



SECURITY READINESS ASSESSMENT TOOL



Introduction

The New Jersey Hospital Association's Security Readiness Assessment Tool was developed in conjunction with the New Jersey Department of Health to provide best practices as a tool in developing healthcare security plans. The tool was last updated in 2007, and NJHA's Emergency Management staff teamed up with healthcare security professionals from organizations throughout the state to update this tool for today's preparedness challenges. This version includes broad guidance for three healthcare entity types: acute care, long term care and Federally Qualified Health Centers. If your facility is part of a hospital complex, you should refer to the acute care section of this tool. This is a living document; updated based on current industry standards and recent events. These events include national events such as hurricanes, floods and mass shootings. The tool is not intended to be all-inclusive, and also not intended as a mandate for healthcare facilities. Its aim is to provide guidance based on the input of industry professionals, with an emphasis on building resilience and preparedness for the healthcare facilities in the state. The New Jersey Department of Health has provided funding to support this updated tool.

NJHA recommends that you review the guidelines, identify where gaps may exist and focus on those particular areas in your corrective action plan. This guidance material will continue to be updated in future editions and expanded to include other healthcare entity types.

NJHA extends its appreciation to the members of the Security Working Group for the many hours of commitment to updating this tool.



This security analysis and all of its sections, components and attachments are deliberative and confidential materials made pursuant to the Hospital and its Security Department's self-critical analysis. This analysis is intended for internal use only.

Acknowledgements

NJHA extends its sincere appreciation to the following individuals who participated in the Security Toolkit 2018 Update. Their assistance and feedback were instrumental in the evolution of this toolkit. Development of this resource was made possible through funding from the Assistant Secretary of Preparedness and Response / New Jersey Department of Health.

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ACUTE CARE

ACCESS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of protocols in place to limit or restrict the number of visitors during increased threat levels and/or identified risks.				
2. There is evidence of protocols regarding deliveries during and after normal working hours.				
3. There is evidence of access control at loading docks.				
4. There is evidence that contractors wear identification during their time in the facility.				
5. There is evidence of protocols regarding key/access card issuance and control, to include lost badges and keys.				
6. There is evidence in place regarding terminated employees, which will immediately discontinue their access capability to both physical and electronic access.				
7. There is evidence of access control to restricted or sensitive areas.				
8. There is evidence of capability to implement traffic control based on risk or need.				
9. There is evidence that a buffer zone and/or security perimeter has been pre-determined, wherever possible, and protocols are in place to implement as appropriate.				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
10. There is evidence of policy in place to ensure staff does not prop access control points (doors/windows) open in critical areas.				
11. There is evidence of a lockdown policy for the facility.				
12. There is evidence of protocols established to guide staff on when to request assistance from the local law enforcement agencies.				
13. There is evidence of local law enforcement agency engagement on access issues.				
14. There is evidence that the facility has evaluated surrounding transportation routes and parking areas to determine proximity to sensitive areas.				
15. There is evidence of equipment for traffic control to secure areas during times of emergency.				
16. There is evidence of protocols for crowd and traffic control during an emergency.				
17. There is evidence that medical gases are in a secured area.				

ACTIVE SHOOTER/ACTIVE KILLER EVENTS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a plan in place to address the response to an active shooter incident.				
2. There is evidence of a committee tasked with establishing and updating an active shooter plan.				
3. There is evidence of a procedure to report an active shooter. This procedure should include internal communications, as well as contact to outside response agencies.				
4. There is evidence of a facility-wide notification, utilizing various communications capabilities, to notify patients, visitors, staff and others of an active shooter situation. These methods may include: <ul style="list-style-type: none"> a. Text messages b. Email messages c. Visual signals and/or alarms to notify Deaf patients, visitors and staff d. Facility wide "reverse 9-1-1" system e. Overhead/public address announcement 				
5. There is evidence that activation of the active shooter plan will likewise activate the emergency operations plan.				
6. There is evidence of training for all personnel in the active shooter policy and response plan.				
7. There is evidence of a facility floorplan and/or grounds map, utilized in active shooter response planning and training.				

ACTIVE SHOOTER/ACTIVE KILLER EVENTS *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
8. There is evidence of a lockdown protocol for the facility, to safeguard patients, visitors and staff.				
9. There is evidence of pre-planning for shelter-in-place locations within the facility.				
10. There is evidence of planning information-sharing with emergency response agencies of facility features.				
11. There is evidence that the local law enforcement agency has involvement/awareness of the active shooter response plan.				
12. There is evidence of periodic drills and exercises to test the plan.				
13. There is evidence of documentation/after-action reports of drills and exercises, for review and development of improvement plans.				
14. There is evidence of planning based on post-event activities. This may include triage and Emergency Operations Plan (EOP) activations.				
15. There is evidence that planning is in place for personnel issues post-event, such as loss of staff due to injuries, law enforcement interviews/interrogation and post-event counseling.				

BEHAVIORAL HEALTH

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a plan that implements protective measures for this patient population by risks and vulnerabilities.				
2. There is evidence of access control devices and procedures for entering and exiting the facility, to reduce potential for patient elopement and other safety concerns.				
3. There is evidence of visitor screening processes with consideration to added precautions and visitor control necessary for this population.				
4. There is evidence that video surveillance systems to support patient safety and care have been considered.				
5. There is evidence of integration of security equipment that notifies staff of potential security vulnerabilities and incidents.				
6. There is evidence that periodic assessments are conducted of internal and external vulnerabilities. These assessments should include risks associated with patient harm (example: door handles, sprinkler heads, phone cords, electrical outlets, shower rods) [see Resource Page].				
7. There is evidence of plans to address the following potential incidents: a. Patient restraint b. Patient elopement c. Response to combative behavior d. Other security risk situations				
8. There is evidence of documented training for all staff related to plans and procedures for addressing risks, vulnerabilities and response to incidents concerning this patient population.				

BEHAVIORAL HEALTH *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence that joint training exists with clinical and support staff (including security personnel). This training shall be documented, and records should be kept including: <ul style="list-style-type: none"> a. Training reports b. Drills and exercises c. After-action assessments and debriefings of actual incidents, including improvement plans 				
10. There is evidence that security is alerted to behavioral intake to support search and securing of patient belongings.				
11. There is evidence of a protocol for security intervention to assist clinical staff in patient management.				
12. There is evidence of protocol for security to take appropriate intervention measures to restrain patients when a circumstance dictates, involving a threat to personnel and/or property.				
13. There is evidence of a policy that clearly states that clinical staff have responsibility for patient care, and that security will assist as directed by the clinician.				
14. There is evidence of a protocol for placing patients in restraints or seclusion, under direction of clinical care staff.				
15. There is evidence of a protocol to address long term patient watch situations.				

COMMUNICATIONS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a communications system for use by Security throughout the facility.				
2. There is evidence of staff training in the use of the communications system.				
3. There is evidence of charging units for the communications system.				
4. There is evidence of daily testing of the communications system.				
5. There is evidence of awareness by outside response agencies of the communications capabilities of the facility security staff.				
6. There is evidence of documentation for purchase, repair, testing and disposal of communications equipment.				
7. There is evidence of a protocol for communications designations for staff and procedures for transmitting and acknowledging messages.				
8. There is evidence of ongoing communications with local response partners (Law Enforcement, EMS, Fire, OEM, Healthcare Facilities, etc.) to exchange information on a timely basis.				

COMMUNICATIONS *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence of a protocol for distribution of information internally on a day-to-day basis to provide current information on facility security issues, as provided through the appropriate facility's department.				
10. There is evidence of emergency telephone numbers for Police, Fire, Health, OEM and state hotlines posted prominently in areas deemed appropriate (i.e. ED, security, etc.).				
11. There is evidence of a system in place to notify all staff of the current Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS) status [see <i>Resource Page</i>].				
12. There is evidence of a system in place to notify all staff of federal and/or state terrorism and/or security alerts and advisories.				

FORENSICS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a policy that establishes procedures for forensic officers assigned to guard incarcerated patients; that addresses: <ul style="list-style-type: none"> a. Officer check-in and check-out process b. Officer code-of-conduct/facility rules c. Officer possession of weapons d. Officer use of mechanical restraint devices 				
2. There is evidence of procedures that clearly outline the interaction and responsibilities between facility Security and the officers assigned for forensic guard duties.				
3. There is mutual understanding that responsibility for the supervision and control of all patients under law enforcement custody lies solely with that law enforcement agency.				
4. There is evidence of facility orientation materials provided to forensic officers assigned to site and engaging with facility security.				
5. There is evidence of an incident reporting system for occurrences involving forensic patients and officers.				
6. There is evidence of security staff training that differentiates between a law enforcement custody restraint and a patient restraint under medical advice.				
7. There is evidence of a policy that addresses any visitor inquiries about incarcerated patients within the facility, if applicable.				

