

Allegion Healthcare Security & Safety Assessment Overview and Instructions



Healthcare facilities, especially hospitals, pose unique and complex personal safety and physical security challenges for Security and Facilities professionals. These facilities provide services to every segment of our communities twenty-four hours each day. They often have expansive parking lots or garages, numerous entry points and unattended egress doors, significant physical assets, a high percentage of female staff, and are the site of joyous events, human suffering, medical miracles, family discord, and displays of raw emotions.

Protecting these facilities, their patients, visitors, and the professionals who work in them requires an understanding of the nature of assets being protected, an understanding of what untoward incidents may occur, and developing security programming with a solid foundation of:

- Technologies that are installed based on risk assessment and our properly managed maintained, and operated,
- Policies and procedures that support the organization's mission,
- Organization-wide participation and staff buy-in,
- Security and facilities programming that identifies risk before a significant incident occurs and is proactive in reducing the potential for these incidents.

Healthcare facility security programming, although often lead by the Security Department, is most effective when it is a team effort. Facilities, IT, Safety, Human Resources, Risk Management, Legal, Administration, Planning, Public Relations, Media Relations, and other departments each play important roles in helping organizations reduce the potential for crime, respond when an incident occurs, and recover.

This assessment tool is designed to provide healthcare facilities and security professionals with a means to help them identify areas of risk, focus on potential physical security gaps, and proactively enhance their institution's preparedness. No instrument will comprehensively assess the needs of every organization. It is important therefore to view this tool as a beginning, one element of an expansive organizational process that more fully delves into the identification of organizational assets, the specific threats, risks, and vulnerabilities that may impact these assets, and the development and implementation of multi-modal strategies to mitigate these threats, risks, and vulnerabilities.

Security programming is certainly contextual. Facility size and complexity, (registered beds, square footage, buildings, garages, surface parking), clinical services provided (women's health, emergency department and trauma level, outpatient services and pharmacy, behavioral health, forensic patients, pediatric units, etc), geographic location (urban, suburban, rural), and many other attributes impact risk and must be taken into account in security programming efforts.

Introduction

It is important to note that this assessment tool is meant to compliment, not replace, the hospital's Hazard Vulnerability Assessment (HVA) and Security Management Plan (SMP) required by the Joint Commission. The HVA supports organizations in an "All Hazards" approach of identifying the probability of specific events, the risks associated with these events, and the overall level of preparedness of the organization to manage and recover from these events. The SMP is intended to provide a framework of the daily operation of the security program and includes the completion of a Security Risk Assessment.

Unlike the HVA and SMP, this document is focused on physical security programming and technology elements only. Assessment results however, should provide information that will be very useful in completing these critical documents.

Every healthcare institution is unique. Each organization has varying assets and resources, facilities and security staffs have different skill-sets, capabilities, and mission. Staffing levels, hours of coverage, sphere of responsibility, services provided, and facility size may vary greatly. While completing the instrument it is important to understand that even if all the issues indentified through the assessment process are appropriately addressed there can be no guarantee that your institution will be crime free. Security assessment and crime prevention is a dynamic process requiring ongoing efforts to ensure they meet the specific and ever-changing needs of your organization.

Upon completion of the assessment process, this instrument can be used to help identify those areas where technology, policies, training, and staffing are meeting your organization's needs and those areas where improvement may be warranted.

Healthcare Security & Safety Assessment Form

Completing this assessment will help your organization develop an understanding of security sensitive organizational assets, risks inherent with these and areas where programmatic improvement is needed. Care should be taken to ensure data is accurate and current. We encourage you to treat this document as confidential or security sensitive information and endeavor to protect it within the context of your State’s Freedom of Information statutes.

Background Information:

Name of Institution or Organization:

Primary Contact:

Name:

Title and Department:

Telephone:

Email:

Does this assessment encompass multiple buildings? (Yes / No)

What is the primary law enforcement agency serving this facility? _____

If the facility has a primary contact within the law enforcement agency, provide that below

Name:

Email:

Phone:

Name and title of person(s) completing assessment:

City-Data Zip Code rating or CapRisk National Score _____

Instructions:

This survey instrument is designed to be completed by security and facilities professionals and will provide a high-level assessment of their organization's current security profile. Security surveys are a snapshot of the organization at a moment in time. Acting on the results of this process can aid organizations in reducing the potential for criminal activity, responding to emergency situations, and organizationally recovering from these untoward incidents.

All criminal activities cannot be prevented. Sometimes bad things happen in good places. Completion of this assessment will assist healthcare administrators recognize potential vulnerabilities of their institutions.

In order to be most accurate, we recommend that key stakeholders including Nursing, IT, Human Resources, Safety, and Facilities/Maintenance along with personnel responsible for security sensitive areas such as Pharmacy, Behavioral Health, Emergency Department, Business Office, Labor & Delivery, Nursery, Pediatrics, and other areas be directly involved in this process.

Answer each question. If a particular question does not apply to your organization place a give yourself the maximum score for that element.

