

4. Suggestions for Policy Language and Forms:
- Sexual Incident Form
 - Abuse III
 - Dignity & Respect
 - Property Waiver
 - Video Surveillance in an Inpatient LPH/U
 - Voluntary Admission Form (DCH-0086)
 - Explanation of Involuntary Process (See Chapter 4)

CLARIFICATION LANGUAGE FOR ABUSE III

MHC 330.1722. (1) A recipient of mental health services shall not be subjected to abuse or neglect.

AR 330.7001 (c) "Abuse class III" means the use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.

- A. "Threaten" means any of the following:
 - to utter intentions of injury or punishment against:
 - to express a deliberate intention to deny the well-being or safety of somebody unless the person does what is being demanded.
- B. "Degrade" means any of the following:
 - treat humiliatingly: to cause somebody or something a humiliating loss of status or reputation, or cause somebody a humiliating loss of self-esteem
 - abase, debase, demean, humble, humiliate: These verbs mean to deprive of self-esteem or self-worth; to shame or disgrace.

Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.

Examples of behavior that is degrading, and must be reported as Abuse includes,

but is not limited to:

- a. Swearing at recipients
 - b. Using foul language at recipients
 - c. Using racial or ethnic slurs toward or about recipients
 - d. Making emotionally harmful remarks toward recipients
 - e. Causing or prompting others to commit the actions listed above
- C. Persons who witness, discover or otherwise become aware of apparent or suspected abuse as defined above must immediately make a report to the Office of Recipient Rights. (or the "you must report" statement)

VIDEO SURVEILLANCE RECORDING
Licensed Psychiatric Inpatient Unit

DISCUSSION DRAFT GUIDELINE March 2009

1. For purposes of patient and staff safety, it is permissible to record (to a digital recorder, VHS tape, or other device) video surveillance images of the common areas of a psychiatric inpatient unit limited to the following areas:

- Entry/hallway leading to the psychiatric unit entrance.
- Hallways within the psychiatric unit.
- Nursing station area.
- Noisy and Quiet social activity areas [otherwise known as day rooms] within the psychiatric unit provided that group or individual therapeutic activities are NOT conducted in these rooms.

2. While live video surveillance is permissible in the following areas on the psychiatric unit, surveillance videos may NOT be recorded:

- Seclusion room
- Group therapy room.
- Consultation room.
- Occupational/Activity therapy room.
- Noisy and Quiet social activity areas [otherwise known as day rooms] within the psychiatric unit if group or individual therapeutic activities are conducted in these rooms.
- Educational room.
- Staff offices if individual or therapeutic activities will be conducted with patients in these rooms.

3. If recording of surveillance video images will be made, signage must be posted at the entry way to the psychiatric unit and on the psychiatric unit advising patients and visitors of the recording of surveillance videos. Notice of the recording of surveillance videos should also be included in the patient handbook/unit information sheet provided to newly admitted patients and family/visitors.

4. Recording of surveillance videos may only be conducted if the hospital has promulgated safety features to ensure that video images are not accessed, viewed, or copied without the consent and approval of a responsible administrator designated by the hospital's CEO.

5. Prior to the implementation of the recording of surveillance video images, a hospital policy/procedure must be promulgated and approved by the recipient rights advisor that at minimum, addresses the following issues:

- A. Identify the locations where video surveillance images will be recorded and saved.
- B. Describe the mechanism by which patients and visitors will be advised of the hospital's recording of surveillance videos.
- C. Security provisions to ensure that only authorized personnel have access to view recorded surveillance videos. At a minimum, the policy/procedure should identify:
 - Who has the ability to access recorded surveillance videos.
 - Who may authorize viewing of recorded surveillance videos.
 - Under what circumstances may recorded surveillance videos be reviewed.
 - Under what circumstances may recorded surveillance video images be copied to a DVD and what steps will be taken to prevent any distribution of the DVD.
 - Who with proper authorization may view recorded surveillance videos.
 - Safeguards to prevent and detect unauthorized viewing of recorded surveillance videos.
 - Documentation that will be maintained of each instance of authorized access, viewing, or duplication of any recorded surveillance videos.

If you there are any questions regarding the foregoing, please contact: A. Dukay, Licensing Officer/Psychiatric Programs, MDCH/BHS Licensing and Certification 517/241-3844 ATDukay@MI.Gov