GENERAL

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is a written policy identifying an individual, designated by leadership, to coordinate the development, implementation and monitoring of Security Management activities.				
2. There is a clear explanation provided to staff regarding what the DHS National Terrorism Advisory System means and the appropriate action(s) to be taken.				
3. There are protocols in place defining steps to be taken at heightened threat levels.				
4. There are protocols in place for employees to report suspicious activities.				
5. There is evidence that security policies/emergency codes and policies are readily accessible, 24/7, in every department (e.g. posted in employee areas).				
6. If the facility operates a closed-circuit TV security system, evidence of the following should exist: a. A protocol to address covert camera monitoring b. Monitoring of high-risk areas c. Recording capabilities d. Support by emergency power				
7. There are protocols in place that indicate the need, at specific or creditable threat levels, to review or evaluate the need for: a. Operations plans b. Personnel assignments c. Logistical requirements d. 24/7 security of critical facilities using either physical presence or surveillance e. Restriction of access to essential personnel only at critical facilities and/or critical areas				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
8. There are security protocols for employees working alone, or at remote locations, to periodically check in.				
9. There is evidence of procedures in place to ensure the implementation of appropriate measures upon receipt of terrorism advisories.				
10. The organization has worked with local partners to integrate security issues and planning.				
11. There is evidence of facility walk-throughs with local emergency response agencies, to include law enforcement, fire department, emergency medical services and emergency management.				
12. There are protocols in place to advise local law enforcement of any upgraded facility changes and/or security upgrades that would impact their ability to respond to your facility.				
13. There is evidence that the facility is utilizing bench-marking processes and strategies to continually review and improve security standards, policies and practices.				
14. There is evidence of a policy that addresses the role of security in drug diversion.				

IDENTIFICATION

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence that identification procedures for employees, physicians and volunteers are in place and include: <ul style="list-style-type: none"> a. ID cards that include a photo, wearer's name and department b. An enforcement procedure to ensure ID is always worn. Exceptions are when wearing the ID would put the employee at risk for injury, in which case the ID must be carried c. Procedures employees follow when they arrive at facility without their ID d. Procedures for lost/stolen ID e. Procedures for return of ID upon separation from employment f. Restriction of access to sensitive areas defined by the facility (e.g. mother/infant, pharmacy, lab) g. Guidelines for consequences for identification procedure violations 				
2. There is evidence of protocols that resigned or terminated employees surrender their identification and keys.				
3. There is evidence of a protocol identifying who is authorized to create identification and addresses the handling and storage of blank and terminated identification.				
4. There is a protocol in place to account for all employees during a crisis.				

IDENTIFICATION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
<p>5. There is evidence that identification procedures exist for visitors, vendors and contractors, which includes:</p> <ul style="list-style-type: none"> a. If facility issues visitor ID, there is evidence that visitors are advised that pass/badges must be visible at all times b. If facility issues visitor ID, there is evidence that visitors are advised that their pass/badge restricts the areas they may access c. If facility issues visitor ID badges, there is evidence that outpatient identification is different from visitor ID 				
<p>6. There is evidence that staff is advised that if visitors are found without a pass/badge, or in an unauthorized area, Security will be notified.</p>				
<p>7. There is evidence of vendor badges/passes that are very distinct from other identification types.</p>				
<p>8. There is evidence of contractor badges that are different from all other identification types. They may be different for daily versus weekly contractors.</p>				
<p>9. There is evidence that all vendors and/or contractors report to a central area to obtain a pass/badge and indicate where they are going.</p>				

RESPONSE

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There are protocols in place regarding: <ul style="list-style-type: none"> a. Prosecution of criminal offenses against the organization b. Governance of security response to staff, patients and visitors c. General response protocols for security staff that define their authority 				
2. There are job action sheets for the Security Department outlining security staff roles in the facility's Incident Command System (ICS), and documenting that staff is trained accordingly.				
3. There are protocols in place to assure security officers periodically check perimeter fencing and critical facilities while staying in communication with on-site personnel via two-way radio.				
4. There are protocols to routinely check existing security measures such as fencing, locks, camera surveillance, etc. to assure they are in proper working order.				
5. There are protocols for infant/child security and incident response, if applicable.				
6. There is evidence of a protocol in place for response to a suspicious package or device.				
7. There is evidence of a procedure in place for response to bomb threats, which identifies roles and responsibilities of security staff.				
8. There are security protocols that address handling the media and/or VIP.				

RESPONSE *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence of a protocol to address response to fires and fire alarms.				
10. There is evidence of protocol to address response to facility lockdown.				
11. There is evidence of protocol to support clinical staff in response to a disruptive patient.				
12. There is evidence of a protocol to address a civil protest outside the facility.				
13. There is evidence of protocol to address response to an assault.				
14. There is evidence of a protocol to secure evidence on a response involving a crime scene.				
15. There are protocols in place that prohibit radio conversations regarding sensitive topics.				
16. There is evidence of protocols that identify the roles of community security agencies (police, sheriff, National Guard) in an emergency.				

RESPONSE *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
17. There is evidence of knowledge of, and adherence to, a policy concerning reportable events.				
18. There is documented monitoring of compliance with security protocols through testing (i.e. lockdown, bomb threat, etc.).				
19. There is evidence of notification procedures to NJDOH for reporting crimes committed at the facility.				

RESTRAINTS / DISRUPTIVE PATIENTS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a facility policy that defines and addresses the use of patient restraints.				
2. There is evidence of training for security as to their role relative to patient watches, holds and restraining patients.				
3. There is evidence of a protocol that addresses the documentation and record retention of actions taken to restrain patients.				
4. There is evidence of a physician order policy concerning application of restraints.				
5. There is evidence of protocol that whenever security provides assistance in patient restraint, that continuous presence, direction and supervision of actions will be provided by qualified clinical care staff.				
6. There is evidence that security assistance is requested when needed for restraint removal.				
7. There is protocol concerning mechanical device restraint use under legal or correctional purposes, to be maintained by attending law enforcement personnel.				

RISK ASSESSMENT

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence that security plans exist and are re-assessed at regular intervals.				
2. There is evidence of security risk assessments conducted at a minimum annually.				
3. There is evidence that the assessment identifies and prioritizes the assets of the healthcare facility to include: <ul style="list-style-type: none"> a. Employees, patients, visitors, family and non-employed support personnel b. Property assets both physical and tangible such as buildings and equipment, medical gases and equipment, utilities, cash c. Intangible assets, business records, information assets and the organization's reputation 				
4. There is evidence of a process to identify threats and vulnerabilities to all assets.				
5. There is evidence of the development of reasonable risk strategies to protect all assets.				
6. There is evidence that assets are prioritized based on those that are mission-critical to the organization.				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
7. There is a process in place to inventory the risks and mitigations, which may include: <ul style="list-style-type: none"> a. Policies b. Procedures c. Practices d. Physical/electronic security equipment e. Systems and security personnel 				
8. There is a process in place to inventory all available security documentation, that may include: <ul style="list-style-type: none"> a. Security officer deployment b. Training c. Post orders 				
9. There is evidence that threats are identified, assessed and trended quantitatively.				
10. There is a process to gather and utilize data from all relevant sources, which may include: <ul style="list-style-type: none"> a. Internal data from security incidents, facility statistics and staff interviews b. Local police crime statistics c. Exchange of information with similar organizations d. Information from other security and law enforcement sources (such as Homeland Security/State Police Weekly reports, CAP Index, N.J. Gang Report, N.J. Drug Monitor Report) e. Industry publications 				
11. There is evidence that improvements to the organization's protection of assets are considered, with risks and vulnerabilities matched to mitigation measures, such as: <ul style="list-style-type: none"> a. Implementation of security measures, such as perimeter fencing, door locks, key control, parking control, surveillance cameras, access lighting, communications capabilities 				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
12. There is a process to document risk assessment results for periodic review and improvement planning.				
13. There is evidence of risk assessment review by senior management of the organization.				
14. There is evidence the facility has evaluated transportation routes and parking areas to determine whether the routes allow contact with sensitive areas. Barriers are erected to block access as appropriate to the situation.				
<p>15. There is evidence that the facility has implemented a parking plan, where possible, to:</p> <ul style="list-style-type: none"> a. Move automobiles and other non-stationary items at least 30 yards from critical facilities, particularly buildings and sensitive areas, unless doing so would create a safety hazard or impede other security b. Implement a centralized parking and shuttle bus service where feasible c. Implement increased number and frequency of vehicular campus patrols d. Restrict/reroute any public transportation or non-facility transportation services (such as paratransit, community shuttles) e. Address traffic flow of vendors and/or service vehicles 				
16. There is evidence that risk assessments have been conducted to evaluate the potential impact of the external environment on the security of patients, visitors and staff.				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
17. There are protocols in place to re-evaluate the surrounding area to determine if activities near a critical facility could create hazards that could affect the facility.				
18. There is evidence that local law enforcement was engaged in the preparation of the facility hazard risk analysis.				
19. There is evidence that actions are implemented to minimize the impact of the risks identified through risk assessments.				