After you complete each section, total your score. The maximum score for each category is 100. If your organization score 80 or higher, you are addressing key components of that section. A score of 60 and above indicates that although you are on the right path you may need to reassess your activities. A score of less than 60 indicates that improvement is needed.

The scoring process is designed to aid you in identifying priorities, opportunities for improvement, and those areas where your organization is doing well. It provides a snapshot of conditions at your institution at a moment in time. Recognizing that this instrument may be used by a broad spectrum of organizations, a perfect score, 100 in each category, should not be considered a guarantee that your facilities will be crime free. As noted previously, security assessment and crime prevention are dynamic processes requiring continuous efforts to ensure they meet the specific and ever-changing needs of your organization.

Allegion Healthcare Security and Safety Assessment

Facility: _____

Assessment Timeline: Start Date: ___/___/___ Completion Date: ___/___/___ Submitted: ___/___/___

Facility Categorization:

Dimension	Description	Metric	Value
Campus Size	Total Number of Buildings on Campus*	Count	
Building Size	Total Square Footage	Square Feet	
	Inpatient Services*	Yes/No	
	Outpatient Services*	Yes/No	
	Leased Office /Retail Space*	Yes/No	
Staff	Number of Total Employees (FTE)*	Count	
	Number of Active Physician	Count	
	Number of Active Volunteers	Count	
Occupied Stories	Highest Patient Floor	Number	
	Highest Outpatient Treatment Floor	Number	
Parking	Number of Parking Garages*	Count	
	Total Parking Garage Spaces	Count	
	Total Surface Lot Parking Spaces	Count	
Accreditation	Current Joint Commission Accreditation*	Yes/No	
	Last Joint Commission Full Survey Date*	Date	

Facility Information

Dimension	Description	Metric	Value
Services and Volume	Total Registered In-Patient Beds*	Count	
	Women’s Health, L & D, Birthing Services	Yes/No and # of Beds	
	Behavioral Health Services	Yes/No and # of Beds	
	Pediatric Services	Yes/No and # of Beds	
	Emergency Department Services	Yes/No and # of Beds	
	Annual In-Patient Admissions*	Count	
	Adjusted Patient Days	Count	
	Annual Out-Patient Visits *	Count	
	Annual Live Births*	Count	
	Annual Emergency Department Visits*	Count	
Security Staffing	Is the security program proprietary or contract?	Proprietary / Contract / Blend	
	If contracted, is there a hospital employee assigned to manage this function?	Yes / No	
	Commissioned Officers	FTE (Full Time Equivalent Staff)	
	Security (non-commissioned) Officers	FTE (Full Time Equivalent Staff)	
	Support Personnel	FTE (Full Time Equivalent Staff)	

Facility Information

Dimension	Description	Metric	Value
Department Responsibilities	Security Patrol – Foot	Yes / No	
	Security Patrol – Bicycle/Segway/T3	Yes / No	
	Security Patrol – Vehicles	Yes / No	
	Fixed Posts	Number	
	Dedicated Command Center	Yes / No	
	Emergency Department	Yes / No	
	Visitor Management	Yes / No	
	Watch Tour System In Use	Yes / No	
	Lock and Key Shop	Yes / No	
	Lost and Found	Yes / No	
	ID Badge Production	Yes / No	
	Safety (Fire/OSHA/Etc)	Yes / No	
Fixed Posts	Command Center	Yes / No and Number	
	Emergency Department	Yes / No and Number	
	Visitor Desk(s)	Yes / No and Number	
	Parking Lots / Garages	Yes / No and Number	
	Other Fixed Posts		
	Other Fixed Posts		

Healthcare security programming must be aligned with the nature of your organizations assets and threats, risks, and vulnerabilities associated with these. Use the profile information above to help shape your answers to the questions on the following pages.

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V.0510.2 *Denotes questions that should be asked of individuals not responsible for security programming.

Dimension	Description	Metric	Range	Value	
People and Partnerships	Joint Commission Compliance				
	J1	Has your facility been determined (by review) to meet Joint Commission Environment of Care security related standards within the current accreditation cycle?	Yes / No	Yes=20, No=0	
	J2	Is the hospital's Hazard Vulnerability Assessment current and complete (<12 months)? ¹	Yes / No	Yes=20, No=0	
	J3	Are high priority findings being effectively addressed?	Yes / No	Yes=20, No=0	
	J4	Are there identified significant vulnerabilities that are not being addressed?	Yes / No	Yes=0, No=20	
	J5	Is the facility's Security Management Plan current and complete?	Yes / No	Yes=20, No=0	
			Totals	100	0
	Security Perceptions				
	SP1	Are there obvious signs of social disorder such as graffiti, litter, condoms, broken windows, drug paraphernalia, abandoned cars, etc. on hospital grounds or within buildings?*	Yes / Some / No	Yes=0, Some=10, No=20	
	SP2	Is your facility perceived by patients, visitors, or staff to be in a high crime area?*	Yes / No	Yes=0, No=20	
	SP3	Does the security program receive high ratings on employee satisfaction survey?	Yes / NA / No	Yes=20, NA=20, No=0	
	SP4	Has local news media focused any articles about security issues or incidents at your facility?	Yes / No	Yes=0, No=20	
	SP5	Are you currently engaged in, or do you expect to be engaged in, litigation related to security incidents or security staff performance?	Yes / No	Yes=0, No=20	
			Totals	100	0

