

## WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION II:</b>	ORGANIZATION FOCUSED FUNCTIONS
<b>CHAPTER 7:</b>	Management of the Environment of Care
<b>PROCEDURE 7.15:</b>	<b>Allowable Patient Personal Property - Electronic Items</b>
<b>Governing Body Approval:</b>	6/10/18, 2/25/19
<b>REVISED :</b>	1/31/19

**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: Dutcher and Whiting Services**

### **DUTCHER PROCEDURE (with the exception of D2S Competency Unit):**

**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 in-house or landlord organization (CVH) maintenance department prior to patient possession. Looming cannot exceed 18" in length. (See also Nursing Policy & Procedure 24.11.) Clinical staff will conduct daily checks to verify the integrity of the corded devices and loomed cords. Unit Directors are responsible to ensure that all devices and related materials, i.e. video games and DVDs, comply with this policy.

**Inspection of Electronic Devices:** All patient computers and video game consoles must be inspected by DMHAS 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 Whiting Forensic 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 WFH 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 WFH;
- (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, WFH 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.

If a patient prefers, s/he may arrange for the electronic device to be taken to an outside vendor to ensure compliance with this policy; i.e. disablement of internet access, recording, etc. Should the patient take this route, s/he is responsible for any associated costs and documentation must be provided to WFH, directly from the vendor, attesting that device conforms to WFH policy. WFH IT will review documentation and inspect the device for compliance.

**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 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 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.

If a patient’s personal computer is sent out for repair, when it returns to WFH, it must be brought to Whiting Forensic Hospital (WFH) Police (either at the Dutcher Service or Whiting Service locations) to be passed through the X-ray unit to detect contraband, weapons, or any other non-compliant devices. After it has been cleared by WFH Police, the WFH Mail Department will then deliver it back to the patient unit, which will coordinate a compliance inspection with IT staff prior to returning the computer to the patient/patient’s room.

### **Software and video games:**

Dutcher (with the exception of D2S Competency Unit): Computer software and video games that contains graphic violent or sexual content is prohibited. Software and games must be rated “E” (Everyone) or “E-10+” by the Entertainment Software Rating Board. T rated games are permitted only with team approval and will be reviewed by the treatment team for appropriateness. Upon approval, patient must allow Unit Director to mark game with “A” in permanent marker. M rated games are prohibited. Patients are permitted to keep video games in their possession.

Whiting/D2S: In addition to the above noted rating limitations, only hospital owned games are permitted in Whiting Services and D2S. T rated games may be provided by the hospital, however they require an MD order for each patient approved to use. Video games will be secured and accounted for as a sharp.

Prior to purchase and use, the Unit Director will research T rated games to ensure appropriateness. Patients may donate a video game for unit use provided it conforms to the above guidelines.

**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 WFH grounds and turned in to the Nurse’s Station when patients return to WFH and enter their treatment units. The use of a cell phone’s camera, e-mail, or Internet capability on WFH or CVH property is prohibited under any circumstances. Patients also are prohibited from possessing, handling, or using the cell phone of a visiting friend, family member or employee, 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 WFH and CVH campus.

**Digital Recorders:** Digital video or audio recording devices or software are prohibited on WFH 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: Dutcher (with the exception of D2S Competency Unit):** Most video/computer game consoles (Nintendo DS, Nintendo Wii, Sony PlayStation, Microsoft Xbox, and similar devices) currently have Internet, camera, recording, Hotmail, , 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 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 WFH grounds.

**Video Game Consoles: Whiting/D2S-** Patients are not permitted to have personal consoles. Consoles are provided by the hospital in community areas for patient use.

**Items Generally Allowed: Dutcher (with the exception of D2S Competency Unit):** The following electronic items are considered generally allowable for patients to have in the Dutcher Building unless contraindicated based on an individualized clinical and/or risk assessment by the treatment team. In such cases, documentation will be included in the patient’s medical record indicating the reason the item was not permitted.

- Conforming personal computers if approved by the Treatment Team.
- Computer printers (without any other capabilities such as scanning, copying, faxing or Wi-Fi).

- Any DVD rated by the Motion Picture Association of America (MPAA), with the exception of NC-17
- Bluetooth speakers and headphones
- TV's up to 24" in size (larger TVs in use as of 2/11/19 are permitted until patient discharges unless contraindicated based on clinical and/or risk assessment)

**Items Generally Allowed: Whiting/D2S:** The following electronic items are considered generally allowable for patients to have in the Whiting Service Building unless contraindicated based on an individualized clinical and/or risk assessment by the treatment team. In such cases, documentation will be included in the patient's medical record indicating the reason the item was not permitted.

- DVDs with MPAA ratings up to PG-13. Pornography is not permitted. DVDs remain in staff possession and are included in the sharps count

**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 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 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.
- 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.
- Smart TVs with internet capability

**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 WFH 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 WFH 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 WFH 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.

Pilot programs, involving use of electronics outside of the scope of this policy, may be initiated with Governing Body and the Director of IT/designee approval.