

SAMPLE HOSPITAL SECURITY ASSESSMENT REPORT

OBSERVATION: The ABC campus is home to the second largest hospital in the XYZ system. The mix of patients, combined with the volume of visitors trafficking through the hospital unsupervised creates unique vulnerabilities that the hospital must prepare to respond to. Staffing with two security officers per shift does not appear to be adequate to cover the emergency department, the campus, and the surrounding parking areas. In addition, it was learned that security officers also patrol the Cancer Center, the Medical Office Building, and the YMCA facility.

RECOMMENDATION: Using the standard formula of ___ officers per _____ square feet of coverage, the ABC campus should staff with a minimum of _____ uniformed officers, allocated over three shifts as deemed appropriate based on data collected by the hospital. The hospital needs to focus on establishing security presence in the Emergency Department, at the Triage desk, and to allow ongoing patrols of the interior of the hospital as well as the exterior grounds and parking areas.

Training of Staff

A well trained security staff is the backbone of a successful hospital security management program. At XYZ ABC, all security officers are licensed by the State of _____. According to the security supervisor, all of his officers are also certified to the basic level by the IAHS. This represents training to what is considered the industry standard.

The consultants were unable to locate any documentation that supported the statement that the security officers were IAHS certified. According to the lead officer interviewed, three of the officers are IAHS certified. The lead officer is a general member of IAHS, but has never taken steps toward any additional or advanced certifications.

OBSERVATION: The Security Department has monthly meetings, but none of this time is used for training purposes.

RECOMMENDATION: The Security Department should consider including time at each monthly meeting for some form of performance related training.

OBSERVATION: Training records on ABC officers were requested, but could not be produced. The consultant was advised that these records are kept at the ABC campus.

RECOMMENDATION: While using the ABC office as a central repository is fine, copies of all ABC officers' files should be maintained on site as well.

OBSERVATION: Beyond the basic IAHSST training, there was little or no ongoing training provided to the uniformed security staff.

RECOMMENDATION: A system-wide training schedule should be developed so that all hospital security officers in the XYZ system receive ongoing competency based training that focuses on the specifics of their job, and is designed to improve their ability to perform their duties as assigned.

OBSERVATION: The lead officer carries oleoresin capsicum spray (pepper spray) and handcuffs. He is the only officer doing so, and is the only officer certified. He has not received recertification training in approximately five (5) years.

RECOMMENDATION: We commend the lead officer for receiving this additional training and carrying this equipment, and we encourage the XYZ system to provide this training to all security officers in every hospital. However, refresher training is required, and five (5) years without refresher training exceeds the recommended frequency of annual refresher training.

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[Training of Others](#)

While training of the uniformed security staff is a critical component, equally important is that non-security staff receives ongoing security related training. This not only augments the efforts of the uniformed security staff, but it provides a level of awareness and protection to all employees.

According to employees interviewed, the only security training that is provided for non-security staff at the ABC campus is during new employee orientation (NEO) program. According to the security supervisor, security has no knowledge of what is being presented or who is doing it, other than knowing that Human Resources is responsible.

OBSERVATION: Non-security staff of the ABC campus does not receive adequate training in hospital security issues, security awareness, and in ways to protect themselves while at work.

RECOMMENDATION: All non-security employees of the ABC campus should receive annual security training that includes personal protection, security awareness, recognizing and defusing aggressive behavior, observation skills, and any other relevant subjects to the environment in which they work.

The Security Department has developed an impressive brochure on security awareness that has been distributed around the campus, but no associated training has been developed or offered.

Key Control Systems

The key control system in place on the ABC campus ties in with the key management system used throughout the XYZ system. Locksmith and key services are provided through the Lock Shop at the ABC campus.