SEARCHES

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is a protocol in place regarding: <ul style="list-style-type: none"> a. Searches of suspicious packages and persons, to include what characterizes a person/package as suspicious b. Searches of employee packages and/or lockers c. The inspection of vehicles entering facilities when there is identified risk d. Signage within facility that persons and packages are subject to search 				
2. There is a weapons policy for the facility.				
3. There is evidence of a policy regarding patient searches and/or room searches, including the following: <ul style="list-style-type: none"> a. Justification for search b. Personnel responsible for initiating search c. Personnel responsible for conducting search d. Search process e. Search documentation f. Control of any items seized g. Issues that may necessitate law enforcement notification 				

STAFFING

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is pre-employment and reoccurring screening for security personnel that includes criminal background checks, as indicated by facility policy.				
2. There is an emergency security-staffing plan that includes protocols for staff recall, employee travel, vacation and leave cancellations.				
3. There is a protocol in place to assign personnel at critical facilities to assist with security duties. During emergency events, all hospital employees are subject to reassignment/tasks.				
4. There is a protocol in place to shut down facilities and operations impacted by security emergencies in accordance with contingency plans.				
5. There is a protocol in place to adjust/reduce staffing at facilities during emergencies to maintain operations.				
<p>6. There is evidence that when determining security staffing, the following is considered:</p> <ul style="list-style-type: none"> a. Contracting with private security companies b. Crime rates c. Concerns of the community d. Value of assets e. Special services required f. Levels of enforcement g. Volume of requests for security support 				

TRAINING

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is documentation that indicates that all new security employees have received new employee and departmental orientation.				
2. There is evidence of pertinent training programs for security staff, to meet the employer's requirements.				
3. There is evidence that security staff receive regular training for recommended topics (see sample training checklist for recommended topics).				
4. The facility uses or has considered using nationally recognized training for security staff. [see Resource Page].				
5. There is evidence that the competency of security staff has been evaluated.				
6. There is evidence that security staff exercise / drill based on their role in emergency response plans (e.g. fire, bomb threats, biological threats, infectious disease, suspicious mail, evacuation, employee recall lists).				
7. There is evidence that security staff have tested their role in emergency response plans with local law enforcement, bomb squad, fire department, etc.				
8. There is evidence that a security orientation is provided for all new employees, volunteers, etc.				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence that new security staff members are paired with seasoned staff to facilitate mentoring.				
10. Security training is developed and based on local, state and national security best practices.				
11. There is documented security awareness training for every designated employee of the facility.				
12. There is evidence of training provided for each assigned post.				
13. There is evidence of training to gain awareness of use of body cameras by law enforcement personnel.				
14. There is evidence of training for crime scene security.				
15. There is evidence of training to secure area of suspicious mail, package or device, including situational awareness to recognize this situation.				
16. There is evidence of staff training to address speaking in public about confidential information.				

WORKPLACE VIOLENCE PREVENTION

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a protocol, and annual review, that addresses workplace safety, security and violence prevention that includes: <ul style="list-style-type: none"> a. Management support b. Training and involvement of all staff in violence prevention c. Risk assessment, identification, prevention, and mitigation d. Development of a violence prevention plan e. Internal record keeping 				
2. There is evidence of a multi-disciplinary planning group to develop and maintain a workplace violence program and plan.				
3. There is evidence of a plan/guidelines to determine and initiate appropriate response level to threats. This plan should identify: <ul style="list-style-type: none"> a. An organizational response that evaluates threats and plans for incident response and management b. A violence response team with training to respond to a variety of incidents c. Protocols for response to active restraining orders 				
4. There is evidence of a process in place for reporting and evaluating threats, to include internal reporting from staff/visitors/patients and external reporting to appropriate authorities.				
5. There is evidence of a documentation process for each threat received, and the response taken for each threat.				
6. There is evidence that threat reporting/response documentation is reviewed and assessed by the facility to determine lessons learned and opportunities for improvement.				

WORKPLACE VIOLENCE PREVENTION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
7. There is evidence that the workplace violence plan addresses prevention and response to intimidating and disruptive behavior, such as bullying.				
8. There is evidence of a policy of staff responsibility to identify a targeted violence potential, so appropriate threat assessment and preventative measures can be initiated.				
9. There is evidence that the threat assessment for targeted threat situations should include these components: <ul style="list-style-type: none"> a. Identification of the perpetrator(s) b. Determining risks of violence posed by a given perpetrator c. Management of both the subject and the risks that he/she poses to the given target 				
10. There is evidence of a preventive measures protocol to be enacted for an individual deemed to be targeted, to include: <ul style="list-style-type: none"> a. For patient, placing a “no information/privacy block” on patient information system b. For employee, placing a “no information/privacy block” related to all work issues to include schedules and locations c. Providing updated information to Security d. Sharing appropriate information with staff working in the area e. Involvement of staff and/or family for support as necessary f. Consideration of moving a person at risk to another care area or site g. Consideration for work and parking space and/or transportation alternatives h. Restrictions on visitors and/or access to the potential target, including lockdown if deemed necessary i. Documentation of all risk and preventative measures initiated j. Notification to law enforcement if deemed necessary 				

WORKPLACE VIOLENCE PREVENTION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
11. There is evidence of a weapons policy for the facility, to include these key areas: <ul style="list-style-type: none"> a. Enforcement measures of facility staff, contractors, visitors, etc. in possession of weapons b. Safe management, control and disposition of weapons while enforcing policy c. Weapons carried by personnel in the course of their job. This shall include security, correction officers, law enforcement personnel, and armored car services 				
12. There is evidence of mitigation efforts to reduce hazards to personnel.				
13. There is evidence of a plan to address civil protests outside the facility.				
14. There is evidence of awareness/monitoring of gang activity in the region [see <i>Resource Page</i>].				
15. There is evidence of protocol for release of information to law enforcement agencies.				
16. There is evidence of protocol for video release to law enforcement agencies.				
17. There is evidence of protocols and training for communication devices utilized in the facility (example: panic alarms).				



LONG TERM CARE

ACCESS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of protocols in place to limit or restrict the number of visitors during increased threat levels and/or identified risks.				
2. There is evidence of protocols regarding deliveries during and after normal working hours.				
3. There is evidence of access control at loading docks.				
4. There is evidence that contractors wear identification during their time in the facility.				
5. There is evidence of protocols regarding key/access card issuance and control, to include lost badge and key.				
6. There is evidence in place regarding terminated employees, which will immediately discontinue their access capability to both physical and electronic access.				
7. There is evidence of access control to restricted or sensitive areas.				
8. There is evidence of capability to implement traffic control based on risk or need.				
9. There is evidence that a buffer zone and/or security perimeter has been pre-determined, wherever possible, and protocols are in place to implement as appropriate.				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
10. There is evidence of policy in place to ensure staff does not prop access control points (doors/windows) open in critical areas.				
11. There is evidence of a lockdown policy for the facility.				
12. There is evidence of protocols established to guide staff on when to request assistance from the local law enforcement agencies.				
13. There is evidence of local law enforcement agency engagement on access issues.				
14. There is evidence that the facility has evaluated surrounding transportation routes and parking areas to determine proximity to sensitive areas.				
15. There is evidence of equipment for traffic control to secure areas during times of emergency.				
16. There is evidence of protocols for crowd and traffic control during an emergency.				
17. There is evidence that medical gases are in a secured area.				

ACTIVE SHOOTER/ACTIVE KILLER EVENTS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a plan in place to address the response to an active shooter incident.				
2. There is evidence of a committee tasked with establishing and updating an active shooter plan.				
3. There is evidence of a procedure to report an active shooter. This procedure should include internal communications, as well as contact to outside response agencies.				
4. There is evidence of a facility-wide notification, utilizing various communications capabilities, to notify patients, visitors, staff and others of an active shooter situation. These methods may include: <ul style="list-style-type: none"> a. Text messages b. Email messages c. Visual signals and/or alarms to notify deaf patients, visitors and staff d. Facility wide "reverse 9-1-1" system e. Overhead/public address announcement 				
5. There is evidence that activation of the active shooter plan will likewise activate the emergency operations plan.				
6. There is evidence of training for all personnel in the active shooter policy and response plan.				
7. There is evidence of a facility floorplan and/or grounds map, utilized in active shooter response planning and training.				

