Healthcare Facility
Security Program
Assessment Tool
Name of Facility
Date(s) of Assessment

Survey Contacts
Assessment Lead: ____________________
Contact Info: ____________________
Additional Survey Attendees: ____________________

Facility Contacts:
Assessment Lead: ____________________
Contact Info: ____________________
Additional Survey Attendees: ____________________

	Regulatory Requirement / Best Practice				Findings / Recommendations				
	Standard								
	Description	Required By...	Reference / Guideline	Risk	Compliance	Finding (Required if not fully compliant)	Action / Recommendation	Responsible Party / Point of Contact	Date Completed
1	Joint Commission Standards	The Joint Commission	EC.01.01.01 EC.02.01.01 EC 04.01.01 HR 01.04.01	High	Partial	Visitor management could be improved for facility and ability to secure outer entrances and funnel after hours visitors thru ED primary door is not possible due to easy access through secondary entrances Security management plan is good, with a minimal number of listed security sensitive areas. Specific staff education should be improved in certain security sensitive areas in event of a security related incident. Current security incident reporting system should be upgraded to Enterprise type model with easy tools for tracking / trending and mining of data. Additional departments should participate in NCI training opportunities and some type of security newsletter, column or hot topic sheet should be considered for routine dissemination to staff regarding security related issues. Parking garage perimeter entrance use and design currently defeats any effective visitor management processes and should be resolved immediately (remove motion sensors from door frame and add dedicated 24 hour badge reader and CCTV).	With implementation of more robust visitor management system requiring photo ID (such as an electronic system like Easy Lobby or I-View), security after hours will be greatly enhanced for facility. Currently, too many access points exist with too few safeguards to adequately control after hours visitation or perform facility lockdown if needed. Access to and education of staff in security sensitive areas could be improved (Pharmacy, HR and Medical Records for example). Current security incident reporting system needs updating to more advanced system (for data mining and tracking / trending purposes). Suggest separate training programs be created for each security sensitive area listed in the security management plan and then provide annually to employees in such areas. SMP should also list additional specific topics in Performance Improvement Monitoring section (such as IVC stand by efforts or other high interest concerns). An HVA should be conducted annually for this site with security's input, and all policies / procedures of a security related nature should be reviewed regularly.		

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	2	Conditions of Participation for Medicare	CMS / State Regulatory Agencies	42 CFR-482.13	High	Partial	All security staff and certain other hospital personnel (critical care unit and managerial staff for example) should have instruction on CMMS and EMTALA as part of initial orientation and ongoing competency training. NCI training program is excellent and is great example of proactive educational security efforts., especially among ED and BH staff at this location. New visitation rights should be reviewed as well to ensure compliance with new Federal Guidelines regarding visitation of non-family members. NCI training program is excellent and is great example of proactive educational security efforts, and HR staff should be included annually. Current use of stun guns should also be researched for possible change to Taser technology, since the Taser is a more effective tool and runs no more risk of use than that of a stun gun under existing CMMS Conditions of Participation.	All security personnel as well as clinical staff in certain areas (to include guest services, registration and other front line staff) should have instruction on CMMS and EMTALA as part of initial and ongoing training to avoid issues with Conditions of Participation. Training of security personnel should include scenario based element with mock survey component from state regulator viewpoint. Current contract with security guard company is good and includes some specific healthcare related training requirements. Recent CMMS interpretations now suggest all persons associated or present during with any patient restraint or seclusion be BLS certified and receive annual first aid training (including security). Current use of stun guns versus more effective measures (Taser technology) should be researched with Conditions of Participation taken into consideration.		
ry	3	Emergency Management and National Incident Command System	DHS / FEMA	ICS 100 - 800	High	Partial	All security personnel not currently trained in FEMA NIMS or related courses. DVD Toolkit "On The Safe Side" has been provided to facility and contains excellent materials for improving current EM processes for facility.	All security personnel should complete ICS 100 and 200, with supervisors completing 700 and 800 as well. All management staff should consider FEMA 100 and 200 and other appropriate EM and Security courses. Existing emergency traffic control plans should be tested annually with local first responders participating and copies of plan be readily available in event of an incident or public health surge event. Current Emergency Room access configuration could very easily be compromised with minimal effort affecting ability of entire facility to adequately respond to emergency surge situations (one stalled vehicle would shut down area). Likewise, critical infrastructure areas in rear of facility should be closely reviewed for enhanced access control of vehicles in event of a fire or other situation requiring rapid access to areas by first responders.		

