

Hospital name

POLICY/PROCEDURE # AND NAME: Hospital Security Policy

EFFECTIVE DATE: January 1, 2000

SUPERSEDES: March 3 1997

ORIGINATION: Facilities Management

DISTRIBUTION: _____

APPROVAL:

Dept. Head/Comm Chair

Vice President/CEO

PURPOSE: It is the policy of ***** that patients, visitors and employees will have a safe and secure facility in which to stay, visit or work. The hospital maintains a “zero tolerance” philosophy regarding violence. A hospital-wide Security program is provided and maintained, with adequate resources dedicated to it to provide reasonable protection from suspicious, dangerous or illegal activities.

RESPONSIBILITY: Direction of the Security program is the responsibility of the Director of Facilities Management. The Director of Facilities Management is responsible for developing, implementing, and monitoring the Security Management Program. The hospital utilizes the services of Security Professional Inc., Security Officers. The Security Professionals are responsible for the scheduling of Security Officers, and acts in a supervisory role with officers.

SCOPE OF SERVICES: The Security programs at ***** provides a variety of services focused on safeguarding and improving the physical security of patients, staff and visitors while protecting the right of individual and observing all applicable laws. Among the services provided are:

- Escorts for cashiers carrying money; employees departing (or arriving) at night; and for patients/visitors on request.
- Regular patrolling of hospital property and buildings.
- Liaison with local law enforcement (police department) on reporting/investigation of suspicious/criminal activity.
- Traffic control during emergency plan implementation, and during normal operations.
- Controlling patient and visitor access and flow in the Emergency Department and elsewhere in the hospital.
- Assistance to employees and visitors with problems (dead batteries, “lost” children, etc.)
- Assessing and reporting potential security concerns/issues for investigation and follow-up.

INCIDENT REPORT AND INVESTIGATION: Hospital employees are instructed to report all suspicious individuals/activities to the hospital's switchboard. Security Officers are "dispatched" by the switchboard as needed in response to such reports or calls for assistance. (A log is kept of all Security dispatches.). Security Incident Reports are completed by officers regarding significant situations. The reports are submitted to the Director of Facilities Management. (See "Use of Unusual Occurrence Report").

Any incident involving a Security Officer which results in injury to an individual, any assault on a hospital patient (whether an injury results or not) and any incident involving the brandishing or use of a weapon is immediately reported to Security and through Security to the Nursing Supervisor. Facilities Management will contact the Administrator and coordinate follow-up action as appropriate, including working with law enforcement authorities, etc. Significant Security Incident Reports are kept on file.

A report of Security incidents and activities is provided on a monthly basis to the hospital's Risk Management/Safety Committee; this committee presents a summary report of Security activities to the Board of Trustees on an annual basis. An evaluation of the objectives, scope, performance and effectiveness of the Security Plan is provided to the Risk Management/Safety Committee on an annual basis.

RESOURCES

The hospital dedicates adequate physical and human resources to provide a reasonable level of protection from illegal acts.

Physical resources include:

- Walkie-Talkies which allow instantaneous two-way communication between the Monitoring Station, Officer(s) and Switchboard.
- Silent "panic" alarm located in Emergency Department.
- Identification cards for employees, volunteers, physicians, ministers, and others.
- Physical and human access controls as described below.

Human resources include:

- Two law enforcement officers scheduled from Dusk to Dawn.
- Additional staffing by Security Officers as needed (for example, if a prisoner is admitted to the hospital and the Police Department or Sheriff's Department is unable to provide a 24-hour guard, to protect the safety of employees around construction projects, etc).

SAFEGUARDING PROPERTY

Part of the hospital's Security program is the safeguarding of property; both the hospital's and individuals' property. This responsibility is carried out through a number of ways:

- Patients are encouraged upon admission to send valuables and other personal property home, or to have it locked in a safe in a sealed envelope (see Nursing and Admitting office policies and procedures on handling personal belongings).
- Patients receive written information about safeguarding their belongings upon admission.
- All hospital employees are asked to report any theft of which they become aware, and any individual carrying objects or packages that appear to belong to the hospital. Searches of

patients'/visitors' persons or possessions may not be conducted by hospital security officers.

