

I. Table of Contents

- I. Table of Contents
- II. Purpose Statement
- III. Scope
- IV. Objectives
- V. Related Policy
- VI. Authority/Reporting Relationships
- VII. General Provisions
- VIII. Risk Assessment
- IX. Staff Development
- X. Emergency response and procedures
- XI. Inspection, testing, and maintenance
- XII. Information collection and evaluation process
- XIII. Performance monitoring
- XIV. Annual evaluation

II. Purpose Statement

The mission of the Security Management Plan is to provide and promote the safest possible physical environment using a systematic approach based on the mission and vision of UW Health (UWH). Consistent with this mission, the UWH Authority Board, medical staff, and administration have established and provided support for the Security Management Plan described in this program.

The purpose of the Security Management Plan is to describe how the organization will provide and maintain a safe physical environment and manage staff activities to reduce the risk of personal injury and property loss.

III. Scope

The Security Program is designed to manage the security risks the environment of UWH presents to patients, staff, and visitors. The program is designed to assure identification of general and high security risks and to develop effective response procedures. The safety and security of all patients, visitors, employees, physicians and property is important and essential in providing safe patient care environment as part of the hospital's mission. The potential for the occurrence of incidents which can impact the safety and security of an organization should be identified and appropriate response measures be implemented to prevent or reduce the impact.

Security provides presence and response at the University Hospital (UH), American Family Children's Hospital (AFCH) and The American Center (TAC), Urgent Cares, and ambulatory facilities 24 hours per day, seven days a week. The in-house security staff is unarmed and will not engage in any type of law enforcement action. In the event law enforcement services are needed a request will be made to the designated agency within the jurisdiction. Assignment of security officers will encompass the categories of patrol and response, with fixed assignments in the Security Dispatch Center, Emergency Department, and AFCH Security Office. Security patrol activities include, but are not limited to, crime prevention, fire prevention, identification of maintenance problems and safety hazards and surveillance of various hospital areas.

IV. Objectives

- A. To provide a visible uniformed security presence to deter crime and increase security to patients, visitors, and staff.
- B. To assess risks and identify potential problems in an effort to reduce crime, injury, and other incidents.
- C. Analyze security incidents and other data to predict and prevent crime, injury, and other incidents.
- D. Train staff to recognize and report potential or actual security incidents to ensure a timely response. Staff in sensitive areas are trained about the protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.
- E. Staff will be educated on workplace violence and the appropriate response, reporting, and available resources.

V. Related Policy(ies)

- Policy 1.15 Restricted Areas
- Policy 1.27 Parking Policy
- Policy 4.26 Weapons and Controlled Substances
- Policy 7.27 Management of Patient Belongings
- Policy 9.57 Workplace Violence Planning & Prevention
- Policy 9.58 Workplace Violence Reporting, Investigation & Discipline
- Policy 9.60 New Employee Orientation
- Policy 11.19 Regulation of Vendor Representatives and the Vendor Liaison Office
- Policy 12.57 Key Control
- Policy 12.64 UWH Environment of Care Safety Program
- Policy 3.3.5 Participation of Patients' Primary Support and Visitors
- Policy 3.2.1 Patient Identification

VI. Authority/Reporting Relationships

- A.** UWH has identified the Security Director to coordinate the development, implementation, and monitoring of the security management activities.
- B.** The Security Director
 - 1. The Security Director works under the general direction of the VP of Facilities & Support Services.
 - 2. The Security Director in collaboration with other department managers, and the EC Committee, manages all aspects of the Security Program.
 - 3. The Security Director advises the EC Committee regarding security issues that may necessitate changes to policies, orientation/education, and purchase of equipment.
- C.** The VP of Facilities & Support Services collaborates with the Security Director to establish operating and capital budgets for the Security Program.

