarm clock). All items must be approved for patient possession by the treatment team and have specific attending psychiatrist orders. All items must conform to the photography and Internet access guidelines as described in this procedure or other relevant hospital procedures. Any violation of this procedure may result in the removal of the item from the patient's possession and hospital grounds. All corded electrical items must be inspected for electrical safety and be properly secured or "loomed" by the CVH maintenance department prior to patient possession. (See also [*Nursing Policy & Procedure 24.11.*](#)) Clinical staff will conduct daily checks to verify the integrity of the corded devices and loomed cords.

Inspection of Electronic Devices. All patient computers and video game consoles must be inspected by CVH Information Technology (IT) staff for compliance with this procedure *prior* to being given to the patient to have and use on his or her treatment unit. This inspection must occur when the device is initially purchased, delivered, or brought to the patient by friends or family, or whenever the computer or game console is returned to hospital grounds following repair work or modifications done by off-grounds persons or companies. Any other electronic device about which there are questions regarding its electronic, recording, network, wireless, or communication capabilities also must be inspected by IT staff.

The examination of an electronic device may require the case of the device to be opened by IT staff in order to check all of its capabilities. In the event that the device needs to be opened, partly dismantled, or have components disabled, the patient will first be notified of this need and allowed the opportunity to rescind his/her request to have the device on the treatment unit. In

addition, IT staff may **disable** certain functions of the device (e.g., modems, recording components), which subsequently may be enabled or re-installed.

Regarding this examination and possible disabling or removal of components of electronic devices, *the treatment team, the specific IT staff member who examines the electronic device, and Connecticut Valley Hospital will not be responsible for any accidental or coincidental damage done to the device during the process of examining, approving, or disabling or enabling functions/components of the device.* Therefore, patients must be informed by the treatment team of the limits of liability of CVH staff for any incidental damage done to the computer/electronic device during this inspection, and, if they accept this responsibility, patients must sign an [Inspection of Patient-Owned Electronic Device Release of Liability](#) form prior to the computer or other electronic device being inspected by IT staff. (A copy of this form is an addendum to this procedure, Addendum 7.15.a, and is in the “Information Technology” folder, within the “Forms” folder on the T: drive.) If the patient accepts this responsibility and the limits of liability, then he or she may have the electronic device brought/delivered to the hospital and kept on his/her treatment unit. If, however, the patient is unwilling to accept this responsibility, he/she should not acquire the electronic device or, if already acquired, should return it to the retailer, the person who gave the device to him/her, or give/send it to a friend or family member in the community for safe keeping.

After the patient has been informed of the limits of liability, the Attending Psychiatrist, Unit Director, or designee shall document in the patient’s medical record:

- (a) the specific electronic device(s) that has been approved including a physical description and the brand name, model name or number, and serial number of the item;
- (b) that the patient was informed of his/her responsibility regarding the device;
- (c) that the patient was informed of the limits of liability of staff and CVH;
- (d) Whether the patient accepted the responsibility and limits of liability noted above.
- (e) Whether the device was not approved by IT and why

Unit staff will arrange these inspections with the Information Technology (IT) staff by calling the Information Technology Technical Support “Help Desk” (extension 5058) to initiate the request for the electronic device to be examined and approved. (Note that patients **are not** to call IT staff, the IT Department, or the DMHAS IT Help Desk.) As directed by the IT Help Desk, the assigned IT staff will coordinate with the requestor a date and time for unit staff to bring the electronic device(s) and the completed and signed “Release of Liability” form to the Training and Technology building. (Patients **are not** to bring the device or to accompany unit staff when the device is brought to the Training and Technology building.)

IT staff will examine the device, disable—if necessary—any unauthorized capabilities, and allow or disallow use of the device by the patient. IT staff will complete the “Release of Liability” form with the findings. IT keeps the original of the waiver form, and a copy of the form is returned with the device to the treatment unit. A copy of the completed Release of Liability form will be placed in the patient’s medical record (in the “Miscellaneous” section), and a copy is given to the patient with the approved device. The electronic item must be added to the Patient’s Property List, CVH Form 24.11a. If the device is not approved, the patient will be informed of

this by unit staff, will be given a copy of the waiver form, and will be instructed (with staff assistance as necessary) to return the device to the retailer or send it to friends or family in the community.

Computers. Patients may be allowed to own personal computers (laptop or desk top) and keep them in their rooms with the permission of the treatment team. Patient computers may not be connected to the hospital local area network (LAN) under any circumstance or have any capability (such as Bluetooth or wireless/WiFi) to access the Internet or any type of shared network. The personal computer must be used as a standalone computer with no communication to any other devices, networks, e-mail, or the Internet.

As described above, all patient computers must be inspected by CVH Information Technology (IT) staff for compliance with this procedure prior to being given to the patient to have and use on his or her treatment unit.

The copying or “burning” of CDs/DVDs is **prohibited** due to possible violation of U.S. or international copyright laws.

Use of computers in any manner other than as stated in this procedure may be considered a violation of this procedure and may result in the patient not being permitted to have a computer in his/her room and/or may result in other consequences.

