

## CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION II:</b>	<b>ORGANIZATION FOCUSED FUNCTIONS</b>
<b>CHAPTER 9:</b>	Management of Information
<b>PROCEDURE 9.44:</b>	<b>Electronic Monitoring/Surveillance System</b>
<b>REVISED:</b>	11/20/08; 09/14/15; 06/17; 10/19/17
<b>Governing Body Approval:</b>	08/13/09; 10/08/15; 07/27/17; 10/20/17

**PURPOSE:** Establish a uniform administrative procedure addressing the use of Electronic Monitoring/ Surveillance Systems at Connecticut Valley Hospital (CVH). Electronic Monitoring/ Surveillance System encompasses all equipment used to record visual occurrences on the grounds of CVH.

An Electronic Monitoring/Surveillance System provides oversight of areas in the physical plant of the hospital that cannot always be monitored with constant observation. The Electronic Monitoring/Surveillance System aids in monitoring the provision of services and identifying and evaluating unusual event(s) for the purpose of validating events, documenting occurrences, and for the prevention of future events which may compromise the safety of staff and clients.

**SCOPE:** All CVH staff; volunteers and contractors

### **POLICY:**

Pursuant to Conn. Gen. Stat. Sec. 31-48d, an Act Requiring Notice to Employees of Electronic Monitoring/Surveillance System by Employers, Department of Mental Health and Addiction Services (DMHAS) and CVH must provide employees written notice of the types of electronic monitoring/surveillance system that may be used. "Electronic Monitoring/Surveillance System" is defined by the Act as "the collection of information on an employer's premises concerning employees' activities or communications by any means other than direct observation, including the use of a computer, telephone, wire, radio, camera, electromagnetic, photo electronic or photo-optical systems, but not including the collection of information (a) for security purposes in common areas of the employer's premises which are held out for use by the public, or (b) which is prohibited under state or federal law."

DMHAS and CVH seek to provide clients with professional treatment while rendering care and services, and to provide for the safety and protection of clients and staff. DMHAS and CVH have a zero tolerance approach to patient abuse and workplace violence.

Electronic Monitoring/Surveillance Systems can greatly improve the security of staff and patients alike. In order to be effective, the system needs to be properly maintained and monitored on a regular basis so that safety threats can be accurately assessed.

### **PROCEDURE:**

- I. Employees may be subject to electronic monitoring or video recording (visual images only) while in State facilities like CVH and other locations where State business is conducted. Notwithstanding, employees will not be subject to electronic monitoring or

recording in areas designed for employees' health or personal comfort, or for safeguarding their possessions, such as rest rooms, locker rooms or lounges.

II. Employees' activities involving State computer equipment and computer and/or electronic documents, data, communications and video, including but not limited to e-mail and internet usage, may be monitored, recorded and reviewed.

III. Operation of Surveillance Systems

A. Any technical issue related to the electronic monitoring surveillance system will be reported to DMHAS Police immediately, so that the issue can be correctly routed.

B. Surveillance video shall be maintained on a DVR or a server in a secure area and stored for a period of not less than 30 days before they are overwritten. Surveillance video will be maintained longer than 30 days if they contain images that DMHAS and CVH deem critical to inquiries of a serious nature, (i.e., video records related to accidents) must be maintained for 10 years. If DMHAS and CVH reasonably anticipate litigation relating to images contained in video, then videos shall not be destroyed. All other surveillance video images will be overwritten after 30 days, (See State Agencies' Records Retention/Disposition Schedule S1: Administrative Records [Revised 06/2009]).

C. The surveillance system shall be in operation 24 hours a day, 7 days a week, and in accordance with required maintenance.

D. Authorized designated personnel shall periodically view surveillance videos of areas considered high risk, high volume or prone to problems. Authorized personnel may perform routine, random review of surveillance video of patient care areas. On unit cameras are monitored 24 hours a day, 7 days a week on designated patient care units.

E. Surveillance video deemed questionable either by random surveillance or complaint by the "reviewer" will be brought to the attention of the Officer in Charge who will notify the Division Director or his/her designee. The Division Director and other authorized individuals will view the video. If the Division Director determines that the image rises to the level of a possible allegation, the CEO or designee, Office of Labor Relations (OLR) and where criminal charges may be possible, the Chief of the DMHAS Police are notified. Per DMHAS procedure, an Alleged Policy/Work Rule Violation MHAS-20 report may be filed if deemed necessary as outlined in DMHAS AC 230.D19.

F. Video found to be of a concern which may serve as the basis for disciplinary and/or legal actions shall be retained and secured until a formal determination is made as to the disposition of the incident in question.

Video images captured on video recording devices will not be used solely as the grounds for termination or discipline of an employee. In concert with [Operational Procedure 8.34 Investigation of Alleged Violations of DMHAS Policies, Procedures, Regulations or Work Rules](#) a thorough investigation will be conducted. The video image constitutes only one aspect of the investigatory process.

- G. Electronic monitoring devices shall not be placed in patient private care areas such as bedrooms, bathrooms or shower rooms. Exceptions may occur with the proper approvals from the patient or conservator for the safety or wellbeing of the patient. In addition, this must be in the form of a physician's order, added to the patient's treatment plan, and informed consent must be obtained either from the patient or from the patient's conservator if one is appointed. This consent will be in the form of a Release of Information.
- H. All staff who are presently employed or patients receiving services within facilities or, where applicable, the patient's legal conservators are to receive notification and general information about the presence of Electronic Monitoring/Surveillance System.
- I. Written consent is required from each patient when images or videos containing patients will be used for either internal organizational purposes (such as education or improving performance) or external purposes (in which the public will see and/or hear them). (See [Operational Procedure 1.20 Recording and Filming of Patients](#)).
- J. The system shall be under the operation and direction of the hospital CEO or his/her designee(s) who will have "Confidential Agent" status.

IV. Promulgation of the procedure on the Video Surveillance System

- A. Signs will be prominently posted in all building entrances. This notice shall be posted in a conspicuous place which is readily available for viewing by all: "Premises under video surveillance, electronic surveillance systems are in use in this area." (Also posted signs are in Spanish.)
- B. All patients, or his/her surrogate decision maker/conservator, are notified in writing of the presence of video surveillance systems. This notification will include information about the purpose and locations of such video surveillance cameras and assurances articulated that no video camera will be located in areas of personal privacy including bathrooms and shower areas, where personal care is being provided. On occasion a hallway camera may capture a view of a portion of a bedroom. To ensure privacy patients are advised to close their bedroom doors whenever privacy is desired. The only exception regarding private room surveillance is described in Section III G. of this policy (see above). This information is also incorporated in the patient handbook and admission forms.