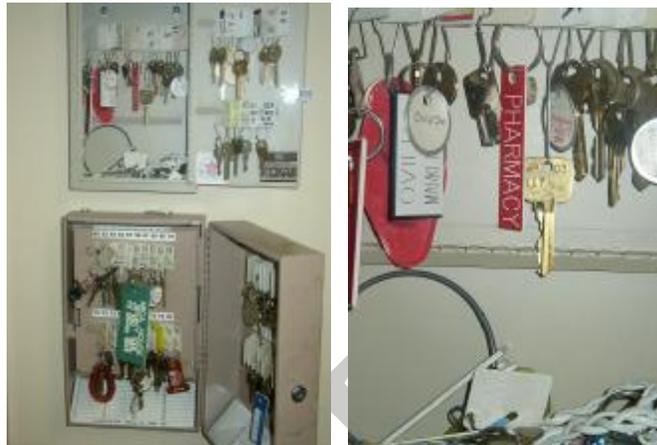
Through staff interviews, it was learned that seldom are keys recovered from employees who are resigning or were being terminated. As a result, there are an unknown number of keys to the hospital in circulation in the community. This includes master keys. The individual responsible at the ABC campus advised that the hospital has been in the process of converting from Corbin-Russwin locksets to Yale, and as a result, he feels there are fewer keys floating in the community now than there would have been in the past.

Notwithstanding this concern, the key management system in place at the hospital is consistent with the rest of the XYZ system, and will be addressed in greater detail in this section of the report for the ABC campus.

OBSERVATION: While visiting the switchboard, the consultant observed several key boxes in the open position. On questioning, it was learned

that many master keys are in the boxes, and the boxes are not closed and locked since the hallway door is access controlled.

RECOMMENDATION: Regardless of features of access control that are present, key boxes should be closed and locked at all times.



*Key boxes should be closed and locked at all times.
Tags on keys should reflect hook number only. No key tags
should identify locations served.*

[Electronic Locking Systems / Access Control Systems](#)

When addressing the issue of electronic locking systems, two key elements come into play: A) establishment of a system that provides access to authorized personnel or prohibiting access to unauthorized personnel, and B) allowing emergency egress to all occupants of the area.

During the site visit to the ABC campus, it was learned that security officers had to manually lock the majority of the perimeter doors to the hospital. While a door locking / unlocking schedule exists, having to manually perform these tasks is time consuming, and is often interrupted or not completed because of other calls for service. This was observed by the consultants when perimeter doors were found open during an evening visit.

OBSERVATION: Many doors were found propped open during the day and night. Security states this is an ongoing issue, and that no action is ever done to those observed propping doors open.

RECOMMENDATION: Propping doors open places every employee, patient, and visitor in danger. XYZ ABC must take a strong stand against the practice of propping doors open, and consider disciplinary action against any employee found to be in violation.



This door, on the southeast side of the Outpatient Center / Women's Center is frequented by smokers, judging from the debris. Note the door wedging device in the corner near the wall

NOTE: Two large wasp nests were also noted by the consultants in this doorway, which could present a serious safety threat to employees, patients, and visitors

OBSERVATION: Many doors that were secured were very easily picked open with a plastic card or a very small wire.

RECOMMENDATION: Appropriate locksets, including latch guarding on exterior doors should be used to prevent or minimize the risk of forced entry.



Numerous doors were entered using a credit card or similar device.

OBSERVATION: Security was unaware of the process used for collecting back employee keys and ID badges at a point when an employee terminates. Human Resources is responsible for this action, but fail to communicate with security.

RECOMMENDATION: Security should be made aware of all terminations; at minimum, those that are unpleasant or based on a hospital decision and not an employee decision. This notification should include information on whether or not the employee has returned his or her keys and ID badge, as well as confirmation that all access privileges have been terminated in the system.

[Video Surveillance](#)

CCTV cameras are very limited on the ABC campus, and the ones that are used are of a variety of types, styles, and uses. As a result, the CCTV system contributes very little as a tool of loss prevention, and cannot be relied upon to serve as a critical element in the Security Management program.