- The hospital utilizes internal resources as well as outside resources such as private investigators to investigate thefts thought to be committed by employees.
- The hospital vigorously investigates all thefts and other criminal acts reported to it , and supports prosecution to the full extent of the law when a suspect is charged with a crime on hospital property.

ACCESS TO SENSITIVE AREAS

The hospital restricts/protects access to the facility as a whole and to sensitive areas in particular through a variety of measures:

- All exterior doors (with the exception of the Emergency lobby and ambulance entrance doors) are either locked 24 hours, or are locked during certain hours in accordance with specific policy.
- Security Officers make rounds to verify doors are locked. Unlocked doors are reported, tracked and investigated when possible.
- Periodic walk-through of construction areas by Security Officers, and/or obtaining additional security officers to work as a construction site security officer.

NOTE: As a safety precaution, all exterior doors can be opened from the inside at all times.

Certain sensitive areas of the hospital have additional controls:

- Several of the fire stairwell alarms which sound an alarm.
- Patient flow in the Emergency Department is controlled through access (door) controls, and intercom communication.
- All doors to the Pharmacy are kept locked at all times, and only a limited number of personnel have access. The keys/combinations are changed periodically.
- Medication rooms throughout the hospital are located in very visible areas of the nursing stations so that entrance by individuals is easily detected. These rooms are also kept locked at all times.

IDENTIFICATION OF PATIENTS, VISITORS AND STAFF

As indicated above, the hospital provides identification badges to all employees and volunteers. Outside contractors/vendors whose employees visit the hospital wear hospital-issue ID cards, and other vendors are required to report to Purchasing prior to visiting other areas.

Visitors who seek to enter the hospital after regular visiting hours are screened by the Security Officer on duty (only one entrance is left open to the public after 9 p.m.) and , if approved, are issued a color coded visitor pass with the intended destination noted on it. The officer may contact the nursing floor requested or the Nursing Supervisor if he has any concerns about whether to issue a pass.

Hospital employees are encouraged to report any suspicious individuals seen on hospital grounds. Officers are regularly dispatched to question such individuals and escort them off hospital grounds if they do not have legitimate business in the hospital.

VEHICULAR ACCESS AND TRAFFIC CONTROL

The hospital maintains designated traffic and parking controls, including fire lanes, crosswalks, posted speed limits, handicapped parking area, and “no parking” signage in appropriate areas.

The Emergency Department has a separate ambulance entrance and loading area. Security Officer regularly patrol this area and other loading zones and fire lanes and, when necessary, track down drivers who have left vehicles unattended and have them move their vehicles. Officers also issue warning notices to vehicles inappropriately parked in “handicapped” spaces.

WEAPONS ON HOSPITAL PROPERTY

It is the hospital's policy that firearms not be used within the buildings or on the grounds unless there is a reasonable indication that not using the firearm would result in the immediate use of deadly forces against another party, and that there are no viable alternatives for preventing the violent act. (In other words, the only occasion in which an officer should use a firearm is if he/she believes it is the only way that an individual can be stopped before using deadly force against another person). The hospital realizes that each situation involving the decision whether to use a weapon will be determined by the circumstances, and that Law Enforcement Officers will need to use their professional judgement based on training and experience.

Weapons are not allowed in hospital buildings. For purposes of this policy, weapons are defined as firearms (including airguns), knives (other than ordinary penknives and pocketknives), explosives, and any other deadly weapon as determined by the hospital. Policies/procedures are established for reporting and informing visitor, patients and employees of this policy. (Non-compliant individuals will be asked by Security to leave the hospital grounds).

The hospital has determined that it is in the best interest of the community not to require law enforcement officers to “check” their weapons upon entering the hospital. “Plain clothes” law enforcement officers are encouraged but not required to wear a jacket or to otherwise conceal their firearm.