ACTIVE SHOOTER/ACTIVE KILLER EVENTS *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
8. There is evidence of a lockdown protocol for the facility, to safeguard patients, visitors and staff.				
9. There is evidence of pre-planning for shelter-in-place locations within the facility.				
10. There is evidence of planning information-sharing with emergency response agencies of facility features.				
11. There is evidence that the local law enforcement agency has involvement/awareness of the active shooter response plan.				
12. There is evidence of periodic drills and exercises to test the plan.				
13. There is evidence of documentation/after-action reports of drills and exercises, for review and development of improvement plans.				
14. There is evidence of planning based on post-event activities. This may include triage and Emergency Operations Plan (EOP) activations.				
15. There is evidence that planning is in place for personnel issues post-event, such as loss of staff due to injuries, law enforcement interviews/interrogation and post-event counseling.				

BEHAVIORAL HEALTH

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a plan that implements protective measures for this patient population by risks and vulnerabilities.				
2. There is evidence of access control devices and procedures for entering and exiting the facility, to reduce potential for patient elopement and other safety concerns.				
3. There is evidence of visitor screening processes with consideration to added precautions and visitor control necessary for this population.				
4. There is evidence that video surveillance systems to support patient safety and care have been considered.				
5. There is evidence of integration of security equipment that notifies staff of potential security vulnerabilities and incidents.				
6. There is evidence that periodic assessments are conducted of internal and external vulnerabilities. These assessments should include risks associated with patient harm (example: door handles, sprinkler heads, phone cords, electrical outlets, shower rods) [see Resource Page].				
7. There is evidence of plans to address the following potential incidents: a. Patient restraint b. Patient elopement c. Response to combative behavior d. Other security risk situations				
8. There is evidence of documented training for all staff related to plans and procedures for addressing risks, vulnerabilities and response to incidents concerning this patient population.				

BEHAVIORAL HEALTH *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence that joint training exists with clinical and support staff (including security personnel). This training shall be documented, and records should be kept including: <ul style="list-style-type: none"> a. Training reports b. Drills and exercises c. After-action assessments and debriefings of actual incidents, including improvement plans 				
10. There is evidence that security is alerted to behavioral intake to support search and securing of patient belongings.				
11. There is evidence of a protocol for security intervention to assist clinical staff in patient management.				
12. There is evidence of protocol for security to take appropriate intervention measures to restrain patients when a circumstance dictates, involving a threat to personnel and/or property.				
13. There is evidence of a policy that clearly states that clinical staff have responsibility for patient care, and that security will assist as directed by the clinician.				
14. There is evidence of a protocol for placing patients in restraints or seclusion, under direction of clinical care staff.				
15. There is evidence of a protocol to address long term patient watch situations.				

COMMUNICATIONS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a communications system for use by Security throughout the facility.				
2. There is evidence of staff training in the use of the communications system.				
3. There is evidence of charging units for the communications system.				
4. There is evidence of daily testing of the communications system.				
5. There is evidence of awareness by outside response agencies of the communications capabilities of the facility security staff.				
6. There is evidence of documentation for purchase, repair, testing and disposal of communications equipment.				
7. There is evidence of a protocol for communications designations for staff and procedures for transmitting and acknowledging messages.				
8. There is evidence of ongoing communications with local response partners (Law Enforcement, EMS, Fire, OEM, Healthcare Facilities, etc.) to exchange information on a timely basis.				

COMMUNICATIONS *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence of a protocol for distribution of information internally on a day-to-day basis to provide current information on facility security issues, as provided through the appropriate facility's department.				
10. There is evidence of emergency telephone numbers for police, fire, Health, OEM and state hotlines posted prominently in areas deemed appropriate (i.e. ED, security, etc.).				
11. There is evidence of a system in place to notify all staff of the current Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS) status [see <i>Resource Page</i>].				
12. There is evidence of a system in place to notify all staff of federal and/or state terrorism and/or security alerts and advisories.				

GENERAL

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is a written policy identifying an individual, designated by leadership, to coordinate the development, implementation and monitoring of Security Management activities.				
2. There is a clear explanation provided to staff regarding what the DHS National Terrorism Advisory System means and the appropriate action(s) to be taken.				
3. There are protocols in place defining steps to be taken at heightened threat levels.				
4. There are protocols in place for employees to report suspicious activities.				
5. There is evidence that security policies/emergency codes and policies are readily accessible, 24/7, in every department (e.g. posted in employee areas).				
6. If the facility operates a closed-circuit TV security system, evidence of the following should exist: a. A protocol to address covert camera monitoring b. Monitoring of high-risk areas c. Recording capabilities d. Support by emergency power				
7. There are protocols in place that indicate the need, at specific or creditable threat levels, to review or evaluate the need for: a. Operations plans b. Personnel assignments c. Logistical requirements d. 24/7 security of critical facilities using either physical presence or surveillance e. Restriction of access to essential personnel only at critical facilities and/or critical areas				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
8. There are security protocols for employees working alone, or at remote locations, to periodically check in.				
9. There is evidence of procedures in place to ensure the implementation of appropriate measures upon receipt of terrorism advisories.				
10. The organization has worked with local partners to integrate security issues and planning.				
11. There is evidence of facility walk-throughs with local emergency response agencies, to include law enforcement, fire department, emergency medical services and emergency management.				
12. There are protocols in place to advise local law enforcement of any upgraded facility changes and/or security upgrades that would impact their ability to respond to your facility.				
13. There is evidence that the facility is utilizing bench-marking processes and strategies to continually review and improve security standards, policies and practices.				
14. There is evidence of a policy that addresses the role of security in drug diversion.				

IDENTIFICATION

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence that identification procedures for employees, physicians and volunteers are in place and include: <ul style="list-style-type: none"> a. ID cards that include a photo, wearer's name and department b. An enforcement procedure to ensure ID is always worn. Exceptions are when wearing the ID would put the employee at risk for injury, in which case the ID must be carried c. Procedures employees follow when they arrive at facility without their ID d. Procedures for lost/stolen ID e. Procedures for return of ID upon separation from employment f. Restriction of access to sensitive areas defined by the facility (e.g. mother/infant, pharmacy, lab) g. Guidelines for consequences for identification procedure violations 				
2. There is evidence of protocols that resigned or terminated employees surrender their identification and keys.				
3. There is evidence of a protocol identifying who is authorized to create identification and addresses the handling and storage of blank and terminated identification.				
4. There is a protocol in place to account for all employees during a crisis.				

IDENTIFICATION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
<p>5. There is evidence that identification procedures exist for visitors, vendors and contractors, which includes:</p> <ul style="list-style-type: none"> a. If facility issues visitor ID, there is evidence that visitors are advised that pass/badges must be visible at all times b. If facility issues visitor ID, there is evidence that visitors are advised that their pass/badge restricts the areas they may access c. If facility issues visitor ID badges, there is evidence that outpatient identification is different from visitor ID 				
<p>6. There is evidence that staff is advised that if visitors are found without a pass/badge, or in an unauthorized area, Security will be notified.</p>				
<p>7. There is evidence of vendor badges/passes that are very distinct from other identification types.</p>				
<p>8. There is evidence of contractor badges that are different from all other identification types. They may be different for daily versus weekly contractors.</p>				
<p>9. There is evidence that all vendors and/or contractors report to a central area to obtain a pass/badge and indicate where they are going.</p>				
<p>10. There is evidence that vendors or contractors that visit on a regular basis have photo ID.</p>				

RESPONSE

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There are protocols in place regarding: <ul style="list-style-type: none"> a. Prosecution of criminal offenses against the organization b. Governance of security response to staff, patients and visitors c. General response protocols for security staff that define their authority 				
2. There are job action sheets for the Security Department outlining security staff roles in the facility's Incident Command System (ICS), and documenting that staff is trained accordingly.				
3. There are protocols in place to assure security officers periodically check perimeter fencing and critical facilities while staying in communication with on-site personnel via two-way radio.				
4. There are protocols to routinely check existing security measures such as fencing, locks, camera surveillance, etc. to assure they are in proper working order.				
5. There are protocols for infant/child security and incident response, if applicable.				
6. There is evidence of a protocol in place for response to a suspicious package or device.				
7. There is evidence of a procedure in place for response to bomb threats, which identifies roles and responsibilities of security staff.				
8. There are security protocols that address handling the media and/or VIP.				

RESPONSE *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence of a protocol to address response to fires and fire alarms.				
10. There is evidence of protocol to address response to facility lockdown.				
11. There is evidence of protocol to support clinical staff in response to a disruptive patient.				
12. There is evidence of a protocol to address a civil protest outside the facility.				
13. There is evidence of protocol to address response to an assault.				
14. There is evidence of a protocol to secure evidence on a response involving a crime scene.				
15. There are protocols in place that prohibit radio conversations regarding sensitive topics.				
16. There is evidence of protocols that identify the roles of community security agencies (Police, Sheriff, National Guard) in an emergency.				

