Physical Plant: Security

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. The hospital has conducted a security vulnerability assessment or a complete security assessment to determine measures that are needed.
☐	☐	☐	☐	2. The hospital has a security plan to deal with disruptive or threatening patient or visitor behavior and other threats to the hospital and its personnel.
☐	☐	☐	☐	a. The plan includes training for hospital personnel.
☐	☐	☐	☐	b. The plan includes communications with local police departments.
☐	☐	☐	☐	c. The plan includes OSHA's guidelines for preventing workplace violence.
☐	☐	☐	☐	d. The plan includes responses to chemical, bomb, or bioterrorism threats.
☐	☐	☐	☐	e. The plan is evaluated at least annually.
☐	☐	☐	☐	3. The hospital maintains evidence that security staff (whether employed or contracted) meet the following requirements:
☐	☐	☐	☐	a. Security staff is trained by an experienced security officer.
☐	☐	☐	☐	b. Security staff receives training from the state if it is required for state-licensed security officers. (For example, Ohio requires 120 hours of basic training.)
☐	☐	☐	☐	c. Crisis prevention training is included.
☐	☐	☐	☐	d. Security staff is provided with non-lethal equipment.
☐	☐	☐	☐	e. There is a mechanism for security staff to call local authorities for assistance.
☐	☐	☐	☐	4. The emergency department has an emergency call system to summon assistance without using a telephone (a hidden buzzer switch or staff emergency call pens, for example).
☐	☐	☐	☐	5. Security plans and procedures are appropriate for the pharmacy.
☐	☐	☐	☐	a. The pharmacy has locked doors.
☐	☐	☐	☐	b. There is bulletproof glass at public service counters.
☐	☐	☐	☐	c. There is a system for calling security.

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Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	6. Security plans and procedures are appropriate for the obstetrics unit.
☐	☐	☐	☐	a. Access to the unit is limited.
☐	☐	☐	☐	b. Individuals requesting access are visible to the nurses' station directly or by cameras and monitors.
☐	☐	☐	☐	c. An infant is given a bracelet that matches the mother's bracelet.
☐	☐	☐	☐	d. Mothers are instructed on department security measures.
☐	☐	☐	☐	e. Procedures are in place for personnel and police to respond in the case of infant abduction.
☐	☐	☐	☐	f. Security staff participates in infant abduction drills.
☐	☐	☐	☐	7. Security plans and procedures are appropriate for the pediatrics unit.
☐	☐	☐	☐	a. Access to the unit is limited.
☐	☐	☐	☐	b. Individuals requesting access are visible to the nurses' station directly or by cameras and monitors.
☐	☐	☐	☐	c. Children are discharged to parents/guardians or to their designee.
☐	☐	☐	☐	8. The security plan limits access to hospital facilities except through monitored entrances during evenings, nights, weekends, and holidays.
☐	☐	☐	☐	9. Photo ID badges are used to identify employees.
☐	☐	☐	☐	10. An identification system is used for contractors and vendors.
☐	☐	☐	☐	11. There is a key control plan for recovering keys or keycards from employees who resign, retire, or are terminated.
☐	☐	☐	☐	12. Access to hospital computer systems is discontinued when employees resign, retire, or are terminated.
☐	☐	☐	☐	13. The security plan defines the role of security personnel in a disaster.
☐	☐	☐	☐	14. Security personnel participate in planning for disasters with external local, state, or federal agencies.
☐	☐	☐	☐	15. Security personnel participate in various disaster drills with local agencies.
☐	☐	☐	☐	16. Public parking lots and employee parking lots are monitored for the safety of visitors and staff.

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Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	17. Visitors and staff can have a security escort walk them to their cars.
☐	☐	☐	☐	18. The security program meets the needs of the facility, considering the environment and past security concerns.

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.