

2022

SECURITY MANAGEMENT PLAN

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I MISSION

The mission of LAC+USC Medical Center's Management of the Environment of Care (EOC) program is to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the Medical Center. Consistent with this mission, the Governing Body, administration, and staff provide ongoing support for the Safety Management Program described in this plan

II PURPOSE

The purpose of the Security Management Plan is to define the security and safety program and to help minimize the risk of personal injury or property loss.

The LAC+USC Medical Center's Environmental of Care (EOC) committee, the Los Angeles County Sheriff's Department (LASD), Contract Security, Medical Staff, and Hospital Administration have established and provide ongoing support towards the mission and for the Security Program described in this plan.

III SCOPE

The Security Program is designed to manage the security risks the environment of the Medical Center may present to patients, staff, and visitors. The program is designed to ensure identification of general and high security risks and to develop effective response procedures.

The program is applied to the entire Medical Center and all other support services, buildings and parking facilities of the campus. The program covers all persons including staff, visitors, and patients along with any property whether personal or county owned.

IV FUNDAMENTALS

- A. Visibility by LASD personnel and contract security throughout the Medical Center helps prevent crime and provides a safer environment for patients, visitors and staff.
- B. An assessment of risks to identify potential problems is essential to reducing crime,

injury and other incidents.

- C. Analysis of security incidents provides information to predict and prevent crime, injury and other incidents.
- D. Educating the Medical Center workforce members enhances their awareness related to criminal activity. Workforce members are trained to recognize and report potential or actual incidents to ensure a timely response by law enforcement. Workforce members in sensitive areas are trained to ensure the security measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.

V OBJECTIVES

- A. The Medical Center's buildings and property are patrolled on a regular basis to identify and document potential or actual problems.
- B. Appropriate and timely action is taken to prevent crime, injury, or property loss.
- C. Security policies and procedures are established and maintained to direct staff performance when responding to security incidents. Security policies are reviewed at least every three years.
- D. Timely responses are provided for emergencies and requests for assistance. Crime, fire, injury or other incidents are reported and documented. Communication is maintained externally with local, state, or federal law enforcement and other civil authorities. Internal communications to hospital administration are provided as needed.
- E. Vehicle code laws on the Medical Center's grounds are enforced including control of parking and access to the emergency ramp. Parking enforcement is based upon authorized parking permits.
- F. Access to the grounds, buildings, and sensitive areas is limited by enforcement of staff and visitor identification policies and by controlling authorized access.
- G. Timely response to requests for escorts, keys and door openings or other routine requests for assistance is provided.
- H. All new employees are trained about the Security Program including the types of incidents the security personnel can respond to; how to report incidents, how to obtain assistance in an emergency and training for staff in designated sensitive areas.
- I. The documentation system for security incidents is managed and used to provide appropriate reports to the Environmental Safety Officer, EOC committee, Senior

- Executive Leadership and key security personnel.
- J. Security personnel activity including investigations, routine patrol activity, special and routine requests for assistance and other activities are appropriately documented.
 - K. Identification of problems, failures, and user errors that require attention and action are routinely reported to the Environmental Safety Officer and EOC committee monthly.
 - L. An annual evaluation of the scope, objectives, performance and effectiveness of the program is conducted and documented.
 - M. Performance improvement opportunities are documented and forwarded to appropriate individuals.
 - N. The potential for workplace violence is evaluated as part of risk assessments. Programs and training classes are developed to educate facility personnel.