RESPONSE *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
17. There is evidence of knowledge of, and adherence to, a policy concerning reportable events.				
18. There is documented monitoring of compliance with security protocols through testing (i.e. lockdown, bomb threat, etc.).				
19. There is evidence of notification procedures to NJDOH for reporting crimes committed at the facility.				

RESTRAINTS / DISRUPTIVE PATIENTS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a facility policy that defines and addresses the use of patient restraints.				
2. There is evidence of training for security as to their role relative to patient watches, holds and restraining patients.				
3. There is evidence of a protocol that addresses the documentation and record retention of actions taken to restrain patients.				
4. There is evidence of a physician order policy concerning application of restraints.				
5. There is evidence of protocol that whenever security provides assistance in patient restraint, that continuous presence, direction and supervision of actions will be provided by qualified clinical care staff.				
6. There is evidence that security assistance is requested when needed for restraint removal.				
7. There is protocol concerning mechanical device restraint use under legal or correctional purposes, to be maintained by attending law enforcement personnel.				

RISK ASSESSMENT

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence that security plans exist and are re-assessed at regular intervals.				
2. There is evidence of security risk assessments conducted at a minimum annually.				
3. There is evidence that the assessment identifies and prioritizes the assets of the healthcare facility to include: <ul style="list-style-type: none"> a. Employees, patients, visitors, family and non-employed support personnel b. Property assets both physical and tangible such as buildings and equipment, medical gases and equipment, utilities, cash c. Intangible assets, business records, information assets and the organization's reputation 				
4. There is evidence of a process to identify threats and vulnerabilities to all assets.				
5. There is evidence of the development of reasonable risk strategies to protect all assets.				
6. There is evidence that assets are prioritized based on those that are mission-critical to the organization.				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
7. There is a process in place to inventory the risks and mitigations, which may include: <ul style="list-style-type: none"> a. Policies b. Procedures c. Practices d. Physical/electronic security equipment e. Systems and security personnel 				
8. There is a process in place to inventory all available security documentation, that may include: <ul style="list-style-type: none"> a. Security officer deployment b. Training c. Post orders 				
9. There is evidence that threats are identified, assessed and trended quantitatively.				
10. There is a process to gather and utilize data from all relevant sources, which may include: <ul style="list-style-type: none"> a. Internal data from security incidents, facility statistics and staff interviews b. Local police crime statistics c. Exchange of information with similar organizations d. Information from other security and law enforcement sources (such as Homeland Security/State Police Weekly reports, CAP Index, N.J. Gang Report, N.J. Drug Monitor Report) e. Industry publications 				
11. There is evidence that improvements to the organization's protection of assets are considered, with risks and vulnerabilities matched to mitigation measures, such as: <ul style="list-style-type: none"> a. Implementation of security measures, such as perimeter fencing, door locks, key control, parking control, surveillance cameras, access lighting, communications capabilities 				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
12. There is a process to document risk assessment results for periodic review and improvement planning.				
13. There is evidence of risk assessment review by senior management of the organization.				
14. There is evidence the facility has evaluated transportation routes and parking areas to determine whether the routes allow contact with sensitive areas. Barriers are erected to block access as appropriate to the situation.				
<p>15. There is evidence that the facility has implemented a parking plan, where possible, to:</p> <ul style="list-style-type: none"> a. Move automobiles and other non-stationary items at least 30 yards from critical facilities, particularly buildings and sensitive areas, unless doing so would create a safety hazard or impede other security b. Implement a centralized parking and shuttle bus service where feasible c. Implement increased number and frequency of vehicular campus patrols d. Restrict/reroute any public transportation or non-facility transportation services (such as paratransit, community shuttles) e. Address traffic flow of vendors and/or service vehicles 				
16. There is evidence that risk assessments have been conducted to evaluate the potential impact of the external environment on the security of patients, visitors and staff.				
17. There are protocols in place to re-evaluate the surrounding area to determine if activities near a critical facility could create hazards that could affect the facility.				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
18. There is evidence that local law enforcement was engaged in the preparation of the facility hazard risk analysis.				
19. There is evidence that actions are implemented to minimize the impact of the risks identified through risk assessments.				

SEARCHES

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is a protocol in place regarding: <ul style="list-style-type: none"> a. Searches of suspicious packages and persons, to include what characterizes a person/package as suspicious b. Searches of employee packages and/or lockers c. The inspection of vehicles entering facilities when there is identified risk d. Signage within facility that persons and packages are subject to search 				
2. There is a weapons policy for the facility.				
3. There is evidence of a policy regarding patient searches and/or room searches, including the following: <ul style="list-style-type: none"> a. Justification for search b. Personnel responsible for initiating search c. Personnel responsible for conducting search d. Search process e. Search documentation f. Control of any items seized g. Issues that may necessitate law enforcement notification 				

STAFFING

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is pre-employment and reoccurring screening for security personnel that includes criminal background checks, as indicated by facility policy.				
2. There is an emergency security-staffing plan that includes protocols for staff recall, employee travel, vacation and leave cancellations.				
3. There is a protocol in place to assign personnel at critical facilities to assist with security duties. During emergency events, all hospital employees are subject to reassignment/tasks.				
4. There is a protocol in place to shut down facilities and operations impacted by security emergencies in accordance with contingency plans.				
5. There is a protocol in place to adjust/reduce staffing at facilities during emergencies to maintain operations.				
6. There is evidence that when determining security staffing, the following is considered: <ul style="list-style-type: none"> a. Contracting with private security companies b. Crime rates c. Concerns of the community d. Value of assets e. Special services required f. Levels of enforcement g. Volume of requests for security support 				

TRAINING

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is documentation that indicates that all new security employees have received new employee and departmental orientation.				
2. There is evidence of pertinent training programs for security staff, to meet the employer's requirements.				
3. There is evidence that security staff receive regular training for recommended topics (<i>see sample training checklist for recommended topics</i>).				
4. The facility uses or has considered using nationally recognized training for security staff. [<i>see Resource Page</i>].				
5. There is evidence that the competency of security staff has been evaluated.				
6. There is evidence that security staff exercise / drill based on their role in emergency response plans (e.g. fire, bomb threats, biological threats, infectious disease, suspicious mail, evacuation, employee recall lists).				
7. There is evidence that security staff have tested their role in emergency response plans with local law enforcement, bomb squad, fire department, etc.				
8. There is evidence that a security orientation is provided for all new employees, volunteers, etc.				

TRAINING *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence that new security staff members are paired with seasoned staff to facilitate mentoring.				
10. Security training is developed and based on local, state and national security best practices.				
11. There is documented security awareness training for every designated employee of the facility.				
12. There is evidence of training provided for each assigned post.				
13. There is evidence of training for crime scene security.				
14. There is evidence of training to secure area of suspicious mail, package or device, including situational awareness to recognize this situation.				
15. There is evidence of staff training to address speaking in public about confidential information.				

WORKPLACE VIOLENCE PREVENTION

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a protocol, and annual review, that addresses workplace safety, security and violence prevention that includes: <ul style="list-style-type: none"> a. Management support b. Training and involvement of all staff in violence prevention c. Risk assessment, identification, prevention, and mitigation d. Development of a violence prevention plan e. Internal record keeping 				
2. There is evidence of a multi-disciplinary planning group to develop and maintain a workplace violence program and plan.				
3. There is evidence of a plan/guidelines to determine and initiate appropriate response level to threats. This plan should identify: <ul style="list-style-type: none"> a. An organizational response that evaluates threats and plans for incident response and management b. A violence response team with training to respond to a variety of incidents c. Protocols for response to active restraining orders 				
4. There is evidence of a process in place for reporting and evaluating threats, to include internal reporting from staff/visitors/patients and external reporting to appropriate authorities.				
5. There is evidence of a documentation process for each threat received, and the response taken for each threat.				
6. There is evidence that threat reporting/response documentation is reviewed and assessed by the facility to determine lessons learned and opportunities for improvement.				

