Medicine Hat Public School Division
601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 600 – Students

ADMINISTRATIVE PROCEDURE - EXHIBIT: FOIP PRIVACY IMPACT ASSESSMENT TOOL

EXHIBIT CODE:	*644 E 002*
Policy Reference: 644 - Surveillance	**Procedure Code Reference:** 644 AP 001 – Video Surveillance

EXHIBIT

See below for FOIP Privacy Impact Assessment Tool.

Approved: September 7, 2010
Revised: April 16, 2013

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FOIP PRIVACY IMPACT ASSESSMENT TOOL

Rationale for Installation of Video Surveillance Systems in Schools and on Medicine Hat Public School Division (MHPSD) School Owned or Operated Property:

1. Describe the purpose and objectives for the video surveillance system. What outcomes and improvements to the safety and security of the school or Division property is the video surveillance system intended to achieve?

2. Describe any safety or security incidents or concerns which led to the decision to implement or expand on the video surveillance system.

3. Describe any physical circumstances of the school or MHPSD property that raise safety or security issues that are expected to be alleviated by installation of the video surveillance system.

4. Describe methods of deterrence used that proved to be ineffective or unworkable.

5. Provide details about other methods of deterrence in addition to the video surveillance system that are being considered or that will be installed.

6. When will the video surveillance system be operating? For example, 24/7 or Monday to Friday during daytime hours or weekends, etc.

7. Describe how the effectiveness of the video surveillance system will be evaluated and at what intervals with respect to achievement of the desired objectives.

8. What effects will the video surveillance system have on personal privacy of students, parents, staff, members of the school community and other relevant stakeholders?

9. Describe the outcomes of consultations with parents, students, staff, members of the school community and other relevant stakeholders.

10. Describe the security measures that will be in place to ensure only authorized persons will have access to the video surveillance system's controls and reception equipment.

11. Provide the names and positions of MHPSD staff designated to have day-to-day access to the video surveillance system's controls and reception equipment. Provide the names and positions of MHPSD staff who will have access to monitors and the expected timeframes of their monitoring.

12. Describe the security measures that will be in place to ensure storage devices are secured in a locked controlled area.

Requested by: _____ _____

Principal Date

Approved by: _____ _____

Superintendent Date