


DEPARTMENT OF HUMAN SERVICES

INTER-OFFICE MEMORANDUM

TO: Chief Executive Officers

FROM: Alan G. Kaufman, Director 
Division of Mental Health Services

DATE: August 1, 2000

SUBJECT: Administrative Bulletin 3:19
Electronic Surveillance System – State Psychiatric Hospitals

Given our experience with the video surveillance systems at the State Psychiatric Hospitals to date, issues regarding staff, union representation, or legal counsel access to recordings have been recognized that require the attached modifications to Administrative Bulletin 3:19. This change in the current Administrative Bulletin limits the hospital's authority to allow viewing of video recordings to staff or their authorized representatives only after Initial Notice of Disciplinary Action notices have been issued, and after it has been determined that video surveillance tapes have captured relevant information. In addition, the Commissioner's Office is currently drafting a Department-wide Administrative Order regarding the use of video surveillance.

AGK:bf

Cc: Executive Staff
Lee Berkey
Don Mangus

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN 3:19

DATE: October 23, 1998

REVISION DATE: August 1, 2000

SUBJECT: ELECTRONIC SURVEILLANCE SYSTEM: STATE PSYCHIATRIC HOSPITALS

I. PURPOSE:

To establish a uniform administrative procedure to address the use of electronic surveillance systems at state psychiatric hospitals. Electronic surveillance systems encompass all equipment used to record visual and audible occurrences on the grounds of state psychiatric hospitals.

An electronic surveillance system is a tool that aides in monitoring services provision and in tracking and evaluating unusual event(s) for the purpose of validating events, documenting occurrences, and for the prevention of future situations which may threaten the safety of individuals receiving and/or providing of services. It provides a form of oversight in areas of the physical plant of the hospitals that can not always be provided with constant direct observation.

II. POLICY:

It is the policy of the Division of Mental Health Services to provide for the well being, professional treatment, protection and safety of clients as well as staff while the provision of services and care are being rendered. A zero tolerance position has been established by the state, which is adhered to by the Division in the areas of patient abuse and workplace violence.

III. LEGAL AUTHORITY

P.L. 1997. Chapter 68
N.J.S.A. 30: 1-12b. 2.b
Executive Order 49

IV. SCOPE

This policy applies to the following state psychiatric hospitals involved in the electronic surveillance program.

1. Ancora Psychiatric Hospital
2. Arthur Brisbane Child Treatment Center
3. Greystone Park Psychiatric Hospital
4. The Senator Garrett W. Hagedorn Geropsychiatric Hospital
5. Trenton Psychiatric Hospital

Note: Due to the nature of the physical plant and comprehensive security operations of the Forensic Psychiatric Hospital, this A.B. is not applicable to this facility.

V. PROCEDURES

A. OPERATION OF SURVEILLANCE SYSTEMS

1. All psychiatric hospitals are to maintain an up-to-date blueprint indicating sites where the surveillance system exists. A daily observation and maintenance log will be kept indicating the working condition (or damage) of each camera and recording device. Any equipment found not to be in working order will immediately be reported to the Chief Executive Officer or designee and a remediation of the equipment will be enacted.
2. Surveillance tapes shall be maintained in a secured area with limited access and stored for a period of not less than 30 days. Tapes shall be labeled by date, site, and VCR number. Tapes are not to leave the secured area without proper authorization and a custody log shall be maintained for those tapes removed from the area. Only staff authorized by the Chief Executive Officer will have access to the secured area and a log shall be kept indicating the name, date and time of individuals entering and exiting the area.
3. The surveillance system shall be operational on a twenty-four hour seven day a week basis.
4. The Chief Executive Officer shall ensure that periodic viewing of surveillance tapes occur of units considered high risk, high volume or problem prone. Random review of tapes for general monitoring purposes shall also be permitted.
5. Tapes found to contain any irregularities which may serve as the basis for disciplinary or legal actions shall be removed from the tape rotation and shall be retained and secured until a formal determination is made as to the disposition of the incident in question. For those tapes removed, a new tape clearly identified shall be inserted into the rotation in its place.
6. Each complex, using electronic surveillance shall be clearly sign posted. The signs shall notify that pursuant to law the complex/facility is under 24 hour electronic surveillance.