WORKPLACE VIOLENCE PREVENTION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
7. There is evidence that the workplace violence plan addresses prevention and response to intimidating and disruptive behavior, such as bullying.				
8. There is evidence of a policy of staff responsibility to identify a targeted violence potential, so appropriate threat assessment and preventative measures can be initiated.				
9. There is evidence that the threat assessment for targeted threat situations should include these components: <ul style="list-style-type: none"> a. Identification of the perpetrator(s) b. Determining risks of violence posed by a given perpetrator c. Management of both the subject and the risks that he/she poses to the given target 				
10. There is evidence of a preventive measures protocol to be enacted for an individual deemed to be targeted, to include: <ul style="list-style-type: none"> a. For patient, placing a “no information/privacy block” on patient information system b. For employee, placing a “no information/privacy block” related to all work issues to include schedules and locations c. Providing updated information to Security d. Sharing appropriate information with staff working in the area e. Involvement of staff and/or family for support as necessary f. Consideration of moving a person at risk to another care area or site g. Consideration for work and parking space and/or transportation alternatives h. Restrictions on visitors and/or access to the potential target, including lockdown if deemed necessary i. Documentation of all risk and preventative measures initiated j. Notification to law enforcement if deemed necessary 				

WORKPLACE VIOLENCE PREVENTION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
11. There is evidence of a weapons policy for the facility, to include these key areas: <ul style="list-style-type: none"> a. Enforcement measures of facility staff, contractors, visitors, etc. in possession of weapons b. Safe management, control and disposition of weapons while enforcing policy c. Weapons carried by personnel in the course of their job. This shall include security, correction officers, law enforcement personnel, and armored car services 				
12. There is evidence of mitigation efforts to reduce hazards to personnel.				
13. There is evidence of a plan to address civil protests outside the facility.				
14. There is evidence of awareness/monitoring of gang activity in the region [<i>see Resource Page</i>].				
15. There is evidence of protocol for release of information to law enforcement agencies.				
16. There is evidence of protocol for video release to law enforcement agencies.				
17. There is evidence of protocols and training for communication devices utilized in the facility (example: panic alarms).				



FEDERALLY QUALIFIED HEALTH CENTERS

ACCESS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of protocols in place to limit or restrict the number of visitors during increased threat levels and/or identified risks.				
2. There is evidence of protocols regarding deliveries during and after normal working hours.				
3. There is evidence of access control at loading docks.				
4. There is evidence that contractors wear identification during their time in the facility.				
5. There is evidence of protocols regarding key/access card issuance and control, to include lost badges and keys.				
6. There is evidence in place regarding terminated employees, which will immediately discontinue their access capability to both physical and electronic access.				
7. There is evidence of access control to restricted or sensitive areas.				
8. There is evidence of capability to implement traffic control based on risk or need.				
9. There is evidence that a buffer zone and/or security perimeter has been pre-determined, wherever possible, and protocols are in place to implement as appropriate.				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
10. There is evidence of policy in place to ensure staff does not prop access control points (doors/windows) open in critical areas.				
11. There is evidence of a lockdown policy for the facility.				
12. There is evidence of protocols established to guide staff on when to request assistance from the local law enforcement agencies.				
13. There is evidence of local law enforcement agency engagement on access issues.				
14. There is evidence that the facility has evaluated surrounding transportation routes and parking areas to determine proximity to sensitive areas.				
15. There is evidence of protocols for crowd and traffic control during an emergency.				
16. There is evidence that medical gases are in a secured area.				

ACTIVE SHOOTER/ACTIVE KILLER EVENTS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a plan in place to address the response to an active shooter incident.				
2. There is evidence of a committee tasked with establishing and updating an active shooter plan.				
3. There is evidence of a procedure to report an active shooter. This procedure should include internal communications, as well as contact to outside response agencies.				
4. There is evidence of a facility-wide notification, utilizing various communications capabilities, to notify patients, visitors, staff and others of an active shooter situation. These methods may include: <ul style="list-style-type: none"> a. Text messages b. Email messages c. Visual signals and/or alarms to notify deaf patients, visitors and staff d. Facility wide "reverse 9-1-1" system e. Overhead/public address announcement 				
5. There is evidence that activation of the active shooter plan will likewise activate the emergency operations plan.				
6. There is evidence of training for all personnel in the active shooter policy and response plan.				
7. There is evidence of a facility floorplan and/or grounds map, utilized in active shooter response planning and training.				

ACTIVE SHOOTER/ACTIVE KILLER EVENTS *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
8. There is evidence of a lockdown protocol for the facility, to safeguard patients, visitors and staff.				
9. There is evidence of pre-planning for shelter-in-place locations within the facility.				
10. There is evidence of planning information-sharing with emergency response agencies of facility features.				
11. There is evidence that the local law enforcement agency has involvement/awareness of the active shooter response plan.				
12. There is evidence of periodic drills and exercises to test the plan.				
13. There is evidence of documentation/after-action reports of drills and exercises, for review and development of improvement plans.				
14. There is evidence of planning based on post-event activities. This may include triage and Emergency Operations Plan (EOP) activations.				
15. There is evidence that planning is in place for personnel issues post-event, such as loss of staff due to injuries, law enforcement interviews/interrogation and post-event counseling.				

BEHAVIORAL HEALTH

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a plan that implements protective measures for this patient population by risks and vulnerabilities.				
2. There is evidence of access control devices and procedures for entering and exiting the facility, to reduce potential for patient elopement and other safety concerns.				
3. There is evidence of visitor screening processes with consideration to added precautions and visitor control necessary for this population.				
4. There is evidence that video surveillance systems to support patient safety and care have been considered.				
5. There is evidence of integration of security equipment that notifies staff of potential security vulnerabilities and incidents.				
6. There is evidence that periodic assessments are conducted of internal and external vulnerabilities. These assessments should include risks associated with patient harm (example: door handles, sprinkler heads, phone cords, electrical outlets, shower rods) [see Resource Page].				
7. There is evidence of plans to address the following potential incidents: a. Patient restraint b. Patient elopement c. Response to combative behavior d. Other security risk situations				
8. There is evidence of documented training for all staff related to plans and procedures for addressing risks, vulnerabilities and response to incidents concerning this patient population.				

BEHAVIORAL HEALTH *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence that joint training exists with clinical and support staff (including security personnel). This training shall be documented, and records should be kept including: <ul style="list-style-type: none"> a. Training reports b. Drills and exercises c. After-action assessments and debriefings of actual incidents, including improvement plans 				
10. There is evidence that security is alerted to behavioral intake to support search and securing of patient belongings.				
11. There is evidence of a protocol for security intervention to assist clinical staff in patient management.				
12. There is evidence of protocol for security to take appropriate intervention measures to restrain patients when a circumstance dictates, involving a threat to personnel and/or property.				
13. There is evidence of a policy that clearly states that clinical staff have responsibility for patient care, and that security will assist as directed by the clinician.				
14. There is evidence of a protocol for placing patients in restraints or seclusion, under direction of clinical care staff.				

COMMUNICATIONS

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a communications system for use by Security throughout the facility.				
2. There is evidence of staff training in the use of the communications system.				
3. There is evidence of charging units for the communications system.				
4. There is evidence of daily testing of the communications system.				
5. There is evidence of awareness by outside response agencies of the communications capabilities of the facility security staff.				
6. There is evidence of documentation for purchase, repair, testing and disposal of communications equipment.				
7. There is evidence of a protocol for communications designations for staff and procedures for transmitting and acknowledging messages.				
8. There is evidence of ongoing communications with local response partners (Law Enforcement, EMS, Fire, OEM, Healthcare Facilities, etc.) to exchange information on a timely basis.				

COMMUNICATIONS *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence of a protocol for distribution of information internally on a day-to-day basis to provide current information on facility security issues, as provided through the appropriate facility's department.				
10. There is evidence of emergency telephone numbers for Police, Fire, Health, OEM and state hotlines posted prominently in areas deemed appropriate (i.e. ED, security, etc.).				
11. There is evidence of a system in place to notify all staff of the current Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS) status [see <i>Resource Page</i>].				
12. There is evidence of a system in place to notify all staff of federal and/or state terrorism and/or security alerts and advisories.				

GENERAL

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is a written policy identifying an individual, designated by leadership, to coordinate the development, implementation and monitoring of Security Management activities.				
2. There is a clear explanation provided to staff regarding what the DHS National Terrorism Advisory System means and the appropriate action(s) to be taken.				
3. There are protocols in place defining steps to be taken at heightened threat levels.				
4. There are protocols in place for employees to report suspicious activities.				
5. There is evidence that security policies/emergency codes and policies are readily accessible, 24/7, in every department (e.g. posted in employee areas).				
6. If the facility operates a closed-circuit TV security system, evidence of the following should exist: a. A protocol to address covert camera monitoring b. Monitoring of high-risk areas c. Recording capabilities d. Support by emergency power				
7. There are protocols in place that indicate the need, at specific or creditable threat levels, to review or evaluate the need for: a. Operations plans b. Personnel assignments c. Logistical requirements d. 24/7 security of critical facilities using either physical presence or surveillance e. Restriction of access to essential personnel only at critical facilities and/or critical areas				

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
8. There are security protocols for employees working alone, or at remote locations, to periodically check in.				
9. There is evidence of procedures in place to ensure the implementation of appropriate measures upon receipt of terrorism advisories.				
10. The organization has worked with local partners to integrate security issues and planning.				
11. There is evidence of facility walk-throughs with local emergency response agencies, to include law enforcement, fire department, emergency medical services and emergency management.				
12. There are protocols in place to advise local law enforcement of any upgraded facility changes and/or security upgrades that would impact their ability to respond to your facility.				
13. There is evidence that the facility is utilizing bench-marking processes and strategies to continually review and improve security standards, policies and practices.				
14. There is evidence of a policy that addresses the role of security in drug diversion.				