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4	National Center for Missing Children Guidelines on Preventing Infant Abduction	NCMEC	Infant Abductions	High	Partial	Existing Infant Protection System in place requires updating, and due to age and deficiencies in system should be tested routinely for efficacy and different scenarios used for future infant abduction drills. Additional CCTV, alarms and access control upgrades would assist should event occur involving pediatric patient or visitor. Emergency Dept should also be reviewed for potential opportunities for improvement since peds patients and domestic issues can and do occur in this area.	Code Adam is currently used for such events, which is not consistent with NCMEC Guidelines (should consider Code Pink). CCTV should be reviewed for consistent application for all exits / entry points to L&D units to get face shots of subjects should event occur (such as inside stairwells and interior hallways leading to exits) Enhanced visitor management system should be considered as should access control system for rapid lockdown if needed. Panic buttons at nurses desk should be installed and hard wired and a visitor sign in / verification system should be implemented (similar to the ED). All current PIN reader access controls should be upgraded to programmable badge readers (especially at the nursery) and door leading from soiled linen closet into unit needs to remain locked at all times or at least alarmed. Most troubling was current electronic infant protection system (does not alarm if sensor is removed from band, does not alert staff when batteries failing and control system is in an unsecured electrical closet which could easily be sabotaged / circumvented.		
5	Workplace Violence Prevention	OSHA	3148-01R	High	Partial	Supervisory and many clinical staff receive non violent crisis intervention training, but is more related to patient restraints rather than workplace violence issues. All personnel should have specific instruction on WPV Prevention as part of initial and ongoing training. Non violent crisis intervention training for all clinical and support staff beneficial in this aspect as well especially critical care unit and front desk reception staff, for which NCI training should be mandatory)	Open enrollment workplace violence prevention classes with Human Resources and EAP input should be considered as a multidisciplinary offering to all staff on an annual basis. Specific training on non-violent crisis intervention, domestic violence warning signs and conflict resolution should be mandatory for all managers and above, and then disseminated to all line staff. HR staff should be more active in current NCI efforts and front line staff in areas such as medical records, guest services and reception, valets and others that come into contact with upset clients should also have high priority for such programs. Current stats used for WPV planning should be closely reviewed for applicability and potential for skewing of numbers due to issues such as post anesthesia and brain injury situations i.e. assault without intent).		

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6	Security of Scheduled Drugs	DEA	Controlled Substances Act 1970	High	Partial	Pyxis system is used for drug storage and dispensing / reconciliation purposes and storage areas are in good order. Additional staff education and some physical security components could use updating. Some updating of existing access controls and CCTV should be considered as well as updated peep holes for perimeter doors into area.	Increased staff education on security related events / response should be considered. (i.e. what to do in the event of a robbery attempt involving drugs). Suggest peephole upgrades to outer doors or add a video intercom for staff at desk to see who is at door. Rear door to pharmacy admin area has a badge reader that is not used and should be considered for re-tasking elsewhere Engineering is currently in control of pharmacy access control programming and this could present potential breach opportunity (should have more rapid turn around time on deleting ID badges from system due to turnover of staff which currently takes days, and this is an issue System wide). A supply closet adjacent to the pharmacy area was unsecured and could be used to gain access to the area and should be reinforced or sealed off. All exterior signage identifying pharmacy should be removed and current practice of having security deliver used / opened crash carts back to pharmacy for restocking should be discontinued and assigned to pharmacy or clinical personnel.		
7	Guideline for Security of Nuclear Materials	NNSA	GRTI Program	High	Partial	Facility currently has notable quantities of radioactive materials on site .	While facility has proscribed security countermeasures in place (access controls, fingerprinting an background checks for all staff with a access into areas, CCTV, etc.), a site survey should be completed through the NNSA's GTRI program for grant funding opportunities to enhanced the security for these isotope storage areas.		
8	Workplace Security / Active Shooter	DHS / FEMA	IS-906 IS-907	Moderate	Partial	FEMA training on Active Shooter and General Workplace Security should be considered as offering to all staff.	All management staff should consider FEMA IS 906 and 907 and other appropriate Emergency Mgnt and Security courses.		

