Video Surveillance

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Policy

This Hospital authorizes the use of video surveillance equipment and cameras on Hospital grounds as part of a multifaceted approach to protecting the safety and security of patients, employees, and visitors, as well as property and to conduct quality assessment, performance improvement and performance management.

The Hospital will comply with all applicable state and federal laws related to video recordings when the recordings are considered for retention for purposes of possible investigations, prosecution, and/or employee actions.

Video surveillance constitutes confidential and privileged business records of the Hospital and can be subject to discovery as evidence. Video Surveillance recordings are not retained as part of the patient's medical record.

Note: This policy does not cover the use of photography, videotaping, other imaging or audio recording of patients that will become part of the patient's official record.

Procedure

Monitoring Video Feed

- 1. Live video feeds will not be routinely monitored.
- The only staff permitted to have day-to-day access to video monitoring are the Risk Manager, Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Nursing Officer (CNO) and/or designee.
- Other staff may be permitted or assigned to view segments by the CEO, COO, CNO or designee to complete investigations or other hospital functions as specified in this policy.
- Upon written approval of the CEO or designee, copies may be retained of video segments as a part of risk management, personnel or law enforcement investigations.

Video Equipment System Operations

 Video surveillance equipment will be utilized on Hospital grounds as approved by the CEO or designee.

- The Hospital will notify all patients, employees, and visitors that video surveillance may occur on Hospital property, but the Hospital is under no obligation to specifically notify them when or where video surveillance equipment is in use.
 - Such notices will state the following information:
 - i. This building is under video surveillance.
 - ii. This premises is under 24 hour surveillance.
- Video surveillance equipment will be installed in specified areas across SGHC campus as determined appropriate by need, placement and other relevant factors.
 - No concealed cameras will be installed unless approval has first been obtained from the Hospital CEO under extraordinary circumstances demonstrating the need.
 - No equipment will monitor areas where patients, employees, or visitors have a reasonable expectation of privacy, such as bedrooms, bathrooms or shower areas.
 - c. Video surveillance equipment will operate up to twenty-four (24) hours per day, seven (7) days a week, with the limitations of the system capabilities (e.g., digital, tape), power disruptions, and serviceability/maintenance.
 - However, it should be noted that in some areas and at some times of day, video cameras will only record when motion activated.
- 4. The Director of Information Technology or designee is responsible for maintaining the video recordings on the server for seven (7) calendar days.
- 5. All authorized individuals who have access to the camera controls (such as pan, tilt, and zoom) will not monitor individuals based on characteristics of race, creed, color, sex, national origin, sexual orientation, marital status, disability, age, or inclusion in any group or class protected by state or federal law. Camera control

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- operators will monitor activity as authorized by the CEO.
- Hospital patients, employees, and visitors are prohibited from unauthorized use, tampering with, or otherwise interfering with video surveillance equipment and will subject to appropriate disciplinary and/or criminal action depending on the severity of their actions.
- 7. The Director of Information Technology or designee will review the use and operations of the video surveillance system on each building where such equipment is located on at least a quarterly basis to ensure compliance with this policy. The equipment will have an ongoing maintenance of both the reception and recording equipment to ensure the equipment is working properly an in accordance with the manufacturer's specifications.
- While viewing recorded videos, the individual must limit the location to an area that prevents patient access and/or viewing and the monitor must be positioned to not allow unauthorized viewing.

Storage

- 1. The retention period for any video recording that has not been retained is seven (7) calendar days.
- If the Hospital retains video recordings for the purposes allowed by this policy they will be maintained by the Risk Manager or the CEO with other material relevant to the particular investigation.
- All video recordings not retained under this
 policy will be disposed of by the Director of
 Information Technology or designee after
 seven (7) calendar days to ensure the
 contents is not retrievable.

Viewing and Copy Requests

- Any information obtained through the use of the video surveillance equipment may only be used for the purposes set out in this policy.
- 2. Video recordings are confidential and will remain the property and business records of the Hospital.
 - Portions of a record may be reproduced only if the confidentiality of all patients not involved with the incident under

- review will be maintained in accordance with all applicable laws and Hospital policies.
- b. If disclosure will breach the confidentiality of a patient not directly involved in an incident, the Hospital will attempt to sever or digitally "black-out" images that would be considered confidential prior to the release of the recording to the extent possible or otherwise seek appropriate protective orders to limit the disclosure to only those authorized by law to receive the information.
- Any request by outside law enforcement agencies or other entities for a copy of a video recording will only be approved by the CEO upon consultation with Legal Services. Depending on the nature of the request, additional requirements may be indicated.

Approved by

Jorel/Fleming, MBA-HC, Chief Operating Officer

___2/7/20_ Date

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Dwain Shaw, M.P.H., D., Chief Executive Officer

2/7/20_ Date

JF/ML