Properly designed, installed, and analyzed a CCTV system can be one of most valuable tools in a hospital security program. The advent of digital technology allows for an image with unprecedented clarity.

OBSERVATION: A variety of CCTV “systems” have been assembled at the ABC facility, primarily in security sensitive areas. The adequacy and use of these systems will be addressed respectively in each section of the report.

OBSERVATION: There is no CCTV system in place in the exterior of the ABC campus. A pipe bomb incident occurred recently at a neighboring Walgreen’s. Recognizing that most hospitals have ample exterior camera coverage, ABC Police turned to the hospital in hopes of using CCTV footage from the exterior of the building as part of the evidence in investigating the crime. While the Walgreen’s incident did not involve the hospital, the same type incident could have occurred on the hospital campus, with equally disappointing outcomes.

OBSERVATION: The CCTV system has been installed in very limited areas of the campus. Many critical areas of the campus have been excluded from coverage.

RECOMMENDATION: An engineered DVR CCTV system should be designed and installed on the exterior of the campus, as well as in strategic areas inside the hospital.

Rounding

OBSERVATION: The consultants found little evidence that security rounds are conducted regularly:

RECOMMENDATION: Security rounds are the primary means of ensuring security in the building. The first round of a shift should be the most detailed of all the shifts. This is where the Security Officer sets the standard for determining whether any security item changes or incident occurs later in the shift.

OBSERVATION: Officers interviewed indicated that security patrols are done “as time and manpower allows”. This is a dangerous approach, and can easily compromise the attempts to provide a safe and secure environment.

RECOMMENDATION: Performance standards should be established requiring officers to make regular, unscheduled rounds in the departments of the hospital on each shift. This will create a higher degree of visibility for the Security Department, and will help to lessen the perception that security does very little in the hospital.

OBSERVATION: The security department lacks a properly designed patrol / response vehicle. Exterior patrols are done in a golf cart.

RECOMMENDATION A properly designed and equipped security vehicle, similar to that used on the ABC campus, should be procured that creates a high degree of visibility and reliability for the security department.



A well designed, well equipped and highly visible security vehicle like the one shown in this picture should be considered for each campus. This type vehicle provides reliability, and more importantly, visibility.

Reporting

OBSERVATION: Security incident reporting does not seem to be consistent and reports do not seem to make it to the people in need of the information, i.e. Risk Management, EC Committee, the Security Director, and the Governing Board, to name a few.

RECOMMENDATION: An incident collection and evaluation system needs to be developed and implemented. This system should quantify and qualify the Security Program and issues which are potentially hazardous to the work environment.

OBSERVATION: A variety of methods are used when officers complete a case report or an incident report. Some write reports manually, some use hospital computers, others use personal computers. Officers interviewed state the reports are not saved on computer, and that the information is not shared with other departments or campuses.

RECOMMENDATION: A system-wide, computer based incident reporting system should be installed for the security department, allowing for ease of reporting, and assuring that all case reports are reported in the same manner at each facility. This would also be a valuable tool for ongoing performance improvement activities in the Security Management program.

[Parking Utilization and Enforcement](#)

Like many hospitals, parking is an ongoing challenge on the ABC campus. The need to park hundreds of cars on a regular basis presents a variety of security issues, including personal safety, property protection, and customer service. Employees and customers alike want to park in areas that are safe, well lit, secure, and convenient.

OBSERVATION: According to the Security Supervisor, a registration form is filled out by the employee / owner of the vehicle and a window sticker is issued to the owner. There are many cars parked by employees that have not been registered or they have not placed the parking sticker in the vehicle.

RECOMMENDATION: ABC employees, including temps and PRN employees should all be required to park in a reserved area. ABC employees should be assigned a parking decal for their car, and required to display it. Temps should be given temporary parking tags. Any vehicle found in an employee lot without the proper decal or tag should be ticketed by Security. After a determined number of violations, the vehicle should be subject to towing at the employees expense.