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Expected	**9**	Security Staffing Guidelines	CHS Security Staffing Guidelines	Matrix for staffing	**Moderate**	**Partial**	Security staffing assessment should be considered for this campus based upon a review of duties currently required and use of existing single officer for IVC watches (leaving all other areas vulnerable and without patrols). Post orders for guards should be reviewed closely and updated as needed. Current valet uniforms give strong impression of being security, and this should be reviewed for issues that this might cause.	Due to size and complexity of campus and calls for service (especially response to increase in IVC patients in the ED) and benefits that preventative presence and patrol would bring, additional security staffing should be considered for this campus. An updated analysis of local crime stats should be instituted and reviewed with management to research potential for security related issues. The 24 hour post in the Emergency Department is a good practice but having existing security sitting with IVCs should be eliminated and med techs or other clinical sitters with appropriate training should be used instead (per IAHSS Guidelines and similar best practices). Currently ED security is moved to rear of department after hours to keep watch on unsecured perimeter door and this greatly detracts from presence in ED waiting room and triage area.		
Expected	**10**	International Association for Healthcare Security and Safety Guidelines	IAHSS	Best Practices	**Moderate**	**Partial**	Some IAHSS guidelines are being met, but many are not. Facility not fully aware of IAHSS or their best practices / guidelines.	Should review current guidelines and seek opportunities for inclusion in current security program as applicable. IAHSS membership and certification of officers through existing progressive professional healthcare security program should also be implemented.		

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11	Common Vulnerabilities and Protective Measures for Hospitals	DHS	OIP Public Health	**Moderate**	**Partial**	Overall, the physical security program has numerous opportunities for improvement. Certain elements that are simple fixes include updating no weapons signage for consistency and higher visibility, several lighting and landscaping issues, creation of a threat assessment program for workplace violence, addition and upgrades of CCTV cameras, continuity of the access control program and enhanced training on security related issues for staff. The *** building and adjacent parking lot across XYZ Street is in need of attention immediately for a number of reasons, not the least of which is its isolated location and presence of a non-affiliated bank in the same location (creating a high security risk), lack of adequate exterior lighting, lack of CCTV and HELP stations / duress alarms and general state of disrepair and inability to secure areas within the building. Lastly, the word "Cashier" should be removed from the front lobby desk sign and personnel in this area should conduct certain activities (i.e. counting of monies) in a private secured area.	Areas that could use improvement include additional CCTV coverage for perimeter and parking lots per discussions during tour, ED and main entrance canopies and certain interior areas to enhance ability to obtain evidentiary video (such as at the manager's lot beside the *** building), the installation of a monitor and camera at main entry points to allow visitors to see themselves while alerting them of video surveillance on campus (Wal-Mart effect), enhanced security for critical infrastructure areas such as securing of doors at key infrastructure areas (i.e. Engineering whose entrance does not even have a latch in place, making it impossible to secure)) and access control system upgrades to allow for better lockdown ability of facility should an event occur. Megapixel cameras with facial recognition technology and license plate capture capability should be considered for certain areas identified during tour and CCTV and HELP stations should be considered for parking decks and lots and common entrances to supplement existing measures.		

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Optional	12	Design Guide for the Built Environment of Behavioral Health Facilities	National Association of Psychiatric Health Systems	Best Practices for Design of BH Units / Treatment Areas	**Moderate**	**Partial**	IVC patients are an issue at this facility (due to size and patient volumes of Emergency Dept and potential for elopement), but overall design guidelines are being met. Some CCTV cameras need relocation and all exit points in ED and surrounding areas should be covered for evidentiary purposes. Consideration should be given to creation of additional dedicated behavior management rooms in ED.	Some opportunities for improvement include clear definition of the "safe room" for staff in the Emergency Dept in the event of a security related event and drills to reinforce this concept, enhanced training for staff on workplace violence and CMMS regulations involving restraints and a thorough assessment of any areas where IVC patients might be kept for long periods of time to provide for a safe environment and prevent violent acts or suicide attempts (per TJC Sentinel Event Alerts # 45 and # 46).		
Optional	13	Various Best Practices	ECRI Risk Control	Violence in Healthcare Facilities	**Moderate**	**Partial**	A few of the ECRI Guidelines are being met, while some are not.	Various issues to be addressed including physical security and access controls and CCTV, workplace violence prevention training for staff, conducting of a "violence potential' audit and special considerations for "at risk' areas (Emergency Dept, Medical Records, Pharmacy, etc.) per previous recommendations. The Human Resources and Medical Records Departments are in immediate need of attention for several issues including lack of adequate training of staff regarding WPV recognition and prevention, absence of panic buttons in employee relations and isolated medical records areas, rear door to HR unattended and unsecured leading in from garage, and lack of CCTV and appropriate access controls for both areas.		
Optional	14	Various Best Practices	USDHHS	Best Practices	**Moderate**	**Partial**	While a few best practices are being met, while some are not.	A comprehensive review of this document should be performed to identify opportunities for improvement across entire facility / campus. CCTV should be considered for the entrances to the ED, outpatient entrances and patient discharge areas to allow for facial shots of all those entering, the "911*" code on the Medic entrance should be changed to prevent unauthorized use and PIN codes on doors in security sensitive areas should be upgraded to proximity badge readers to allow for rapid lockdown capability. Medical records should consider peep hole for entry into department and additional security related training for staff in this area.		

