SUBJECT: Security Management Plan
SCOPE: Essentia Health East-wide
SECTION: Safety
PRIMARY AUTHOR: Security Manager

APPROVING COMMITTEE AND DATE:
EH East Environment of Care Committee 1/13

POLICY: S 1600
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PURPOSE:

I.   Essentia Health (EH) East and its Governing Board are committed to providing facilities which are designed, constructed, staffed, maintained and operated in a manner to assure safe and secure environments for patients, visitors, staff and volunteers. To meet this commitment, a region-wide Security Management Program has been established and maintained, as described in this plan. All levels of management, medical staff, and employees have responsibility for the security, safety and well-being of patients, visitors and staff. This responsibility will be met by working together to promote safe work practices, enforcing safety rules and regulations, and consistently maintaining property and equipment in safe working conditions.

FUNDAMENTALS:

I.   The Security Mission is designed to protect individuals and property against harm and threats while maintaining a reasonable and prudent level of protection against potential risks. Security also provides a wide range of public and guest services that support patient care operations and family support.

II. The Security Management Program is an integral component of the healthcare organization. The program takes into account workplace violence protocols, the identification of sensitive areas, staff education, and focuses on the personal safety of patients, staff and visitors. Employee awareness of their surroundings and the reporting of suspicious or threatening activity are vital towards maintaining an effective security program.

III. To eliminate the threat of workplace violence and other security incidents, administrators and department directors/managers need appropriate information and training to develop an understanding of safe working conditions and practices.

ORGANIZATION & RESPONSIBILITIES:

I.   The Board of Directors receives quarterly reports of any adverse outcomes or performance of the Security Management Plan from the EH East Environment of Care Committee (EOC). As appropriate, the Board communicates concerns about identified issues and regulatory compliance. The Board of Directors provides support to facilitate the ongoing activities of the Security Management Program.

II. The VP of Facilities receives reports of the status of the Security Program from the EOC Committee and the Security Manager. The VP communicates concerns about essential issues and regulatory compliance to the CEO, Senior Administration and other appropriate staff.

III. The Manager of Security, in collaboration with administrators, directors/managers, is responsible for coordinating all aspects of the Security Management Program. The Security Manager is also responsible for identifying, evaluating adverse impacts, and designing protection safeguards against threats and risks.

IV. The Security Department:
   A. Develops and implements procedures to be taken in the event of a security incident.
   B. Oversees the response to security incidents and takes appropriate actions.
   C. Addresses concerns through security alerts, process excellence initiatives, safety committees, and other departmental and supervisory levels of the organization as necessary to ensure safety and security.
   D. Serves as the primary liaison to and coordinates protection and security efforts with public safety and law enforcement agencies.

V.   Administrators, department directors/managers are responsible for orientating employees in their respective service areas, and, as appropriate, to the job and task specific responsibilities for security.

VI. Employees and staff are responsible for learning and following specific security measures and procedures. Employees are required to immediately report security incidents and threatening or suspicious activity to the Security department or their manager/administrator. Employees will fully cooperate with Security staff in the performance of official duties by following their directions, answering questions about incidents, patients or other persons and by providing pertinent information to assist in their investigations.

OBJECTIVE:

I. To provide an environment that ensures the physical security and personal protection of patients, employees, visitors and property to include preventive, protective and response measures.

CONTENT (Meeting the Objective):

I. Identifying and Responding to Security Incidents and Events:
   A. Security and workplace violence matters affecting patients, employees, visitors, and property are identified through incident reporting, ongoing monitoring of the environment, hazard and vulnerability risk assessments, root cause analyses and credible external sources.
   B. The Security department conducts investigations and takes appropriate following actions on all reported security incidents involving patients, visitors, employees or property.

II. Workplace Violence:
   A. Workplace Violence ranges from shootings to physical assaults or threats of assaults directed toward persons at work. OSHA has identified workplace violence as a high vulnerability risk for healthcare workers with violence directed at staff by patients as most pertinent.
   B. Prevention strategies and response protocols follow the guidelines of OSHA, The Joint Commission's Sentinel Event Alert and the National Institute for Occupational Safety and Health (NIOSH).
   C. A multidisciplinary team comprised of members from Safety, Human Resources, Risk Management, General Counsel's Office, and impacted Nursing or Support departments is formed to review and develop a response plan to reported physical and potentially threatening situations. The post incident response provides for treatment, counseling and follow on support for employees who are victimized or traumatized by a workplace violence incident. The Workplace Violence Program is contained in Safety Policy S 1605
   http://sourcedocs/intranet/pandp/East/Safety/s1605workplaceviolence.pdf

III. Identification of Patients, Visitors and Staff.
   A. All employees, students, volunteers, and contractors wear an EH East issued color photo identification badge above waist level in plain view. Patients wear an identification wristband.
   B. Visitor access to facilities after normal hours is controlled and monitored.
   C. All employees are responsible for verifying credentials and notifying security or their facility manager when positive recognition and/or identification cannot be verified (refer to Safety Policy S1603, Identification Badges & Access Cards).