VI ORGANIZATION AND RESPONSIBILITY

- A. The LASD and Contract Security work with the Environmental Safety Officer and LAC+USC Facilities Management Administrator. They work in collaboration with other department heads in managing all aspects of the security program. The LASD liaisons and Director of Contract Security advises the Environmental Safety Officer and Facilities Management Administrator regarding security issues that may necessitate changes to policies, orientation or education or purchasing of equipment for the entire hospital.
- B. The Medical Center's EOC committee receives reports on the activities of the Security Program from LASD and Contract Security. The Environmental Safety Officer and EOC Committee reviews the reports and communicates concerns on identified issues and regulatory compliance to the facility's Senior Executive Leadership.
- C. The Facility's Senior Executive Leadership receives regular reports on the activities of the Security Program. The Facility's Senior Executive Leadership reviews reports and provides ongoing support concerning key issues.
- D. The Environmental Health and Safety (EHS) office along with LASD and Contract Security is responsible for the security orientation of new personnel to the hospital environment, and as appropriate, to job and task specific security procedures. Department heads or their designees that manage security sensitive areas are responsible for training their personnel in any special security procedures or precautions. Where necessary LASD and Contract Security assists department heads in developing department security programs or policies. Employees and contractors are responsible for learning and following the Medical Center's and departmental

procedures for security.

VII. PROCESSES OF THE SECURITY MANAGEMENT PLAN

EC.01.01.01 The Medical Center plans activities to minimize risks in the environment of care.

EP4 Security Management Plan

LAC+USC Medical Center has developed and maintains a written management plan describing the processes it implements to effectively manage or prevent security incidents and emergencies affecting the facility, patients and staff that the environment may present. This plan is evaluated annually and changed as necessary based on changes in conditions, regulations, standards and identified needs.

EP 5 Management of the Security Processes

The LASD and Contract Security at the LAC+USC Medical Center is assigned to coordinate the development, implementation and monitoring of the security management activities at the Medical Center.

LAC+USC Medical Center Policy #642 – Security Assessment Program

EC.02.01.01 The Medical Center identifies and manages its security risks

EP1 Risk Assessment

The LAC+USC Medical Center staff conducts proactive risk assessments to identify the potential for adverse impact on the security of patients, staff and other people coming to the organization's facilities. This is done by monitoring external sources such as Sentinel Event Alerts and other credible sources for best practices. This in turn is incorporated into area monitoring/auditing. LASD and Contract Security has also taken an aggressive stance in educating hospital employees to ensure any incidents of workplace violence are immediately addressed. LASD and Contract Security personnel are evaluating current programs and identifying new programs and activities to better educate and protect the patients, staff and the organization of any security risk.

LAC+USC Medical Center Policy #642– Security Assessment Program

EP3 Risk Assessment to Implement Procedures

Information from the risk assessments and other sources contributes to the development and implementation of new procedures, activities and/or access controls to reduce the probability of security risks from occurring.

LAC+USC Policy #643 – Security: Role of Los Angeles County Sheriff's Department (As the Facility Law Enforcement Agency).

General Post Orders for Contract Security Officers

Weapon Screening Guidelines

LAC+USC Policy #610 – Emergency Plan

EP5 Maintains Grounds and Equipment

LAC+USC Medical Center uses members from the EHS office, Sheriff's Department and private security staff to conduct hazardous rounds to report on interior and exterior lighting, functionality of safety equipment, access doors, and other problems in need of service or repair.

LAC+USC Policy #643 – Security: Role of Los Angeles County Sheriff's Department (As the Facility Law Enforcement Agency).

General Post Orders for Contract Security Officers

EP7 Identification Program

The Department of Human Resources coordinates the identification program. The Sheriff's Department and all Contract Security personnel manage enforcement of the identification program. LAC+USC Medical Center administration maintains policies for identification. All personnel are required to display an identification badge on their upper body while on duty. Identification badges are to be displayed picture side out. Personnel who fail to display identification badges are counseled individually by their department head. Identification badges are removed from personnel upon termination.

Visitors of patients are issued a color-coded badge or ribbon as identification. Each badge or ribbon indicates which floor or area the visitor is allowed access. The badge or ribbon must be worn on the outermost garment, and clearly visible at all times. Visitors to some specific units may be requested to contact the ward for visitation approval, e.g., Labor & Delivery, Newborn Nursery, and Behavioral Health. The security officers, Sheriff's Department personnel, and Nursing staff, assist in enforcement of visitor identification policies.

