



TITLE

VIDEO MONITORING

SCOPE

Provincial: Addiction and Mental Health Inpatient Units AMH-

APPROVAL AUTHORITY

Vice President, System Innovations & Programs

SPONSOR

Provincial Medical Director, Addiction and Mental Health

PARENT DOCUMENT TITLE, TYPE AND NUMBER

Not applicable

DOCUMENT # AMH-07

Initial Effective Date September 27, 2019

REVISION EFFECTIVE DATE
Not applicable

Scheduled Review Date September 27, 2022

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at policy@ahs.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

OBJECTIVES

- To provide direction to **health care providers** when **video monitoring** is indicated for use as a tool to increase the environmental safety of an Addiction and Mental Health (AMH) inpatient unit, which may include but is not limited to, addressing blind spots on the unit.
- To ensure that **patient** privacy and dignity is respected at all times when video monitoring is used in a therapeutic environment.

PRINCIPLES

Safety (patient and staff): Protecting the safety and well-being of patients, visitors, and staff is crucial.

Protection of reasonable expectation of privacy: Patients who are made vulnerable by illness or disease entrust health care providers to respect the sphere of privacy.

Promotion of trust: Patients' trust in their health care providers may be undermined by the discovery of covert video monitoring. Signage is required to alert patients and families to the presence of video monitoring devices.

Prevention of harm: When the physical environment limits the ability for staff to have a clear line of sight, video monitoring of common areas can help to identify any immediate risks.

Measured use of technology: Health care providers employ technology to supplement but not replace, in-person observation.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 Therapeutic engagement is an effective tool in the promotion of staff and patient safety. Respecting patient privacy and dignity promotes a therapeutic environment.
- 1.2 Before video monitoring proceeds, the unit manager or the patient's health care provider must be satisfied that the monitoring:
 - a) addresses an identified environmental safety issue;
 - b) is appropriate since other means are ineffective on their own; and
 - c) is appropriate after weighing, on a case by case basis, the benefits against the potential privacy risks.
- 1.3 Video monitoring shall only be used to enhance, <u>not replace</u>, direct visual observation due to the design of the inpatient unit, e.g., similar to a hallway mirror when direct visual is not available.
- 1.4 Decisions whether to use video monitoring on an inpatient unit and the frequency of monitoring shall be informed by environmental assessments completed as per the Alberta Health Services (AHS) *Environmental Safety* Procedure (AMH).
- 1.5 For the protection of patient privacy, video monitoring shall not be recorded.
- 1.6 This guideline does not address the use of recorded **video surveillance** used by AHS Protective Services for forensic purposes.

2. Video Monitoring

- 2.1 Consent is not required so long as the video monitoring is implemented as set out in this policy.
- 2.2 Units shall ensure that the camera is obvious and applicable signage is clearly visible and informs patients, staff, and visitors that there is video monitoring on site. Staff shall also inform patients at admission that cameras are a tool that may be used on the unit.
- 2.3 Video monitoring shall not be used in places where patients should have a reasonable expectation of privacy such as patient bedrooms or bathrooms.

DOCUMENT #
AMH-07

- 2.4 Observing a patient through a video monitor <u>does not</u> meet the requirements for observation as outlined in the AHS *Inpatient Observation Levels* Procedure (AMH).
- 2.5 The frequency at which staff will view the video monitor is determined by each site in accordance with best practice, unit design, and location of the cameras. Sites shall ensure that for each camera location, a minimum and maximum monitoring frequency is in place as per a risk management strategy for the residing patient population.
- 2.6 All screens used for the purpose of video monitoring shall be located:
 - a) out of the view of other patients, family, and visitors; and
 - b) in a location where health care providers can respond immediately in case of emergency.

2.7 Environmental Restraint Rooms

- a) Video monitoring shall only be used in environmental restraint rooms when:
 - (i) the design of the environmental restraint room includes blind spots; or
 - (ii) in addition to direct observation, observing a patient via a video monitor is expected to increase the safety of the patient and/or staff.
- b) Observing a patient through a video monitor <u>does not</u> meet the requirements for observation as outlined in the AHS *Restraint as a Last Resort* Policy Suite.
- c) Staff shall be aware of the limits of video monitoring as an additional tool for observation. These may include the inability to tell whether a patient is breathing, that patients may turn their back to the camera and that cameras may have blind spots.
- d) Use of video monitoring, rationale, and outcomes shall be documented in the patient's **health record**.

2.8 Doors

 Video monitoring of inpatient unit access doors may be used for the purpose of controlling and/or monitoring movement of individuals on and off the unit.

2.9 Blind Spots

- a) Video monitoring may be used on units where hallways are not visible from the nurses' station.
- b) Decisions to use video monitoring should consider patient privacy, dignity and the safety needs of staff and patients on the unit.

DEFINITIONS

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Patient means all persons, inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Video monitoring means <u>live</u> monitoring of specific video cameras for specific purposes (i.e. environmental restraint room being monitored at a nursing station – not recorded. This is not related to learning/supervision/research).

Video surveillance means visible video cameras and systems in AHS – most of which feed into a Provincial Security Communications Center. These are recorded <u>not</u> live monitored and are primarily utilized forensically (i.e., saving the recording for investigative purposes). Should a situation occur (such as an elopement or assaultive behavior) the cameras <u>could</u> be live monitored in some instances in order to provide information to an officer responding.

REFERENCES

- Alberta Health Services Governance Documents:
 - Environmental Safety Procedure (#AMH-03-01)
 - Inpatient Observation Levels Procedure (#AMH-01-01)
 - Restraint as a Last Resort Policy Suite (#HCS-176)

VERSION HISTORY

Date	Action Taken
Click here to enter a date	Optional: Choose an item