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15	PPE for Security Personnel During Contamination Incidents	OSHA	3335-10N	Low	Full	PPE available but not dedicated for security; training of security on proper use of PPE and CBRNE needs to be done annually.	All security personnel should be trained and provided PPE in the event of a contamination event and they should be included in all drills and tabletop exercises along with local Police / Fire. Security should be an integral part of the facility's Emergency Management plan and be included in all meetings and communications regarding such issues.		
16	Guidelines for Physical Security of Hospitals	NFPA	Guideline 730	Low	Partial	While a few best practices are being met, some are not.	A comprehensive review of this document should be performed to identify opportunities for improvement across entire facility / campus. Alarms and CCTV should be considered for key critical infrastructure areas and doors to such areas should remain secure at all times per previous recommendations (including engineering offices, soiled linen areas and perimeter entrances to facility after hours to name a few). The materials management area and loading dock located at the parking garage needs attention as it is currently sparsely staffed after hours and on weekends and offers multiple opportunities for theft and / or vandalism that could significantly impact the facility's ability to provide patient care. The current pager based alarm system should also be reviewed as alarm pages are treated with no type of priority resulting in delays of alerts to security).		
17	Guideline for Lighting of Facilities	IESNA	G-01-03	Low	Partial	Survey done during daytime hours, so high level of detail not possible. No significant findings, but placement of fixtures seem well thought out.	An updated lighting survey of the campus should be considered to identify areas of low lighting and concern (especially common pathways after hours).		

Risk = High / Moderate / Low

Compliance = Full / Partial / None

Acronyms	
BH	Behavioral Health
CCTV	Closed Circuit Television
CMMS / DHEC	Centers for Medicare and Medicaid Services / Dept of Health and Environmental Control
CPI	Crisis Prevention International
DEA	Drug Enforcement Agency
ECRI	Emergency Care Research Institute

Comments:

The following self assessment is an instrument that allows a facility to quickly ascertain their degree of exposure to potential security problems based upon the Carolinas Healthcare System's Security Guiding Principles and its supporting healthcare security regulations / best practices manual. This simple self-test will provide valuable insight into the status of a facility's security program. This assessment is not exhaustive in its scope and these standards do not highlight every security condition that may arise in a healthcare security setting, but they are meant to call attention to the wide range of security vulnerabilities that every hospital must take into consideration.

Regulatory Requirement / Best Practice				Findings / Recommendations				
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EMTALA	Emergency Medical Treatment and Active Labor Act
FEMA / NIMS	Federal Emergency Management Agency
IAHSS	International Association of HealthCare Security and Safety
IESNA	Illumination Engineering Society of North America
IVC	Involuntary Commitment
NCMEC	National Center for Missing and Exploited Children
NIAHO	National Integrated Accreditation for Healthcare Organizations
NFPA	National Fire Protection Agency
NNSA	National Nuclear Security Administration
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
TJC	The Joint Commission
USDHHS	United States Dept. of Health and Human Services
VPM	Violent Patient Management

