

DMH POLICY

Title: Electronic Device Use	Policy #: 12-01 Date Issued: 1/4/12 Effective Date: 1/30/12
Approval by Commissioner:	
Signature: Barbara A. Leadholm, M.S., M.B.A.	Date:

I. PURPOSE

Electronic Devices are often people's primary link to the community and may be the main way that people stay in touch with friends, family, and employers, keep calendars, pay bills and collect and access other important information. For an individual hospitalized, maintaining connection to natural supports in the community facilitates their own recovery and successful re-integration into the community. This policy establishes the standards and procedures for the possession and usage of Electronic Devices at Facilities.

The benefit of permitting Electronic Devices and the skills gained in handling computer and communication technology as an aspect of recovery must not compromise the Facilities' responsibility for assuring Patient privacy, confidentiality, public safety and a therapeutic environment. It is both the Patient's and employees' responsibility to use Electronic Devices appropriately and in accordance with all DMH policies, regulations, and procedures.

II. SCOPE

This policy applies to all Patients, DMH employees, contractors, and visitors, at DMH-operated and contracted adult inpatient Facilities and units.

III. DEFINITIONS

Chief Operating Officer of Facility (“COO”): The superintendent, chief operating officer or other head of a Facility.

DMH Information Security Officer: Individual appointed by the Commissioner as responsible for ensuring that DMH is in compliance with the HIPAA Security Rule and similar state and federal laws, as more fully defined in the DMH Information Security Handbook.

DMH Privacy Officer: Individual appointed by the Commissioner as responsible for the development, implementation, and maintenance of and adherence to department-wide policies and procedures related to safeguarding Protected Health Information (PHI), as more fully defined in the DMH Privacy Handbook.

Electronic Devices: Electronic equipment for communication and personal use which include, but are not limited to, the following: laptops and personal computers with and without Wi-Fi capabilities, iPods and other MP3 players with Wi-Fi capabilities, cell phones, Blackberries, smart phones, iPads and any other Wi-Fi compatible devices, and any communication devices that contain built-in cameras, audio or video recording devices.

Electronic Device Accessories (“Accessories”): Items that include, but are not limited to, the following: charging units, batteries, battery packs, cases, headsets, and other items and add-ons for use with the Electronic Devices.

Facility: An adult inpatient hospital, unit or bed contracted for or operated by DMH, including DMH-operated units in a Department of Public Health hospital.

Patient: A person hospitalized in a Facility other than an individual committed for observation and examination pursuant to M.G.L. c.123, §§15(b), 15(e), 15(f), 16(a), 18(a). However, except for an individual committed for treatment pursuant to M.G.L. c.123 §18(a), "Patient" shall include such an individual if the individual's legal status changes from a forensic evaluation status to a treatment status.

Patient Care Area: Area of the Facility devoted exclusively to Patient care such as a day room, Patient bedroom, or activity room.

Reasonable Cause: A combination of facts and circumstances that would warrant a reasonable person to believe that an individual has used an Electronic Device in violation of this policy. Reasonable Cause exists if, in the opinion of the Chief Operating Officer, or designee, it is more likely than not that the individual has violated this policy. Reasonable Cause cannot be merely an

opinion or hunch. The person must consider all facts and circumstances known to him or her.

Treatment Team: The Treatment Team is the multidisciplinary clinical team providing and directly overseeing the care and treatment for a Patient.

Use of Electronic Device Agreement (“Agreement”): The form that a Patient signs acknowledging he/she has reviewed the Electronic Device Use Policy and agrees to i) follow the policy regarding the use of an Electronic Device, and ii) follow DMH privacy rules and regulations.

IV. POLICY

A. Overview

1. Possession and use of personal Electronic Devices by patients, employees, contractors and visitors is permitted on inpatient facilities of the Department subject to the provisions of this policy.
2. Employees and contractors are prohibited from using their own personal Electronic Device in Patient Care Areas or while involved in the direct care of Patients unless the use of such Device is necessary to perform their job function.
3. Patients, employees, contractors and visitors are prohibited from photographing and recording any individuals or any aspect of the Facility surroundings and/or feigning or threatening to photograph or record any individuals or any aspect of the Facility or surroundings unless otherwise authorized by the Facility Chief Operating Officer, or designee, in accordance with all DMH privacy regulations and procedures; provided, however, that duly authorized investigatory or oversight entities may take photographs or make recordings in the course of carrying out their official responsibilities.
4. This policy is not intended to impede the use of Electronic Devices as accommodations for individuals with disabilities such as hearing, seeing, speaking or immobility disabilities. The use of Video Phone methods for communication that includes a person who is deaf is one such example, provided that the use occurs in a place and manner that is protective of the privacy of others.
5. If there is Reasonable Cause to believe that an Electronic Device has been used to take a photograph or recording in violation of this policy, such Electronic Device will be subject to inspection as provided in Section E of this policy.

6. Patients, employees, contractors and visitors, must comply with Section IV.D as applicable. Facilities must post and/or provide written materials that explain provisions of this policy.
7. Patients and visitors who fail to comply with the provisions of this policy or with the terms of the Electronic Devices Agreement may be required to relinquish their Electronic Devices. Employees who violate this policy may be subject to disciplinary action. Contractors who violate this policy may be subject to action under the contract, including contract termination.