IDENTIFICATION

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence that identification procedures for employees, physicians and volunteers are in place and include: <ul style="list-style-type: none"> a. ID cards that include a photo, wearer's name and department b. An enforcement procedure to ensure ID is always worn. Exceptions are when wearing the ID would put the employee at risk for injury, in which case the ID must be carried c. Procedures employees follow when they arrive at facility without their ID d. Procedures for lost/stolen ID e. Procedures for return of ID upon separation from employment f. Restriction of access to sensitive areas defined by the facility (e.g. mother/infant, pharmacy, lab) g. Guidelines for consequences for identification procedure violations 				
2. There is evidence of protocols that resigned or terminated employees surrender their identification and keys.				
3. There is evidence of a protocol identifying who is authorized to create identification and addresses the handling and storage of blank and terminated identification.				
4. There is a protocol in place to account for all employees during a crisis.				

IDENTIFICATION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
<p>5. There is evidence that identification procedures exist for visitors, vendors and contractors, which includes:</p> <ul style="list-style-type: none"> a. If facility issues visitor ID, there is evidence that visitors are advised that pass/badges must be visible at all times b. If facility issues visitor ID, there is evidence that visitors are advised that their pass/badge restricts the areas they may access c. If facility issues visitor ID badges, there is evidence that outpatient identification is different from visitor ID 				
<p>6. There is evidence that staff is advised that if visitors are found without a pass/badge, or in an unauthorized area, Security will be notified.</p>				
<p>7. There is evidence of vendor badges/passes that are very distinct from other identification types.</p>				
<p>8. There is evidence of contractor badges that are different from all other identification types. They may be different for daily versus weekly contractors.</p>				
<p>9. There is evidence that all vendors and/or contractors report to a central area to obtain a pass/badge and indicate where they are going.</p>				
<p>10. There is evidence that vendors or contractors that visit on a regular basis have photo ID.</p>				

RESPONSE

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There are protocols in place regarding: <ul style="list-style-type: none"> a. Prosecution of criminal offenses against the organization b. Governance of security response to staff, patients and visitors c. General response protocols for security staff that define their authority 				
2. There are job action sheets for the Security Department outlining security staff roles in the facility's Incident Command System (ICS), and documenting that staff is trained accordingly.				
3. There are protocols in place to assure security officers periodically check perimeter fencing and critical facilities while staying in communication with on-site personnel via two-way radio.				
4. 4. There are protocols to routinely check existing security measures such as fencing, locks, camera surveillance, etc. to assure they are in proper working order.				
5. There are protocols for infant/child security and incident response, if applicable.				
6. There is evidence of a protocol in place for response to a suspicious package or device.				
7. There is evidence of a procedure in place for response to bomb threats, which identifies roles and responsibilities of security staff.				
8. There are security protocols that address handling the media and/or VIP.				

RESPONSE *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence of a protocol to address response to fires and firealarms.				
10. There is evidence of protocol to address response to facility lockdown.				
11. There is evidence of protocol to support clinical staff in response to a disruptive patient.				
12. There is evidence of a protocol to address a civil protest outside the facility.				
13. There is evidence of protocol to address response to an assault.				
14. There is evidence of a protocol to secure evidence on a response involving a crime scene.				
15. There is evidence of protocols that identify the roles of community security agencies (Police, Sheriff, National Guard) in an emergency.				
16. There is evidence of knowledge of, and adherence to, a policy concerning reportable events.				

RESPONSE *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
17. There is documented monitoring of compliance with security protocols through testing (i.e. lockdown, bomb threat, etc.).				
18. There is evidence of notification procedures to NJDOH for reporting crimes committed at the facility.				

RISK ASSESSMENT

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence that security plans exist and are re-assessed at regular intervals.				
2. There is evidence of security risk assessments conducted at a minimum annually.				
3. There is evidence that the assessment identifies and prioritizes the assets of the healthcare facility to include: <ul style="list-style-type: none"> a. Employees, patients, visitors, family and non-employed support personnel b. Property assets both physical and tangible such as buildings and equipment, medical gases and equipment, utilities, cash c. Intangible assets, business records, information assets and the organization's reputation 				
4. There is evidence of a process to identify threats and vulnerabilities to all assets.				
5. There is evidence of the development of reasonable risk strategies to protect all assets.				
6. There is evidence that assets are prioritized based on those that are mission-critical to the organization.				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
7. There is a process in place to inventory the risks and mitigations, which may include: <ul style="list-style-type: none"> a. Policies b. Procedures c. Practices d. Physical/electronic security equipment e. Systems and security personnel 				
8. There is a process in place to inventory all available security documentation, that may include: <ul style="list-style-type: none"> a. Security officer deployment b. Training c. Post orders 				
9. There is evidence that threats are identified, assessed and trended quantitatively.				
10. There is a process to gather and utilize data from all relevant sources, which may include: <ul style="list-style-type: none"> a. Internal data from security incidents, facility statistics and staff interviews b. Local police crime statistics c. Exchange of information with similar organizations d. Information from other security and law enforcement sources (such as Homeland Security/State Police Weekly reports, CAP Index, N.J. Gang Report, N.J. Drug Monitor Report) e. Industry publications 				
11. There is evidence that improvements to the organization's protection of assets are considered, with risks and vulnerabilities matched to mitigation measures, such as: <ul style="list-style-type: none"> a. Implementation of security measures, such as perimeter fencing, door locks, key control, parking control, surveillance cameras, access lighting, communications capabilities 				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
12. There is a process to document risk assessment results for periodic review and improvement planning.				
13. There is evidence of risk assessment review by senior management of the organization.				
14. There is evidence the facility has evaluated transportation routes and parking areas to determine whether the routes allow contact with sensitive areas. Barriers are erected to block access as appropriate to the situation.				
<p>15. There is evidence that the facility has implemented a parking plan, where possible, to:</p> <ul style="list-style-type: none"> a. Move automobiles and other non-stationary items at least 30 yards from critical facilities, particularly buildings and sensitive areas, unless doing so would create a safety hazard or impede other security b. Implement a centralized parking and shuttle bus service where feasible c. Implement increased number and frequency of vehicular campus patrols d. Restrict/reroute any public transportation or non-facility transportation services (such as paratransit, community shuttles) e. Address traffic flow of vendors and/or service vehicles 				
16. There is evidence that risk assessments have been conducted to evaluate the potential impact of the external environment on the security of patients, visitors and staff.				
17. There are protocols in place to re-evaluate the surrounding area to determine if activities near a critical facility could create hazards that could affect the facility.				

RISK ASSESSMENT *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
18. There is evidence that local law enforcement was engaged in the preparation of the facility hazard risk analysis.				
19. There is evidence that actions are implemented to minimize the impact of the risks identified through risk assessments.				

STAFFING

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is pre-employment and reoccurring screening for security personnel that includes criminal background checks, as indicated by facility policy.				
2. There is an emergency security-staffing plan that includes protocols for staff recall, employee travel, vacation and leave cancellations.				
3. There is a protocol in place to assign personnel at critical facilities to assist with security duties. During emergency events, all hospital employees are subject to reassignment/tasks.				
4. There is a protocol in place to shut down facilities and operations impacted by security emergencies in accordance with contingency plans.				
5. There is a protocol in place to adjust/reduce staffing at facilities during emergencies to maintain operations.				
6. There is evidence that when determining security staffing, the following is considered: <ul style="list-style-type: none"> a. Contracting with private security companies b. Crime rates c. Concerns of the community d. Value of assets e. Special services required f. Levels of enforcement g. Volume of requests for security support 				

TRAINING

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is documentation that indicates that all new security employees have received new employee and departmental orientation.				
2. There is evidence of pertinent training programs for security staff, to meet the employer's requirements.				
3. There is evidence that security staff receive regular training for recommended topics (<i>see sample training checklist for recommended topics</i>).				
4. The facility uses or has considered using nationally recognized training for security staff. [<i>see Resource Page</i>].				
5. There is evidence that the competency of security staff has been evaluated.				
6. There is evidence that security staff exercise / drill based on their role in emergency response plans (e.g. fire, bomb threats, biological threats, infectious disease, suspicious mail, evacuation, employee recall lists).				
7. There is evidence that security staff have tested their role in emergency response plans with local law enforcement, bomb squad, fire department, etc.				
8. There is evidence that a security orientation is provided for all new employees, volunteers, etc.				

TRAINING *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
9. There is evidence that new security staff members are paired with seasoned staff to facilitate mentoring.				
10. Security training is developed and based on local, state and national security best practices.				
11. There is documented security awareness training for every designated employee of the facility.				
12. There is evidence of training to secure area of suspicious mail, package or device, including situational awareness to recognize this situation.				
13. There is evidence of staff training to address speaking in public about confidential information.				