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No.	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
Standard#1 - Regulatory					
Finding					
1.1		With implementation of more robust visitor management system requiring photo ID (such as an electronic system like Easy Lobby or I-View), security after hours will be greatly enhanced for facility. Currently, too many access points exist with too few safeguards to adequately control after hours visitation or perform facility lockdown if needed. Access to and education of staff in security sensitive areas could be improved (Pharmacy, HR and Medical Records for example). Current security incident reporting system needs updating to more advanced system (for data mining and tracking / trending purposes). Suggest separate training programs be created for each security sensitive area listed in the security management plan and then provide annually to employees in such areas. SMP should also list additional specific topics in Performance Improvement Monitoring section (such as IVC stand by efforts or other high interest concerns). An HVA should be conducted annually for this site with security's input, and all policies / procedures of a security related nature should be reviewed regularly.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No.	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
1.2		All security personnel as well as clinical staff in certain areas (to include guest services, registration and other front line staff) should have instruction on CMMS and EMTALA as part of initial and ongoing training to avoid issues with Conditions of Participation. Training of security personnel should include scenario based element with mock survey component from state regulator viewpoint. Current contract with security guard company is good and includes some specific healthcare related training requirements. Recent CMMS interpretations now suggest all persons associated or present during with any patient restraint or seclusion be BLS certified and receive annual first aid training (including security). Current use of stun guns versus more effective measures (Taser technology) should be researched with Conditions of Participation taken into consideration.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No.	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
1.3		All security personnel should complete ICS 100 and 200, with supervisors completing 700 and 800 as well. All management staff should consider FEMA 100 and 200 and other appropriate EM and Security courses. Existing emergency traffic control plans should be tested annually with local first responders participating and copies of plan be readily available in event of an incident or public health surge event. Current Emergency Room access configuration could very easily be compromised with minimal effort affecting ability of entire facility to adequately respond to emergency surge situations (one stalled vehicle would shut down area). Likewise, critical infrastructure areas in rear of facility should be closely reviewed for enhanced access control of vehicles in event of a fire or other situation requiring rapid access to areas by first responders.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

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1.4		Code Adam is currently used for such events, which is not consistent with NCMEC Guidelines (should consider Code Pink). CCTV should be reviewed for consistent application for all exits / entry points to L&D units to get face shots of subjects should event occur (such as inside stairwells and interior hallways leading to exits) Enhanced visitor management system should be considered as should access control system for rapid lockdown if needed. Panic buttons at nurses desk should be installed and hard wired and a visitor sign in / verification system should be implemented (similar to the ED). All current PIN reader access controls should be upgraded to programmable badge readers (especially at the nursery) and door leading from soiled linen closet into unit needs to remain locked at all times or at least alarmed. Most troubling was current electronic infant protection system (does not alarm if sensor is removed from band, does not alert staff when batteries failing and control system is in an unsecured electrical closet which could easily be sabotaged / circumvented.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No.	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
1.5		Open enrollment workplace violence prevention classes with Human Resources and EAP input should be considered as a multidisciplinary offering to all staff on an annual basis. Specific training on non-violent crisis intervention, domestic violence warning signs and conflict resolution should be mandatory for all managers and above, and then disseminated to all line staff. HR staff should be more active in current NCI efforts and front line staff in areas such as medical records, guest services and reception, valets and others that come into contact with upset clients should also have high priority for such programs. Current stats used for WPV planning should be closely reviewed for applicability and potential for skewing of numbers due to issues such as post anesthesia and brain injury situations i.e. assault without intent).			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No.	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
1.6		Increased staff education on security related events / response should be considered. (i.e. what to do in the event of a robbery attempt involving drugs). Suggest peephole upgrades to outer doors or add a video intercom for staff at desk to see who is at door. Rear door to pharmacy admin area has a badge reader that is not used and should be considered for re-tasking elsewhere Engineering is currently in control of pharmacy access control programming and this could present potential breach opportunity (should have more rapid turn around time on deleting ID badges from system due to turnover of staff which currently takes days, and this is an issue System wide). A supply closet adjacent to the pharmacy area was unsecured and could be used to gain access to the area and should be reinforced or sealed off. All exterior signage identifying pharmacy should be removed and current practice of having security deliver used / opened crash carts back to pharmacy for restocking should be discontinued and assigned to pharmacy or clinical personnel.			
Standard#2 -Expected *Finding*					

