

FACILITY COMMON AREA VIDEO SURVEILLANCE

Policy & Procedure

Policy:

It is the policy of this facility to use video surveillance in select common areas to promote a secure environment for staff and residents.

Procedure:

1. The facility may install equipment to record video of the common areas of its buildings. The video equipment **will not** record audio.
2. Common areas include hallways, entry areas, dining rooms, or other areas where there is no reasonable expectation of privacy, and/or where no patient care will be provided.
3. The video recordings are solely for the purposes of security; for monitoring the location and activities of staff, visitors, or vendors.
4. The video recordings **are not** intended for any purposes associated with resident care, licensing or certification requirements.
5. Ownership of the video belongs to the facility.
6. Staff may not utilize video cameras to augment or in lieu of adequate staffing or supervision protocols.
7. In order to maintain the privacy of its residents and to ensure that the video recordings are not used inappropriately, access to the video will be limited. The Administrator or designee has sole decision-making authority over access to the video recordings. Video recordings should only be viewed by the Administrator or designee unless otherwise directed by the Administrator. [This authority may be superseded by the governing body.]
8. Signs will be posted at facility entrances regarding the use of video surveillance.
9. Staff will be trained regarding the protection of resident privacy due to the use of videotaping in common areas.
10. Consent to the use of video surveillance in common areas will be obtained from the resident or legally responsible party upon admission to the facility.
11. Unless otherwise directed, video footage will automatically be delete every ____ to ____ days as the surveillance system loops and records over previously recorded footage.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

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I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

SAMPLE

DET02:2590150

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