HARBOR-UCLA MEDICAL CENTER

SUBJECT: LOCK AND KEY

POLICY NO. 136

PURPOSE:

To delineate criteria and to establish procedures for locks and keys.

POLICY:

At Harbor-UCLA Medical Center, the Lock Shop is responsible for the issuance, receipt and maintenance of building and room keys. The Lock Shop at Harbor-UCLA is located in Building F-3.5. Facilities Management does not maintain keys for desks and lockers used at this facility.

This policy will provide guidelines for the issuance and/or replacement of lost or damaged keys, the return of keys to the Lock Shop, lock repairs, and emergency entrance to locked areas.

PROCEDURE:

I. ISSUANCE OF KEYS

A. Service Director/Department Chair/Nurse Manager

- 1. Inform new employees of the Lock and Key policy as part of the employee orientation process.
- 2. Complete the Key Request form T-560 (Appendix 1), indicating the name of the employee requesting the key, employee number, location, floor number, wing, room number, type of key requests, and key number required.
- 3. Provide approval signature on form T-560 and route to the Director of Facilities Management, Box #499.

Note: Both the Division Head and Chief Executive Officer, or in their absence the Chief Operations Officer, must approve and sign a key request for a key to another division area. The Chief Executive Officer, or the Chief Operations Officer in their absence, must approve and sign a key request for a master key.

EFFECTIVE DATE: 7/01

SUPERSEDES:

REVISED: 7/01, 12/04, 1/08, 1/12, 6/15, 6/18, 12/19

REVIEWED: 7/01, 6/06, 6/15, 6/18, 12/19

REVIEWED COMMITTEE:

APPROVED BY

Kim McKenzie, RN, MSN, CPHQ

Chief Executive Officer

Anish Mahajan, MD Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN

Chief Nursing Officer

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II. REPLACEMENT OF LOST/BROKEN KEYS

A. Employee

- 1. Report lost key(s) to the Director of Facilities Management and the Los Angeles County Sheriff's Department.
- 2. Pay a \$10 replacement fee to the Cashier's Office, if key is lost, and obtain a T-560 key request form with approval signatures.
- 3. Present receipt received from the Cashier's Office to Facilities Management to receive a replacement key, or in lieu of a lost key at the time of employee termination from County service.

B. Locksmith

- 1. Provides a replacement key to employee upon presentation of receipt from Cashier's Office, (completed key request form T-560 must accompany cashier receipt).
- 2. Exchange a worn, damaged or broken key with a new key when employee presents such a key to the Lock Shop. Key Request form T-560 need <u>not</u> be completed. There is no fee for replacement.

III. RETURNED KEYS

A. Terminating/Transferring Employee

1. Return all hospital keys and/or padlocks to the Lock Shop.

B. Locksmith

1. Signs the Clearance Slip of terminating employee upon receipt of hospital keys and padlocks.

IV. LOCK REPAIRS

A. Service Director/Department Chair/Nurse Manager/Designated Employee

1. Place a call to Facilities Management at extension 68501 to request lock repair.

V. LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE (LA BIOMED)

A. Department Head/Designated Employee

1. Issue keys to all areas occupied by their staff, including ramp access doors.

VI. EMERGENCY ENTRANCE TO LOCKED AREAS

A. Service Director/Department Chair/Nurse Manager/Designated Employee

- 1. Contact Facilities Management for emergency entrance to locked areas during the normal business hours.
- 2. Contact the Los Angeles County Sheriff's Department for emergency entrance to locked areas after hours, weekends and holidays. If the Los Angeles County Sheriff's Department is unable to access the locked area, call Maintenance at x68501 after hours, weekends and holidays and request that a locksmith be contacted to make required repairs.

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APPENDIX 1

COUNTY OF LOS ANGELES HARBOR-UCLA MEDICAL CENTER FACILITIES MANAGEMENT MAGGING MAGGIN						
KEY / ID ACCESS REQUEST						
DATE: FR	IOM: DEPARTMENT D	RECTOR/MANA	AGER		The second second	BOX#
UNDERSTAND MY REQUEST WILL BE CHARGED TO COST CODE #: AND NOTIFY THIS OFFICE AT EXTENSION: WHEN THE KEY(S) IS READY TO BE PICKED UP AND SIGNED FOR.						
(ALL INFORMATION MUST BE COMPLETELY FILLED OUT FOR YOUR REQUEST TO BE PROCESSED.)						
*** PLEASE NOTE: THERE IS A \$10.00 CHARGE PER KEY WHEN REQUESTING DUPLICATION KEYS. THE RECEIPT FROM THE CASHIERS OFFICE MUST BE ATTACHED TO THE KEY REQUEST.***						
FORM MUST BE TYPED						
AFTER COMPLETING THIS FILLABLE FORM EMAIL IT TO: fmhucla@dhs.lacounty.gov OR MAIL IT TO BOX 499. PLEASE "DO NOT" DO BOTH TO AVOID DELAYS LOCKSMITH HOURS ARE MONDAY THROUGH FRIDAY FROM 1:00 - 3:00 P.M. ONLY						
Complete Name [first and Last Name]	Employee No. (Regulated)	Floor No.	Wing	Room No.	TYPE OF KEY REQUEST Other (describe):	Key No.
Director/Manager Department Signature Date Facilizies Management Approval						
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