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No.	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
2.1		While facility has proscribed security countermeasures in place (access controls, fingerprinting an background checks for all staff with a access into areas, CCTV, etc.), a site survey should be completed through the NNSA's GTRI program for grant funding opportunities to enhanced the security for these isotope storage areas.			
2.2		All management staff should consider FEMA IS 906 and 907 and other appropriate Emergency Mgnt and Security courses.			
2.3		Due to size and complexity of campus and calls for service (especially response to increase in IVC patients in the ED) and benefits that preventative presence and patrol would bring, additional security staffing should be considered for this campus. An updated analysis of local crime stats should be instituted and reviewed with management to research potential for security related issues. The 24 hour post in the Emergency Department is a good practice but having existing security sitting with IVCs should be eliminated and med techs or other clinical sitters with appropriate training should be used instead (per IAHSS Guidelines and similar best practices). Currently ED security is moved to rear of department after hours to keep watch on unsecured perimeter door and this greatly detracts from presence in ED waiting room and triage area.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

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2.4		Should review current guidelines and seek opportunities for inclusion in current security program as applicable. IAHSS membership and certification of officers through existing progressive professional healthcare security program should also be implemented.			
2.5		Areas that could use improvement include additional CCTV coverage for perimeter and parking lots per discussions during tour, ED and main entrance canopies and certain interior areas to enhance ability to obtain evidentiary video (such as at the manager's lot beside the *** building), the installation of a monitor and camera at main entry points to allow visitors to see themselves while alerting them of video surveillance on campus (Wal-Mart effect), enhanced security for critical infrastructure areas such as securing of doors at key infrastructure areas (i.e. Engineering whose entrance does not even have a latch in place, making it impossible to secure)) and access control system upgrades to allow for better lockdown ability of facility should an event occur. Megapixel cameras with facial recognition technology and license plate capture capability should be considered for certain areas identified during tour and CCTV and HELP stations should be considered for parking decks and lots and common entrances to supplement existing measures.			
Standard#3 - Optional					

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

I.D. No. *Finding*	Responsible Party / Point of Contact	Action / Recommendation	Progress Update	Due Date	Red Yellow Green
3.1		Some opportunities for improvement include clear definition of the "safe room" for staff in the Emergency Dept in the event of a security related event and drills to reinforce this concept, enhanced training for staff on workplace violence and CMMS regulations involving restraints and a thorough assessment of any areas where IVC patients might be kept for long periods of time to provide for a safe environment and prevent violent acts or suicide attempts (per TJC Sentinel Event Alerts # 45 and # 46).			
3.2		Various issues to be addressed including physical security and access controls and CCTV, workplace violence prevention training for staff, conducting of a "violence potential' audit and special considerations for "at risk' areas (Emergency Dept, Medical Records, Pharmacy, etc.) per previous recommendations. The Human Resources and Medical Records Departments are in immediate need of attention for several issues including lack of adequate training of staff regarding WPV recognition and prevention, absence of panic buttons in employee relations and isolated medical records areas, rear door to HR unattended and unsecured leading in from garage, and lack of CCTV and appropriate access controls for both areas.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

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3.3		A comprehensive review of this document should be performed to identify opportunities for improvement across entire facility / campus. CCTV should be considered for the entrances to the ED, outpatient entrances and patient discharge areas to allow for facial shots of all those entering, the "911*" code on the Medic entrance should be changed to prevent unauthorized use and PIN codes on doors in security sensitive areas should be upgraded to proximity badge readers to allow for rapid lockdown capability. Medical records should consider peep hole for entry into department and additional security related training for staff in this area.			
3.4		All security personnel should be trained and provided PPE in the event of a contamination event and they should be included in all drills and tabletop exercises along with local Police / Fire. Security should be an integral part of the facility's Emergency Management plan and be included in all meetings and communications regarding such issues.			

Healthcare Facility
Security Program
Management Action Plan (MAP)
Facility Name
Date(s) of Assessment

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3.5		A comprehensive review of this document should be performed to identify opportunities for improvement across entire facility / campus. Alarms and CCTV should be considered for key critical infrastructure areas and doors to such areas should remain secure at all times per previous recommendations (including engineering offices, soiled linen areas and perimeter entrances to facility after hours to name a few). The materials management area and loading dock located at the parking garage needs attention as it is currently sparsely staffed after hours and on weekends and offers multiple opportunities for theft and / or vandalism that could significantly impact the facility's ability to provide patient care. The current pager based alarm system should also be reviewed as alarm pages are treated with no type of priority resulting in delays of alerts to security).			
3.6		An updated lighting survey of the campus should be considered to identify areas of low lighting and concern (especially common pathways after hours).			

No items completed
Partially complete
Complete