Patient identification is provided at the nursing unit where patients are first admitted. If a patient's wristband is damaged it is replaced by the nursing staff. Patient identification is not removed upon discharge. Patients are instructed to remove the identification band at home.

The Material's Management Department provides vendor and contractor

identification. Identification badges are controlled and stored in a secure area.
LAC+USC Policy #235 Visitation Policy, Patient

EP8 Sensitive Areas

The LASD and Contract Security works with hospital leadership to identify security sensitive areas.

In collaboration with the hospital's leadership, the following areas are currently designated as sensitive areas:

1. Emergency Room
2. Psychiatry
3. Labor & Delivery
4. Newborn Nursery
5. Pediatric Inpatient Units
6. Intensive Care Units
7. Pharmacy
8. Warehouse / Loading Dock
9. Medical Records (HIM)
10. Child Care Centers
11. Cashier office
12. Jail Ward
13. Information Systems
14. Surgical Storage Areas
15. Blood Bank
16. Violence Intervention Program
17. MRI

Access to and from the identified security sensitive areas are controlled by either card key readers, security personnel, CCTV, or door locks. Personnel assigned to work in security sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

LAC+USC Policy #511 Photo Identification Badges

Contract Security Officer's Post Orders

LAC+USC Policy #661 Key, Lock and Badge Control

EP9 Security Procedures / Child or Infant Abduction Prevention

LAC+USC Medical Center have designed and implemented security procedures that address actions taken in the event of a security incident. These include LASD and Contract Security personnel responses for normal activities (such as door opening and escorts), urgent activities (such as requests for assistance and stand-

by, reports of theft, and other crime), and emergency responses (such as immediate patient or staff danger, fire alarms, disasters, and similar activities.)

General policies for these types of events provide guidance for Sheriff's Department personnel, security staff, and other Medical Center staff to follow. The policies also provide a process to inform hospital leadership. It also allows for implementation for network-wide emergency activity. In addition, Sheriff's and Contract Security personnel, and other staff are trained to respond to specific emergency management plan codes as defined in those plans.

LAC+USC Medical Center has designed and implemented security procedures that address the precautions for preventing and handling of an infant or pediatric abduction. Staff receives ongoing training and drills are conducted to maintain their awareness.

A Code Pink/Code Purple is announced over the internal page system as well as to selected radio pagers. Security dispatch also broadcast all code golds to all personnel via radio and dispatches two BRT certified security officers and one BRT certified supervisor to each code gold. Designated hospital staff and security staff respond to doors and specified areas to observe for persons with children or packages. LASD personnel responds to assume control of the scene and further coordinate additional resources as needed. Other staff is assigned to check designated areas and respond to the unit involved to document information and provide support to the parents.

LAC+USC Policy #640 Child/Infant Abduction Policy

LASD Manual of Policy and Procedure Section 5-09/120.05 Missing Children

LASD Manual of Policy and Procedure Section 5-09/120.10 Child Noncritical Or Victim of Parental/Family Abduction

LASD Manual of Policy and Procedure Section 5-09/120.15 Child Critical (Phase I)

LASD Manual of Policy and Procedure Section 5-09/120.20 Child Critical (Phase II)

LASD Manual of Policy and Procedure Section 5-09/120.25 Child Critical (Phase III)

LASD Manual of Policy and Procedure Section 5-09/120.30 Child's Picture – Television.

LASD Manual of Policy and Procedure Section 5-09/120.35 Child's Picture – Sheriff's Special Bulletin

EP10 Hospital Follows Identified Security Procedures

Various security policies including emergency preparedness drills and infant abduction response are tested quarterly; staff responses are documented, evaluated, and critiqued. As appropriate, corrective action is provided; additional training

offered, or program improvements made.