[Organization and Administration of the Security Department](#)

The Security Department is staffed by a Security Supervisor, plus 8.0 uniformed officers. The Security Supervisor and the Security department presently reports to the Security Director at FH ABC and to the WPMH Facilities Director. ,for daily operational issues.

Unofficially, the consultants were advised that the security officers are one of, if not the lowest paying position in the hospital. This fact, combined with the poor image of the department and the lack of self esteem of the officers contributes to the questionable performance of the department and to the poor reputation that the department has in the hospital.

OBSERVATION: In absence of a formal wage and salary study performed by the Human Resource Department, it appears that the security staff is grossly underpaid when compared with other security positions in neighboring hospitals.

RECOMMENDATION: The Human Resource Department should conduct a wage and salary study for the hospital security officers. In conducting the study, the focus should be on comparing hospital security officers to the same positions at other hospitals. There is a significant difference between the rate of pay for a hospital security officer when compared with the standard rate of pay for security guards in factories and other non-healthcare settings, where the risks and the demands of the job are much different.

Dispatching of security related calls was another issue that was a point of concern with many of the staff members interviewed. Currently, all security dispatches originate at the ABC Campus. When a person from ABC calls for security assistance, the call is answered at the downtown ABC Campus, and the dispatcher on duty will dispatch the ABC officer. This system, while not an uncommon one, has caused perceptions throughout the system of delays in dispatching of calls. When asked, management of the department was unable to answer any questions regarding the average time for a dispatch or response time of the officers.

OBSERVATION: There is currently no methodology in place to track the lapsed time between the time a call is received and the time a call is dispatched, or the time the call is dispatched and the time the officer arrives on the scene.

RECOMMENDATION: A performance improvement study should be conducted that measures the amount of time required for calls to be dispatched and responded to on the ABC campus.

Infant Abduction Plan

Protecting infants and children is a critical issue in all hospitals. At XYZ ABC, diligent efforts have been taken to offer a caring environment that is free from risk of unauthorized intrusion and abduction. Stairwells leading into the unit are controlled for ingress and egress. The consultants were impressed with the house-wide response when a Code Pink is called. Equally impressive was the process for visitor controls in the SCN, where photo ID's of all visitors are required, and copies kept on file as a security measure.

OBSERVATION: There is direct access for the public into L & D in front of NICU that is not staffed. After hours, this creates additional risk with the ability to directly access from the ED with no supervision.

RECOMMENDATION: All access points into the unit, regardless of how common or remote they are, should be controlled as part of the infant protection system.

OBSERVATION: Card access is utilized for some access, but is for physician use only. Staff access points utilizing key code punch pads. Keypad combinations are not changed on a regular basis, or when staff changes occur.

RECOMMENDATION: Card access offers much better controls than keypads. Keypads should be removed, and replaced with card readers for all staff.

OBSERVATION: HUGS system is in use. Low rate of false alarm activity is reported for this system. Babies with certain conditions, such as spina-bifida, are not banded. In Pediatrics, children over 10 years old are not banded. Staff indicated there has been occasions that HUGS bands are not applied to babies. They have instituted checklists as a fall back routine.

RECOMMENDATION: All babies, regardless of medical conditions or diagnosis should be banded, or an exception statement should be added to the policy stating under what conditions a baby does not get banded, and why.

RECOMMENDATION: Any child admitted into the Pediatrics unit should be banded, or an exception statement should be added to the policy stating under what conditions a child does not get banded, and why.

OBSERVATION: Staff ID badges utilize a pink picture background to designate those persons assigned to handle patients. Throughout the hospital, a wide variety of pink backgrounds were observed, either due to age of badge or inconsistent production issues.

RECOMMENDATION: An ID badge specific to and unique to the infant / child area should be designed.

OBSERVATION: The unit appears to have a good mother education program as mothers are reported to regularly stop and question personnel about their identity.