VII. General Provisions

- A.** Timely response to reports of violent activity or requests for assistance with difficult and challenging patient and family situations, assist in restraining violent or aggressive patients or visitors.
- B.** Provide escorts, keys and door openings, or other requests for security services.
- C.** Vehicle movement on hospital grounds is controlled, including control of parking and access to the Emergency Department.
- D.** Access to the grounds, buildings, and sensitive areas is limited by enforcement of staff and visitor identification policies and by participating in the design of processes to minimize unauthorized access.
- E.** Appropriate and timely action is taken to prevent crime, injury, or property loss.
- F. I.D Program**
 - 1. The Security Director coordinates the identification program for UWH employees, staff and contractors. The Vendor Liaison Officer manages the identification of vendors and observers identified in Administrative policy 11.19. All UWH managers enforce and support the enforcement of the identification program.
 - 2. All employees are required to display an identification badge on their upper body while on duty. ID badges are issued to employees at New Employee Orientation. Identification badges are to be displayed picture side out. Personnel who fail to display identification badges are addressed individually by their department managers. Identification badges are collected and access removed from employees upon termination.
 - 3. Visitors to adult inpatient areas are not normally expected to have identification. After hours visitors must be approved by the patient or designee and must wear a visitor badge. Visitors to the AFCH inpatient units are issued visitor passes/badges through Security. All employees assist in enforcement of visitor identification.

4. Upon admission all patients are provided with identification bands worn on their wrist or ankle to maintain positive ID in accordance to UWH Clinical Policy 3.2.1.

G. Sensitive Areas

The Security Director works with leadership to identify security sensitive areas. The following areas are designated as sensitive areas:

1. Psychiatry
2. Areas where cash is handled
3. Emergency Department
4. Human Resources
5. Children's Hospital
6. Pharmacies
7. Areas with a high volume of forensic patients

Personnel are reminded periodically about those areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive department level continuing education which focuses on special precautions or responses that pertain to their area.

Preventative security measures are taken in sensitive areas by adjusting the schedule of locking and unlocking areas, creating funnel areas, installation of a card access system, monitoring of intrusion alarms, routine patrols, surveillance cameras, and panic/duress buttons.

H. Child or Infant Abduction Prevention and Response

1. UWH has designed and implements security procedures that address the precautions for preventing, and the plans for handling of a pediatric abduction. Staff receives ongoing training and drills to maintain their awareness. Parents and other designated visitors are also informed of the precautions and their role.
2. The UWH Emergency Operations Plan Annex L: Missing or Abducted Child provides procedures for response to a missing or abducted child.
3. The plan is tested periodically, and the responses documented, evaluated, critiqued, and as appropriate corrective activity, additional training, or program improvements are made.

I. Release of Information

If there should be media inquiries or other requests for information from external parties during or after a security incident, UWH Marketing and Corporate Communications is the designated department authorized to make a release. Should a request come from law enforcement; Security will consult with Legal Services.

J. Vehicular Access to Emergency Care Areas

1. UWH has designed and implemented security procedures to control vehicular access to the Emergency Department.
2. The University of Wisconsin Parking and Transportation Services Department works with the Security Director to manage parking on the University Hospital campus. UW Parking and Transportation enforces parking regulations. UW Police will also enforce parking regulations in urgent situations.
3. During severe snow, emergency care areas are regularly cleared of snowfall, and during emergency plan implementations (disasters).

VIII. Risk Assessment

- A. The potential for workplace violence is evaluated as part of risk assessment, and programs are developed to manage it.
- B. UWH conducts proactive risk assessments to evaluate the potential for adverse impact on the security of patients, staff, and other people coming to the organization's facilities. Among the elements that are evaluated is the potential for workplace violence. The Risk Assessments are used to evaluate current programs, and help identify new programs and activities to better protect the patients, staff, and the organization.

IX. Staff Development

- A. All new employees are required to complete orientation training, which includes all seven management plans within the Environment of Care (EOC). This orientation is augmented by work area specific training, which focuses on the work area safety policies and is provide under the direction of the immediate

supervisor. All employees are also required to participate in annual update training. Additional in-service or on-going training is provided as necessary to address new safety procedures, information or expectations.

B. New Employee Orientation (NEO)

All new employees of UW Health are required to attend New Employee Orientation (NEO) their first scheduled day of work. New employee orientation addresses key issues and objectives of all seven areas of the EOC including the role each area and staff play in the overall safety program. Training records for NEO are kept by Human Resources.

C. Department Specific Training

1. Employees receive departmental safety orientation at their respective work areas regarding hazards and their responsibilities to patients, visitors and co-workers.
2. Department Directors and managers need appropriate information and training to develop an understanding of safe working conditions and safe work practices within their area of responsibility. The Safety Department is a resource for this information.
3. Department Managers are responsible for orienting new staff members to the department and, as appropriate, to job and task specific safety procedures, and for investigation of incidents occurring in their departments. When necessary, Safety Officer provides department Managers with assistance in developing department safety programs or policies.
4. Individual staff members are responsible for learning and following job and task specific procedures for safe operations.