Security Officers are trained in the proper ways to restrain violent individuals and do so upon request of Nursing personnel or physicians; or when in their professional judgement restraint is necessary to protect others.

EMERGENCY SECURITY PROCEDURES

Recognizing that no security management program can anticipate and address all contingencies, the hospital acknowledges that certain occasions/situations may arise that will require management decisions and direction at the time the situation is being handled. With that in mind, below are some guidelines that will be followed in certain situations.

Handling of Civil Disturbances

As needed to maintain or restore order on hospital property, the Security Officers are authorized to make arrests and to call the local Police Department (and Sheriff's Department if necessary) for assistance. If need be, visitors can be banned from the hospital and arrested for trespassing. Additional security officer can be called in to seal off areas of the hospital (such as the Emergency Department) and screen anyone wishing to enter.

Handling Situation Involving “VIPs” or the Media

The following guidelines have been established to help prepare and handle situations that might result in an influx of media representatives, a large patient “entourage” (e.g., Secret Service personnel accompanying a federal officer) and/or large numbers of curious onlookers:

- Security Staffing – Additional security officers can be called in by authority of the House Supervisor or Facilities Management. The police and sheriff’s departments can be contacted at the House Supervisors or Facilities Management direction to provide human and physical (barricades, etc.) resources. Private security firms can be brought in as well. (**_****)
- Access and Crowd Control – Access control will depend in part on what area of the hospital is affected. Officers can be stationed at each unlocked hospital entrance to screen visitors and issue incident-specific visitor passes. Plant Operation personnel can be utilized to help set-up physical barriers/controls as needed. The hospital does not have an isolated “patient suite”, but can limit access to certain areas/floors by way of guards. Plant Operation personnel can help detect and deter unauthorized attempts to gain access.
- Communications – The hospital’s Board Room that is located away from patient care areas can be set-up as a Media Work center. The hospital has a dedicated phone line cable-run to that area which is set-aside for such a situation. (An alternative site for media work space is the cafeteria. The hospital telephone system allows for blocking calls to specific patient rooms.
- Modification of Hospital Services – The Administrator-on-Call, in coordination with the President of the Medical Staff and Nursing Department, will make the decision on any modification of hospital services required by the presence of a high-profile patient. It is anticipated this would occur only in the most extreme circumstances. (e.g., if the US President needs treatment in the ER and the Secret Service requires that it be closed to other patients).

ORIENTATION AND EDUCATION

An essential component of a successful Security Management Program is the orientation and education of Security personnel and other hospital employees regarding the program and individual employee responsibility.

Security Officers and Facilities Management undergo appropriate orientation/training to ensure that they possess and maintain the skills and knowledge necessary to safeguard the security of patients, visitors and staff.

All hospital employees receive instruction of Security issues as part of their general orientation program. This includes instruction on how to report Security incidents involving patients, visitors and employees, and how to summon Security assistance. In addition, employees in Security-sensitive areas of the hospital receive additional orientation in their departments to specific mechanisms/procedures designed to minimize risk (e.g., instruction on keeping Pharmacy doors locked; instruction on the location and operation of panic alarms in the Emergency Department, etc.).

ASSESSMENT/EVALUATION OF SECURITY PROGRAM

Ongoing assessment of security needs and issues are performed by security officers, the Safety Committee, Facilities Management and hospital administration. Specific performance standards are established, monitored and reviewed/ revised on an annual basis; the standards address one or more of the following areas:

- Staff security management knowledge and skill;
- The level of staff participation in security management activities;
- Monitoring and inspection activities;
- Emergency and incident reporting procedures that specify when and to whom reports are; communicated; or
- Inspection, preventive maintenance, and testing of security equipment.

An annual evaluation of the Security program's scope, objectives, performance and effectiveness is performed and presented to the Safety Committee. Included in this evaluation is a report of Security performance standards compliance. The annual evaluation serves as one source of input regarding modification or addition to the program.

Reviewed by: _____ Date: _____

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