OBSERVATION: Security practices are included as part of the Lamaze classes. It was unclear what training parents receive if they do not enroll in the Lamaze class.

OBSERVATION: No visitor pass requirements are in effect in the L & D area.

RECOMMENDATION: The checklist system should be considered, and any deviations should be subject to disciplinary action.

OBSERVATION: Monitors on the floor are placed where they are not easily observed by the staff at the nurse's station

RECOMMENDATION: CCTV monitors must be located in such a way that they can be easily observed at all times.

OBSERVATION: The CCTV system on this floor needs maintenance; most cameras are fuzzy. The public monitor at the back elevators provides the wrong impression regarding security with its lack of picture clarity. Analog tapes are changed by security.

RECOMMENDATION: This older model CCTV "system" should be eliminated and replaced as part of a house-wide DVR CCTV system specifically engineered and designed for ABC.

OBSERVATION: Upgrades to include separation doors and card swipe readers are being planned for this unit. While this upgrade addresses many current security issues there appears to be some weaknesses.

RECOMMENDATION: This upgrade should receive closer review and approval from security to include a future action plan to address any on-going concerns such as

- Access to the back elevators
- Use of key punch pads controlling access into the nursery that bypasses the higher security provided by the card swipe readers, planned and currently in-place

Violence Containment

Violence in healthcare is becoming a critical concern. More and more, healthcare providers are becoming the victims of acts of aggression at the hands of patients, visitors, physicians, and even coworkers. More than ever, it is critical that not only healthcare security officers, but healthcare professionals as a whole be trained to recognize and defuse aggressive behavior, while at the same time respond to acts of violence in such a way that protects them without violating the rights of those they serve.

At the ABC campus, security officers and hospital staff receive training in aggression management from the Crisis Prevention Institute (CPI) an organization that markets a program referred to as “non violent” crisis intervention training for healthcare professionals. CPI is a nationally recognized program, and the verbal de-escalation techniques taught are equally recognized and respected. The physical intervention techniques have been subject to scrutiny by self defense instructors nationally, and the appropriateness and the safety of the self defense techniques taught have been brought into question. Just the same, the hospital is to be commended for providing training to its staff to deal with the growing crisis of violence in healthcare.

OBSERVATION: Security Officers help apply restraints, and occasionally they perform complete restraint application, depending on the shift and the nurses. There is no formal training and there seems to be a great deal of confusion on the subject.

RECOMMENDATION: The role of the hospital security officer in restraint applications should be clearly defined. Joint training sessions involving the Security Department, ED, and other units commonly using restraint devices should be held regularly.

Security Sensitive Areas

The same security sensitive areas are identified at XYZ ABC as are identified throughout the XYZ system. At no time were the consultants able to identify the methodologies used to determine how an area on the ABC campus was deemed security sensitive.

In the XYZ system, security sensitive areas are defined as:

- Emergency Department
- Newborn Nursery
- Obstetrics
- Special Care Units
- Pharmacies
- Behavioral Health Unit
- Medical Records
- Cashier
- Outpatient Clinics
- Specialty Clinics

Several of these have been addressed elsewhere in this report. Those not addressed elsewhere, but were visited include:

Pharmacy

The Pharmacy at ABC is open for operations 24/7. The services are limited to in-patient only; no retail services are provided. The Pyxis system is used in both the Pharmacy and on the nursing units.

OBSERVATION: There are no duress alarms in the Pharmacy.

RECOMMENDATION: Duress alarms should be installed in all security sensitive areas throughout the hospital to include the Pharmacy. Multiple points of activation should also be considered.

OBSERVATION: There are no specific procedures to address hold up situations

RECOMMENDATION: Written policies should be developed to provide direction to staff on how to respond to a robbery attempt. The content of the policy should become the basis for ongoing security awareness training for Pharmacy employees.

SAMPLE