B. Clinical Assessment to Determine Appropriateness for a Patient to Use an Electronic Device

1. As part of the admissions process and no later than 24 hours, or at such time as a Patient expresses an interest to obtain and use an Electronic Device, the Treatment Team shall determine if it is clinically appropriate for the Patient to obtain, use and maintain the Electronic Device and its Accessories. In making such a determination, the Treatment Team must consider if the Patient's use of an Electronic Device presents imminent risk of harm to self or others as well as whether the Patient has the capacity to comply with the procedures identified in this policy and the conditions in the Agreement. The Treatment Team may, in its discretion and from time to time, amend or change its initial clinical determination of appropriateness for a patient to use an Electronic Device consistent with the standards and procedures set forth in this section
2. The Treatment Team must document in the Patient's Medical Record the decision for appropriate Electronic Devices use.
3. If at any time the Treatment Team determines it is not clinically appropriate for a Patient to possess and use an Electronic Device, then this determination must be recorded in the Patient's Medical Record along with reasonable timeline for re-assessment of Patient's ability to regain use of the Electronic Device as clinically appropriate. Any such determination shall be subject to the approval of the Chief Operating Officer, who shall further review and re-approve any such determination on a weekly basis.

C. Responsibility for Patient and Treatment Team to Review Policy Requirements & Sign Agreement Form

1. If deemed appropriate to permit the Patient to have an Electronic Device, a member of the Treatment Team shall review the Electronic Device Use policy and Agreement with the Patient. In conjunction with those documents, the Treatment Team shall review with the Patient any other relevant DMH policies and procedures that pertain to Patient privacy in a

Facility.

2. The Patient must sign the Agreement and list Electronic Device (s) in his or her possession. A member of the Treatment Team shall sign the Agreement as a witness. If the Patient receives any additional Electronic Devices subsequent to the signing of the initial Agreement, the Patient must sign a new Agreement which lists Electronic Devices approved for his or her use.
3. A copy of the Agreement shall be given to the Patient and an original shall be placed in the Patient's Medical Record. The COO shall be notified within 24 hours that the Agreement has been added to the Patient's Medical Record.

D. Restrictions on Usage of Electronic Devices

1. Neither the owner nor others may use Electronic Devices for illegal purposes, such as the violation of a restraining order or for illegal internet usage or in violation of any Facility/DMH protocols or policies.
2. Patients are not permitted to loan their Electronic Devices to others.
3. Use of imaging (photographing or video recording) and audio recording functions on Electronic Devices is prohibited; provided, however, that the Chief Operating Officer may approve the use of such functions if clinically appropriate or if such use is an accommodation for a disability.
4. Patients' use of personal Electronic Devices while participating in treatment, groups or evaluation activities is not allowed; unless such use is an approved accommodation for a disability.
5. In order to enhance a safe and therapeutic environment for Patients and protect the privacy of Patients, a Facility may designate specific public areas (e.g., chapel, library) of the Facility where Electronic Devices may be limited.
6. Usage may be restricted at night on a Patient by Patient basis if use disturbs roommates or other Patients.
7. Electronic Device use is prohibited in all areas of the Facility where use is prohibited due to possible electromagnetic interference and is clearly indicated by signage. Electronic Devices must be turned off in these locations. If there is a need for immediate prohibition in an area where medical equipment or devices are being used unexpectedly, staff may authorize an immediate restriction of Electronic Devices use in that area.

E. Violations of Rules for Permitted Use of Electronic Devices

Individuals who fail to comply with the restrictions and limitations on the use of Electronic Devices will not be permitted to possess or use such Devices on the inpatient units.

The Treatment Team for a Patient who has lost the privilege to possess or use an Electronic Device as a result of a violation of this Policy shall determine reasonable conditions upon which the Patient may resume possession or use of the Device and inform the Patient of such conditions.

If there is Reasonable Cause to believe that an Electronic Device has been used to take photographs or recordings in violation of this policy, such Device shall be subject to inspection in accordance with the procedures outlined in DMH Policy # 98-3, or its successor, and in accordance with the Facility's search procedures; provided however that the actual inspection of the Electronic Device shall be undertaken by the DMH Information Security Officer, or designee, who shall:

- (a) inspect those portions of the Electronic Device that store or transmit images or recordings, taking care to avoid unintentional inspection of other material stored in the Electronic Device;
- (b) determine whether an image or recording has been made, saved or transmitted using the Electronic Device in violation of the policy;
- (c) determine and implement the most practical means, given the nature of the Electronic Device and the image/recording in question, for documenting or preserving or describing the full nature and extent of the policy violation;
- (d) delete any images/recordings made, saved or transmitted in violation of the policy; and
- (e) report the findings made in this section to the Treatment Team, COO and to the DMH Privacy Officer.

The DMH Information Security Officer shall use such staff and resources available as may assist her/him in these duties.

If the DMH Information Security Officer determines that a Patient has violated this policy, the Patient shall no longer have the privilege of possessing an Electronic Device.

F. If the Patient is considered unsafe, the Treatment Team or charge nurse may temporarily secure the Electronic Devices and/or Accessories. The Treatment Team will then develop a plan, in consultation with the Patient, to return the Electronic Device(s) and identify the appropriate use pending clinical stability and appropriate behavior.

G. Safety Inspections

1. Electronic Devices and Electronic Devices' charging units require electrical inspections and stickers.
2. Each Facility must maintain procedures to ensure that electrical inspections are completed on Electronic Devices' chargers prior to use of the charging unit in the Facility.

H. Personal Responsibility

1. Facilities will not be held responsible for missing or damaged Electronic Devices and Accessories in the Patient's possession or when reasonably securing or storing such Devices and Accessories on behalf of a Patient.
2. Patients with Electronic Devices will not be reimbursed by Facilities for charges accrued by unauthorized use by other Patients. Patients should use Electronic Devices lock codes and passwords protection to assure against unauthorized use.

V. POLICY IMPLEMENTATION

Chief Operating Officers, the Director of Inpatient Services, and the Deputy Commissioner for Mental Health Services are jointly responsible for implementing this policy. Facilities may develop their own protocols to implement this policy.

VI. REVIEW OF THIS POLICY

This policy and its implementation shall be reviewed at least every three (3) years.