IV. Sensitive Areas.
   A. Sensitive areas will be controlled by restricted access and egress. Designation of sensitive areas is based on the potential for violence, vulnerability of patients, access to restricted or confidential information and the availability of drugs or monies. Sensitive areas are designated and approved by the EH East EOC Committee
   B. A complete list of sensitive areas is contained in Safety Policy S1601, Security Sensitive Areas and includes, but is not limited to, infant care and pediatric units, emergency departments and pharmacies.

V. Infant and Pediatric Abduction.
    A. The Infant/Child Abduction Committee (Code Purple Team) meets regularly to assess current risks, evaluate needs for enhanced protection measures, develop procedures and oversee staff education. The Committee coordinates testing and drills of abduction system measures and protection systems. Results and action plans are reported to the EH East EOC, Emergency Management and Patient Safety Committees, as appropriate.

VI. Emergency Operations:
    A. Access and entry control, movement of people and vehicular traffic during emergency operations is done in a manner that best supports operability of the respective facility.
    B. The Emergency and Security Operations Center serves as the primary communication center for emergency disasters and security incident. The Center monitors duress, intrusion, medical, security and fire alarms. The Center is the immediate liaison to local law enforcement and fire department responders.

VII. Emergency Procedures: The following policies and procedures address response to emergency security procedures:
    ▪ Safety Policy S1200, Emergency Management Plan
    ▪ Safety Policy S1200, Facility-specific Emergency Response Tables
    ▪ Safety Policy S1604, Patient Elopement, Missing
    ▪ Safety Policy S1605, Workplace Violence Prevention
    ▪ Safety Policy S1606, Weapons: Patient, Visitor
    ▪ Safety Policy S1608, Forensic Staff / Prison Inmates
    ▪ Safety Policy S1609, Threatening, Violent, Out of Control Behavior
    ▪ Safety Policy S1610, Infant/Child Abductions
    ▪ Safety Policy S1612, Bomb Threat
    ▪ Safety Policy S1613, Weapons Threat-Active Shooter

VIII. Orientation and Education.
    A. OL&D has the overall responsibility for coordinating with the Security Manager on the orientation and education program that includes the Security Program. OL&D conducts bimonthly general orientation and maintains documentation of attendance to ensure compliance.
    B. Administrators/department directors/managers are responsible for providing new employees with the department specific orientation to the Security Management Program. Department-specific orientation provides new employees with area specific security risks and emergency security procedures. Administrators/department directors/managers are responsible to maintain documentation of job-specific orientation.
    C. OL&D collaborates with the East Environmental Safety Officer and individual department managers to develop content and materials for general and department-specific orientation and the annual mandatory SAP training program. Educational content is reviewed annually and updated at the time of changes in security policies.
    D. All new employees of EH East must complete the general and department-specific orientation, and SAP training during the first 30 days of employment. All employees are required to participate in an annual mandatory SAP training. The annual training includes Security information.

IX. Performance Improvement.
    A. The Security manager is responsible for the Security Management Program performance improvement standard process. Performance indicators monitored by the EH East EOC Committee are:
        1. Staff is knowledgeable of procedures to take for a shooter or a weapons/hostage threat. (25 staff members educated and surveyed per quarter. *Performance Target: 90%*)
        2. Staff familiarization and testing of their department electronic duress alarms. 5 Departments to be surveyed per quarter. *Performance Target: 75%)*
    B. The EH East EOC Committee is responsible for evaluating the relevance of performance improvement standards.

X. Annual Evaluation.
    A. The Environmental Safety Officer, in collaboration with the EOC Management Plan owners, has the responsibility for coordinating the annual evaluation process for each of the seven (7) EOC Management Plans.
    B. The Security manager is responsible for performing the annual evaluation of the Security Management Program. The annual evaluation addresses the scope (purpose/range of operation), objective (goal), performance (review of content/accomplishments) and effectiveness (performance indicators/producing the desired/decisive effect).
    C. The annual evaluation uses a variety of information sources, including the computer system, incident report summaries, meeting minutes and Safety Committee Reports. The annual review is reported to the EH East EOC Committee and the Quality Committee of the Board. Discussion, actions, recommendations and/or approval of the Committees are documented in the minutes.

Key Words: Security, management, plan, EOC, incidents