LAC+USC Department of Nursing Services Policy #610 Emergency Preparedness: Fire, Evacuation, Bomb Threat, Disaster, Earthquake, Hazardous Spills, Oxygen Shut Off

Department of Health Services County of Los Angeles, Policy #792 Threat Management "Zero Tolerance" Policy

County of Los Angeles Department of Human Resources, Policies, Guidelines, and Procedures #620 Workplace Violence/Threat Management

LAC+USC Safety Policy #113 – Fire Drills

Health Services Los Angeles County Policy #321.1 Behavioral Restraints and/or Seclusion

LAC+USC Medical Center Policy #646 Security: Reporting Stolen Property

LAC+USC Policy #303 Sentinel and Critical Clinical Event Reporting, Investigation, and Follow-up

LAC+USC Public Disturbance Management Policy #655 Public Disturbance Management

LAC+USC Healthcare Guidelines #300 Event Notification Guidelines

EC.04.01.01 Monitoring, Internally Reporting, and Investigating

EP5 Investigating Property Incidents

An on-line reporting system for reporting property incidents is managed and used by employees to provide internal notification of any incident involving damage to property. This is then communicated to a multi-discipline group for investigation and follow-up. Employees may also contact LASD/Contract Security personnel directly to advise them of potential criminal activity.

LAC+USC Policy #646 Security: Reporting Stolen Property

LASD Manual of Policy and Procedure Section 4-01/000.00 thru 4-01/140.00 Case Management

LAC+USC Policy #303 Sentinel and Critical Clinical Event Reporting, Investigation, and Follow-up

LAC+USC Policy #300 Event Notification Guidelines

EP6 Investigating Security Incidents Against Persons

Depending on the nature of the security concern, employees may either report a security concern through the on-line reporting system and/or directly to a security dispatch center. The security dispatch center is responsible for summoning security personnel to aid in urgent/emergent concerns.

LASD Manual of Policy and Procedure Section 4-01/000.00 thru 4-01/140.00 Case Management

LAC+USC Policy #644 Security: Reporting Injuries (Of a Questionable Nature or

Criminal Origin)

LASD Manual of Policy and Procedure Section 4-19/015.00 Person Injured/Ill

LASD Field Operations Directive 01-05 Hate Crime

LAC+USC Policy #647 Security: Reporting of Missing Persons

LAC+USC Policy #107 Elopement Reporting Process

LASD Manual of Policy and Procedure Section 5-09/120.00 Missing Persons (Definitions)

LASD Manual of Policy and Procedure Section 5-09/120.03 Missing Persons

LASD Manual of Policy and Procedure Section 5-09/120.50 Missing Adult

LASD Manual of Policy and Procedure Section 5-09/120.55 Returning or Locating a Missing Adult

LASD Manual of Policy and Procedure Section 5-09/120.60 Courtesy Reports – Missing Persons

LAC+USC Policy #654 Security: Reporting Unusual or Suspicious Incidents

LAC+USC Policy #521 Industrial Injury and Illness Reporting

LAC+USC Policy #802 Suspected Child, elder/Dependent Adult Abuse, and Domestic Violence Identification and Reporting

LAC+USC Safety Policy #101 Accident Reporting and Investigation

EC.03.01.01 Staff Education

EP 2 All new staff must attend a New Employee Safety Orientation as part of the new employee orientation. The New Employee Safety Orientation addresses key issues (i.e. Active Shooter and Workplace Violence) and objectives of various areas in the Environment of Care. A written test is given to ensure staff show competency in eliminating and minimizing physical security risk that may present.

External law enforcement and security personnel are provided a forensic orientation sheet upon entry into the facility that provides instructions for emergency procedures for the facility, internal notifications and communication, patient interaction, and distinction between administrative and clinical seclusion and restraint.

ANNUAL EVALUATION PRIMARY OBJECTIVES

- Reduce workplace crimes
- Maintain the reduction in vehicle burglary, vehicle theft and vandalism
- Reduce the incidents of employee assaults from patients