7. Electronic surveillance devices or systems shall not be placed in areas designed for health-related purposes or personal comfort of employees or in private patient care areas.
8. All staff, who are presently employed or patients receiving services within facilities or, where applicable, the patient's legal guardians are to receive notification and general information about the installation of the electronic surveillance system. All newly hired employees, patients being admitted for services and, where applicable, the patient's legal guardians, are to receive notification and general information about the presence of the surveillance system.
9. The system shall be under the operation and direction of the hospital Chief Executive Officer or his/her designee(s) who will have "Confidential Agent" status.

B. REQUESTS FOR REVIEW OF SURVEILLANCE TAPES IN REGARD TO EMPLOYEE DISCIPLINARY ACTIONS.


1. The facility only has authority to approve requests to view video recordings submitted by staff who have been served with Initial Notice of Disciplinary Action in conjunction with Administrative Order 4:08 disciplinary actions.
2. Any requests from said staff to view surveillance tapes, or to include with them union representation or legal counsel, must be made to the facility's Employee Relations Officer in writing by the employee or their duly authorized representative. Requests must be dated, indicate the purpose of the request and specify the time frames during which the alleged incident/event to be viewed occurred.
3. The facility will not provide originals or copies of the video recordings to anyone. Custody of master surveillance tapes or copied recordings involved in criminal investigations shall be turned over to the Human Services Police Department or County Prosecutor. Access to recordings in these situations will be in accordance with established DHS Office of Employee Relations policies.
4. All written requests from staff to view recordings will be forwarded by the Employee Relations Officer to the Chief Executive Officer of the facility. All requests to review tapes must be approved by the Chief Executive Officer or his/her designee.
5. Upon written approval of the Chief Executive Officer, the employee or their duly authorized representative shall be contacted within three (3) working days to schedule a mutually agreeable time for review of the requested portion of the tape. The viewing time will not be within the employee's normal work hours. Timeframes for approval or denial of viewing the recording will not exceed 7 working days from the date of the submission of the written request by the staff or authorized representative.

6. An authorized management representative shall be present at the scheduled review of video recordings. However, arrangements will be made for parties to view the tape privately in an area within the control of the Chief Executive Officer.
7. The employee must authorize in writing the presence of their representatives during the review of the tape. At no time will the employee be accompanied by more than two (2) individuals, for a maximum of three (3) individuals viewing the tape.
8. No additional recording devices will be permitted in the viewing area.
9. Any staff person or union representative who disagrees with the determination by the Chief Executive Officer to deny access to the tapes shall be referred to the Assistant Division Director responsible for the supervision of the specific hospital. The Assistant Division Director will review the justifications for the denial in concert with the DHS Office of Employee Relations, and/or other Division and Department staff as appropriate.
10. Surveillance tapes with identified patient images shall be reviewed in accordance with confidentiality safeguards for patients receiving care in State psychiatric hospitals referenced in Title 30 of the New Jersey Statutes (N.J.S.A. 30:4-24.3). Patients not involved in the recorded incident may have their images electronically redacted from the copied recording.
11. An accurate listing of all surveillance tape requests shall be maintained by the Chief Executive Officer or designee(s).
12. Requests to view video recordings from patients families, media advocacy and other groups or requests not associated with disciplinary (SLI) matters will be forwarded to the Assistant Director. The Assistant Director will direct the request to the DHS Office of Employee Relations, Office of Regulatory and Legal Affairs, or other office as appropriate.

VI. HOSPITAL OPERATIONAL PROCEDURE

Each hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date in accordance with this Administrative Bulletin. A copy of the hospital operational procedure shall be sent to the Assistant Director supervising the specific hospital and Assistant Director for Quality Improvement and Specialty Services. Hospital operational procedure will be consistent with this Administrative Bulletin and will be reviewed by the Division Director.


Alan G. Kaufman, Director
Division of Mental Health Services


Date