D. Annual Continuing Education

Safety and Infection Control (SIC) Training is mandatory training for all staff, including physicians. Topics from all seven management plans include current issues. This training is delivered via Computer-based Training (CBT) and is tracked through the Learning Development System (LDS).

X. Emergency response and procedures

- A. UWH has developed and maintains a written management plan describing the processes it implements to effectively manage emergencies affecting the facility, patients, staff, and to respond to emergencies in the community that cause an influx of patients.
- B. Response is provided for emergencies and requests for assistance in a timely fashion. 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 are provided as needed.
- C. UWH has designed and implements security procedures that address actions taken in the event of a security incident. These include:
 1. Responses for normal activities (such as door opening, and escorts).
 2. Urgent activities (such as requests for assistance and stand-by reports of theft and other crime).
 3. Emergency responses (such as active violent intruder, combative or violent individuals, fire alarms, disasters, and similar activities).
- D. General policies for these types of events provide guidance for Security staff, and other hospital staff, and as necessary provide processes to inform leadership, and as needed implement hospital wide emergency activity (such as implementing the emergency management plans). In addition, the Security Department, and other staff are trained and respond to specific emergency management plan codes, as defined in those plans.

XI. Inspection, testing, and maintenance

- A. Security Officers perform routine security checks of UWH to identify and document potential or actual problems.

XII. Information collection and evaluation process

- A. The documentation system for security incidents is managed and used to provide appropriate reports to leadership and the UWH Environment of Care Safety Committee.
- B. Security department activity; including investigations, routine patrol activity, special and routine requests for assistance, and other activities are appropriately documented through records retention software

- C. UWH uses information from the risk assessment and other sources to select, develop and implement procedures, activities, and to reduce the probability of security incidents.
- D. The EC Safety Officer coordinates the collection and analysis of information about each of the EC management programs. The information is used to evaluate the effectiveness of the programs and to improve performance. The information collected includes deficiencies in the environment, staff knowledge and performance deficiencies, actions taken to address identified issues, and evidence of successful improvement activities.

XIII. Performance monitoring

- A. Security policies and procedures are established and maintained to direct staff performance when responding to security incidents. Security policies are reviewed and updated when needed by Security Leadership.
- B. The Security Director reports monthly to the UWH Environment of Care Safety Committee about security issues, trends, significant events, and department initiatives. The Security Director makes periodic reports of Security incidents involving patients, staff, or others coming to the organization's facilities or property, to the EC Committee. The reports summarize findings of Patient Safety Net (PSN) incident reports and other information of security information.
- C. The EC Safety Officer is responsible for distributing quarterly reports of performance and experience for the EC Committee. The reports include ongoing measurement of performance, and summary reports of incidents, including the results of any Root Cause Analysis (RCA) of Sentinel Events. The EC Safety Officer establishes performance indicators to objectively measure the effectiveness of the Security program. The EC Safety Officer utilizes quarterly benchmarking and determines appropriate data sources, data collection methods, data collection intervals, analysis techniques and report formats for the performance improvement standards to identify opportunities to improve the Security program.

XIV. Annual evaluation

- A. An annual evaluation of the scope, objectives, performance, and effectiveness of the program is conducted and documented.
- B. This plan is evaluated annually, and changed as necessary, based on changes in conditions, regulations and standards, and identified needs.
- C. The EC Safety Officer and managers responsible for the design and implementation of the EC programs perform an annual review of each EC management plans. The review evaluates the plan to determine if changes created a need to revise the plan.
- D. The EC Safety Officer is responsible for coordinating the annual evaluation of the seven functions associated with Management of the EC.
- E. Annual evaluations examine the scope, objectives, performance and effectiveness of the Security program. The annual evaluation uses a variety of information sources including: internal policy and procedure review, incident report summaries, EC Committee meeting minutes and reports, and summaries of other activities. In addition, findings by outside agencies such as accrediting or licensing bodies, or qualified consultants are used. The findings of the annual evaluation are presented in a narrative report supported by relevant data. The report provides a summary of the Security program's performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year.
- F. The annual evaluation is presented to the EC Committee. The Committee reviews and approves the report.
- G. Discussions, actions and recommendations of the Committee are documented in the minutes. The annual evaluation is distributed to the Chief Executive Officer, the Performance Improvement Risk Management & Safety Committee (PIRMS), and other Department Managers as appropriate. Once the evaluation is finalized, the Security Director is responsible for implementing the recommendations in the report as part of the performance improvement process.