WORKPLACE VIOLENCE PREVENTION

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
1. There is evidence of a protocol, and annual review, that addresses workplace safety, security and violence prevention that includes: <ul style="list-style-type: none"> a. Management support b. Training and involvement of all staff in violence prevention c. Risk assessment, identification, prevention, and mitigation d. Development of a violence prevention plan e. Internal record keeping 				
2. There is evidence of a multi-disciplinary planning group to develop and maintain a workplace violence program and plan.				
3. There is evidence of a plan/guidelines to determine and initiate appropriate response level to threats. This plan should identify: <ul style="list-style-type: none"> a. An organizational response that evaluates threats and plans for incident response and management b. A violence response team with training to respond to a variety of incidents c. Protocols for response to active restraining orders 				
4. There is evidence of a process in place for reporting and evaluating threats, to include internal reporting from staff/visitors/patients and external reporting to appropriate authorities.				
5. There is evidence of a documentation process for each threat received, and the response taken for each threat.				
6. There is evidence that threat reporting/response documentation is reviewed and assessed by the facility to determine lessons learned and opportunities for improvement.				

WORKPLACE VIOLENCE PREVENTION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
7. There is evidence that the workplace violence plan addresses prevention and response to intimidating and disruptive behavior, such as bullying.				
8. There is evidence of a policy of staff responsibility to identify a targeted violence potential, so appropriate threat assessment and preventative measures can be initiated.				
9. There is evidence that the threat assessment for targeted threat situations should include these components: <ul style="list-style-type: none"> a. Identification of the perpetrator(s) b. Determining risks of violence posed by a given perpetrator c. Management of both the subject and the risks that he/she poses to the given target 				
10. There is evidence of a preventive measures protocol to be enacted for an individual deemed to be targeted, to include: <ul style="list-style-type: none"> a. For patient, placing a “no information/privacy block” on patient information system b. For employee, placing a “no information/privacy block” related to all work issues to include schedules and locations c. Providing updated information to Security d. Sharing appropriate information with staff working in the area e. Involvement of staff and/or family for support as necessary f. Consideration of moving a person at risk to another care area or site g. Consideration for work and parking space and/or transportation alternatives h. Restrictions on visitors and/or access to the potential target, including lockdown if deemed necessary i. Documentation of all risk and preventative measures initiated j. Notification to law enforcement if deemed necessary 				

WORKPLACE VIOLENCE PREVENTION *Continued*

ASSIGNMENT	COMPLETED	IN PROGRESS	LEAD STAFF MEMBER	COMMENTS
11. There is evidence of a weapons policy for the facility, to include these key areas: <ul style="list-style-type: none"> a. Enforcement measures of facility staff, contractors, visitors, etc. in possession of weapons b. Safe management, control and disposition of weapons while enforcing policy c. Weapons carried by personnel in the course of their job. This shall include security, correction officers, law enforcement personnel, and armored car services 				
12. There is evidence of mitigation efforts to reduce hazards to personnel.				
13. There is evidence of a plan to address civil protests outside the facility.				
14. There is evidence of awareness/monitoring of gang activity in the region [see <i>Resource Page</i>].				
15. There is evidence of protocol for release of information to law enforcement agencies.				
16. There is evidence of protocol for video release to law enforcement agencies.				
17. There is evidence of protocols and training for communication devices utilized in the facility (example: panic alarms).				



SECURITY TRAINING CHECKLIST

SECURITY TRAINING CHECKLIST

NAME: _____

The following is a list of policies/procedures, equipment, and job responsibilities that personnel must be familiar with, and verified to have received orientation/training by Security Supervisor.

POLICIES/PROCEDURES	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
1. Mission Statement				
2. Policy & Procedure Manual				
3. General Orders				
4. Job Description				
5. Performance Evaluation				
6. Patient Rights, Privacy, Confidentiality, HIPAA				
7. Dress Code / Uniform				
8. Reporting for Duty				
9. Time Sheets				
10. Scheduling				
11. Exchange of Tours				
12. Pain Management Program				
13. Restraint Management				
14. Emergency Medical Treatment & Labor Act (EMTALA)				
15. Education and Training				
16. Weapons Policy				

POLICIES/PROCEDURES	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
17. Use of Force				
18. Citizen Arrest				
19. Security Authority				
20. Legal Authority / Limitations				
21. Search & Seizure Policy				
22. Fire Plan				
23. Evacuation Plan				
24. Disaster Plan				
25. Bomb Threat				
26. Hazardous Waste Program				
27. Right-To-Know/SDS Sheet				
28. Exposure Control Plan				
29. Communicable Disease Plan				
30. Safety Manual				
31. Reference Books				
32. Human Resource Policies				
33. Confidentiality				
34. Duty Schedules				
35. Isolation Room Procedures				

POLICIES/PROCEDURES	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
36. Patient Valuables Policy				
37. Record Retention/Request Policy				
38. Telephone Etiquette				
39. Personal Cell Phones				
40. Social Media Policy				
41. Vehicle Usage Policy				
42. Forced Entry into Lockers				
43. Vendors and Contractors				
44. Visitor Policy				
45. Off-Hours Visitors (Physicians, Clergy)				
46. Prisoner Security Protocol				
47. Infant Transport Policy				
48. Maternity Transport Policy				
49. Radioactive Isotope Delivery				
50. Morgue Intake and Release				
51. Infant Abduction				
52. Fire Watch				

EQUIPMENT	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
1. Radios				
2. Fire Alarm Panels				
3. Infant Abduction System				
4. Code Blue				
5. Medical Gas Panel				
6. Blood Bank Alarm				
7. Access Control System				
8. Panic Alarms				
9. CCTV Monitors				
10. Intercom System				
11. Telephones				
12. Generator Alarm				
13. Overhead Public Address				
14. Jump Starter				
15. Key Control				
16. Security Officer Weapons				
17. AED Inspections				

JOB RESPONSIBILITIES	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
1. EMTALA				
2. Facility Patrol				
3. Fire Extinguisher Inspections				
4. Emergency Light Inspections				
5. Interaction with Local Response Agencies				
6. Dealing with Suspicious Persons				
7. Dealing with Disorderly Persons				
8. Dealing with Unauthorized Persons				
9. Response to Alarms & Code				
10. Motor Vehicle Accidents				
11. Security Reports				
12. Incidents Reports				
13. Specific Responsibilities for Code Types:				
a. Code – Medical Emergency				
b. Code – Fire				
c. Code - Bomb Threat				
d. Code – Security Emergency				
e. Code Triage – Disaster				
f. Code Amber – Infant Abduction				
g. Code – Patient Elopement				
h. Code – Pediatric Code				
i. Code – HazMat Incident				
j. Code Clear – Emergency Ended				

JOB RESPONSIBILITIES	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
14. Active Shooters				
15. Hostage Situation				
16. Severe Weather				
17. Electrical Failures				
18. Plumbing Issues				
19. VIP Visitor				
20. Helicopter Landings				
21. Security Escort Services				
22. Vehicle Assistance				
23. Media Relations				
24. Vandalism Response				
25. Shoplifting Response				
26. Robbery Response				
27. Burglary Response				
28. Assault Response				
29. Alcohol/Illegal Drugs				
30. Hazardous Material Spill/Leak/Odor				
31. Locking/Unlocking Schedule				
32. Morgue Responsibilities				

JOB RESPONSIBILITIES	N/A	DATE	TRAINEE'S INITIALS	TRAINER'S INITIALS
33. Parking Policy/Enforcement				
34. Driver's License Checks				
35. Traffic Control				
36. Stolen Vehicles				
37. Stranded Clients				
38. Restraining Order Issues				
39. Immediate Maintenance Issues (ex. Security door failures)				
40. Parking Control / Fire Lanes				
41. Stuck Elevator				
42. Infant Abduction				
43. Bomb Threats				
44. Suspicious Device				
45. Emergency Management				
46. Covert Surveillance				
47. Scene Security				

Resource Page

Department of Homeland Security - National Terrorism Advisory System

<https://www.dhs.gov/national-terrorism-advisory-system>

New Jersey Gang Report

http://www.njsp.org/info/pdf/gangs_in_nj_2010.pdf

Veterans Administration Assessment

<https://www.cfm.va.gov/cfm/til/physicalSecurity/VAPhysicalSecurityReportNIBS20020906.pdf>

Security Officer Registration Act (SORA)

<http://www.njsp.org/private-detective/sora-help.shtml>

Suspicious Activity Reporting (SAR) Training

https://nsi.ncirc.gov/training_online.aspx

American Society of Industrial Security (ASIS)

<https://www.asisonline.org/Standards-Guidelines/Guidelines/Published/Pages/default.aspx>

International Association of Healthcare Security and Safety (IAHSS)

<http://www.iahss.org/?page=guidelines>