Software. Computer software that contains graphic violent content is **prohibited**. Software and games must be rated “E” (Everyone) or “E-10+” by the Entertainment Software Rating Board. Ratings of software that are E-10+ will be reviewed by the treatment team for appropriateness and approval or denial for the patient to have. **No other ratings are being permitted.**

Networks. Wireless (WiFi) devices including “hotspots” and mobile broadband modems (i.e., air/data/connect cards, phones) or any other type of device that could permit access to the Internet, e-mail, or any other computer or telecommunication device or network are **prohibited**. The hospital reserves the right to periodically inspect or assess for the presence of any type of network or wireless activity.

Cell Phones. Cell phones are **not** permitted unless specifically identified as necessary for a treatment need. Cell phones must be maintained in a secure area of the treatment unit. Cell phones must be signed out when leaving CVH grounds and turned in to the Nurse’s Station when patients return to CVH and enter their treatment units. The use of a cell phone’s camera, e-mail, or Internet capability on CVH property is **prohibited** under any circumstances. Patients also are prohibited from possessing, handling, or using the cell phone of a visiting friend or family member including using it to make phone calls as well as using the cell phone’s camera, e-mail, or Internet capabilities.

Digital Cameras. Cameras of any kind are **prohibited** on the CVH campus.

Digital Recorders. Digital video or audio recording devices or software are **prohibited** on CVH grounds. Voice and video recording for treatment purposes such as speech therapy must take place in accordance with Operational Procedure 1.20 Recording and Filming of Patients.

Digital Pagers. Digital pagers (“beepers”) of any type are **prohibited**.

Video Game Consoles. Most video/computer game consoles (Nintendo DS, Nintendo Wii, Sony PlayStation, Microsoft Xbox, and similar devices) currently have Internet, camera, recording, Hotmail, Bluetooth, and/or other electronic capabilities. Patients are **only** allowed to have video game consoles that **do not** have any such capabilities or, if the game console does have such prohibited capabilities, the patient must have these capabilities disabled at their own expense by an outside technician or company, and then checked with IT to assure it meets our standards and if not, should be removed.

All patient video game consoles must be inspected by CVH Information Technology (IT) staff for compliance with this procedure prior to being given to the patient for his or her use. Any evidence that a game console has prohibited capabilities is subject to immediate confiscation and removal from CVH grounds.

Items Generally Allowed. The following electronic items are considered generally allowable for patients to have unless contraindicated based on an individualized clinical and/or risk assessment by the treatment team.

- Conforming personal computers if approved by the Treatment Team.
- Computer printers (without any other capabilities such as scanning, copying, faxing or Wi-Fi).
- Software and games with an “E” or “E-10+” rating reviewed and approved for content by the Treatment Team.

Items Generally Prohibited. The following electronic items are generally considered **prohibited** for patients to have and use.

- Personal computers that do not meet the specifications indicated above.
- Computer printers or “multifunction centers” that have scanning, faxing, or photocopying capabilities.
- Devices that provide Internet access or have WiFi/wireless or Bluetooth capability.
- USB/thumb/flash drives, or other external storage devices (e.g., memory cards/sticks, external hard drives), with the exception of MP3 players and iPods.
- Computer software/programs/applications that:
 - enable wireless/Wi-Fi, Bluetooth, or telecommunication capability
 - circumvent blocks or filters that prevent access to the Internet or to Internet sites that contain certain prohibited content
 - enable computer or computer network “hacking” or that enable the ability to access or interfere with telephone/telecommunication systems, computer network, or electronic security systems
 - Duplicate (i.e., “pirate”) music, movies, videos, or other copyrighted material on CDs, DVDs, USB/flash memory, etc.
- Recordable CDs or DVDs.
- Digital or film cameras or any other camera/photographic device.

- Tape recorders or any other recording device.
- Software and video games not rated “E” or “E-10+.”
- Cell phones (except under the circumstances described above).
- Digital pagers/beepers.
- Blackberries, Palm Pilots, Personal Digital Assistants (PDA), or similar devices.
- Surveillance, motion detectors, GPS (global positioning system), or similar devices to monitor areas and persons’ movements.
- Police scanners.

New or Updated Electronic Items. Technology is changing at dramatic speeds, and it is understood that there may be situations that a new or a newly updated electronic device comes in to CVH with Internet, recording, e-mail, wireless, photographic, or other capabilities that IT and other staff are either unaware of or that cannot be disabled. *Patients having and using any new electronic items with or possibly with any of these capabilities is **prohibited** until the item has been fully evaluated by IT staff, hospital administration, and/or other relevant parties within CVH or DMHAS and has been approved for patients to have and use.* Use of any electronic devices with these or similar types of features may result in the confiscation and removal of the device from CVH grounds.

Changes in Patient’s Clinical Status. All items on the above lists, and any items not specifically addressed elsewhere in this procedure are subject to review and approval/or denial based on clinical and/or risk management necessity and appropriateness.

Whenever there is a noteworthy change in the patient’s clinical and/or risk status, the nurse shall contact the attending psychiatrist or on-call physician to review what if any electronic items will be permitted for the patient to have. Any changes from the previously approved list of allowed electronic items for the patient and the rationale for the change must be documented in the patient’s medical record and be accompanied by a new order by the attending psychiatrist on the Physician Order Sheet.

Exceptions: In the event that there is a clinical need that supersedes this policy, exceptions may be made to accommodate the clinical need with permission of the CEO, Director of IT or designee and the Attending Psychiatrist.