

EC .02.01.01 SECURITY MANAGEMENT

The organization identifies and manages its security risks.

- 1 ***The organization develops and maintains a written management plan describing the processes it implements to effectively manage the security of patients, staff, and other people coming to the hospital's facilities.***

The EOC (safety) Committee has developed this document to identify and educate staff on the processes utilized to provide safe and secure environment. The document is reviewed annually by the Committee and updated as needed.

- 2 ***The organization identifies a person(s), as designated by leadership, to coordinate the development, implementation, and monitoring of the security management activities.***

The Director of East Campus Operations, University Police has been appointed by the President/CEO of The Hospital as the designated person responsible for overseeing development, implementation, and monitoring of the security plan.

- 3 ***The organization conducts proactive risk assessments that evaluate the potential adverse impact of the external environment and the services provided on the security of patients, staff, and other people coming to the organization's facilities. The potential for workplace violence is considered during the risk assessment.***

Security risk assessments are completed when program changes occur. The Director for East Campus Operations, University Police monitors trends and assessments are conducted when unfavorable trends are identified. Periodical assessments of existing programs and/or facilities are conducted based upon community needs or local law enforcement identified concerns.

- 4 ***The organization uses the risks identified to select and implement procedures and controls to achieve the lowest potential for adverse impact on security.***

Identified potential security threats are used to determine additional needs during the design of a program. These elements are reviewed by the University Police Department and are implemented with input from staff assigned to the area

- 5 ***The organization identifies, as appropriate, patients, staff, and other people entering the organization's facilities.***

The University Medical Center identify patients, visitors, contractors, vendors and staffs utilizing our facilities. All staff members are issued and ID badge that identifies their name and department. Employees should have name badges visible and unobstructed at all times.

A wrist ID bracelet identifies in-patients. Contractors and vendors are requested to check in at the front desk and display a company name badge or business card, they are then issue a visitor badge. Employees that are unfamiliar with a vendor or contractor should contact the appropriate department to verify the identity and work scope. All other individuals are assumed to be visitors and require a visitor pass to enter the towers. Suspicious individuals that cannot be identified should be reported to Security.

In out-lying facilities, vendors and contractors should check in with the receptionist and/or Practice Manager. Questions about the validity of the visit should be verified prior to allowing access to staff, equipment, or areas of the building. Vendors should be identified by the person requesting their presence, and contractors should be identified by the person responsible for that specific off-site facility. Due to the size and limited number of employees, vendors and contractors do not require additional identification beyond visual and verbal confirmation.

6 ***The organization controls access to and egress from security-sensitive areas, as determined by the organization.***

The classifications of restricted and sensitive are utilized to identify areas within the University Medical System that contain additional security measures to protect patients, visitors, staff, and/or property

Restricted areas are those departments that require authorization for access from administration, nursing shift supervisor, or appropriate area Director/Manager/Supervisor. Restricted areas are identified as, but not limited to:

- Food Preparation and Storage Areas
- Information Systems
- General Stores and Loading Dock
- MRI
- Morgue

Sensitive areas are those that limit or control access through policy and/or physical barriers in order to protect patients, visitors, staff, and/or property. At a minimum, these areas limit traffic to personnel and visitors that have reason to be in these areas. Sensitive areas are identified as, but are not limited to:

- Mental Health Unit
- Women and Infant's Center
- Computer Room
- Medical Records
- Pharmacy & pharmaceutical storage areas
- Surgery
- Switchboard
- Triage/ED

7 ***The organization identifies and implements security procedures that address actions taken in the event of a security incident.***

Security issues are addressed at the level receiving the concern and identified through the customer complaint or incident system. Concerns that cannot be handled at the department or division level are referred to the Director of East Campus Operations, University Police. Identified concerns are reported to the EOC (Safety) Committee on a quarterly basis. Security Officers are utilized to handle concerns on an “as needed” or emergent basis and are authorized to resolve the situation. If security is not available at off campus location, the local law enforcement agency is called for assistance.

The Hospital and the Medical center utilizes “Code M” to respond to requests for help with agitated patients, visitors, or staff, and “Code Pink” for potential infant/adolescent abduction.

Elopement will be handled with non-physical contact whenever possible. Verbal techniques will be used to persuade the patient to continue medical treatment or to sign an “against medical advice (AMA)” waiver. The only exception would be for a patient with written orders from a physician to restrain the patient. Restraint by security will be under a guidance of a medical provider unless there is an immediate concern for the safety of the staff or visitors.

8 ***The organization identifies and implements security procedures that address handling of an infant or pediatric abduction as applicable.***

The hospitals utilize a four prone approach to prevent infant and pediatric abductions. An electronic monitoring system is used on the WIC which alarms and provides limited access control when a patient’s attempts to leave the unit without nursing supervision. CCTV system is used to monitor identified areas of the stairwell, administrative policies have been adopted and test to ensure appropriate staff response, and education is conducted with patients and their families on what to expect during their hospitalization and how they play a role in our security program.

The system utilizes “Code Pink” to identify an infant or pediatric potential abduction. Upon announcement of the “Code Pink”, appropriate staff responds per the established policy. In general, all children meeting the description of the potential abducted minor are asked to stay at the facility until appropriate identification can be made. This is accomplished by checking with the medical provider rendering services or the employee or in-patient they were on site to visit. Staff is not authorized to physically detain a suspicious perpetrator. Staff should make every attempt to verbally detain the person until law enforcement responds. At minimum, staff should detail the description of the child and adult noting any dialects or distinguishing marks and identify where they were headed including description of automobile and license.

9 ***The organization identifies and implements security procedures that address handling of situations involving VIPs or the media.***

Situations involving visits or stays by VIP’s are handled on a one-to-one basis depending on the needs identified by the VIP or their support staff if feasible. At the minimum, the Director of East Campus Operations, University Police evaluates the situation and coordinates the activities with the involved entities. Measures may range from creating an alias and assigning a private room to activating parts of the Emergency Management Plan.

10 ***The organization identifies and implements security procedures that address vehicular access to emergency care areas.***

The Hospital maintains vehicular access to the Emergency Department.