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Dimension	Description	Metric	Range	Value	
People and Partnerships	Security Staffing and Performance (Applies to proprietary and contract staff)				
	S1	Does security staff undergo a background investigation including a criminal history check, education, and certification prior to employment?	Yes / No	Yes=20, No=0	
	S2	Does security staff participate in both new employee orientation and department specific training prior to assignment?	Yes / No	Yes=20, No=0	
	S3	Do training requirements address critical areas including use of force, non-violent crisis intervention, legal requirements, job specific skills, hospital and department policies and procedures, emergency management, vehicle operation, officer safety, and other skills required by job descriptions? ²	Yes / No	Yes=20, Most=10, No=0	
	S4	Is mandatory re-training conducted annually?	Yes / No	Yes=20, No=0	
	S5	Are police/security officers generally perceived as professionals?*	Yes / No	Yes=20, No=0	
			Totals	100	0
	Employee Orientation and Training				
	E1	Does the employment process include background investigations of at least staff working in security sensitive areas and all areas that may be required by state or federal statute?	Yes / No	Yes=20, Gaps=5, No=0	
	E2	Do new staff members participate in a mandatory orientation process that includes information about their responsibilities for the organization's security programming, workplace violence, services provide by the Security Department, and emergency procedures?	Yes / No	Yes=20, No=0	
	E3	Are all hospital staff required to participate in annual in-service training that includes appropriate security related topics?	Yes / No	Yes=20, No=0	
	E4	Are security related training needs routinely assessed and adjusted to address changes in risks, threats, and vulnerabilities?	Yes / No	Yes=20, No=0	
	E5	Does a staff member from the Police/Security Department actively participate in new employee orientation?	Yes / No	Yes=20, No=0	
			Totals	100	0

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Dimension	Description	Metric	Range	Value	
People and Partnerships	Visitor and Vendor Management				
	VM1	Does the facility have an enforced visitor management policy?*	Yes / No	Yes=20, No=0	
	VM2	Is a physical badge issued to each visitor during designated hours and are they required to display (wear or visibly carry) these?	Yes / No	Yes=20, No=0	
	VM3	Are visitor badges either returned or self expiring once the visit time period has ended?	Yes / No	Yes=20, No=0	
	VM4	Is there an enforced vendor management program requiring all vendors to register and be screened prior to visiting hospital departments?	Yes / No	Yes=20, No=0	
	VM5	Do vendors who have access to surgery or other patient care areas undergo background screening consistent with the risks associated with their presence in these areas?	Yes / No	Yes=20, No=0	
			Totals	100	0
	Organizational Partnerships				
	OP1	Does the Police/Security Department have formal strategic partnerships with key departments including IT, Facilities, Risk Management, Human Resources, Emergency Department, Pharmacy, Parking, and others?	Yes / No	Yes=20, No=0	
	OP2	Does the Police/Security Department have a positive and functional relationship with local law enforcement, fire, EMA, and EMS personnel?	Yes / No	Yes=20, No=0	
	OP3	Are police/security administrators involved in planning for security technology and programming for new and renovated facilities?	Yes / No	Yes=20, No=0	
	OP4	Is the police/security department seen as a “strategic partner” within your organization?	Yes / No	Yes=20, No=0	
	OP5	Does the police/security department possess the technological expertise to design, manage, and operate the technologies being installed?	Yes / No	Yes=20, No=0	
			Totals	100	0

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Dimension	Description	Metric	Range	Value	
Campus Security	Parking Lots and Garages				
	P1	Have there been any crimes of violence (robbery, assault, etc) in parking areas during the previous 36 months. ³	Number of Incidents	0=20, 1=10, >1=0	
	P2	Do you routinely have vandalism, car thefts, or thefts from cars?	Yes / No	Yes=0, No=20	
	P3	Does the facility provide escorts or shuttle services to vehicles?	Yes / No	Yes=20, No=0	
	P4	Does hospital administration regularly receive complaints about exterior security issues?*	Yes / No	Yes=0, No=20	
	P5	Do patients, visitors, or staff feel safe in parking lots or garages?*	Yes / No	Yes=20, No=0	
			Totals	100	0
	Perimeter Management				
	PM1	Do a reasonable number of exterior doors have electronic access control?	Yes / No	Yes=10, NA=10, No=0	
	PM2	Are these doors equipped with working door position sensors to alert security to their being propped or forced open?	Yes / No	Yes=10, NA=10, No=0	
	PM3	Are these doors equipped with latch position monitor or magnetic lock bond sensors to report they may be closed but not locked?	Yes / No	Yes=10, No=0	
	PM4	Are non access controlled perimeter doors equipped with door position switches to monitor their status?	Yes / No	Yes=10, No=0	
	PM5	Does the facility have a documented emergency lockdown process? ⁴	Yes / No	Yes=10, No=0	
	PM6	How long does it take to implement the lock down procedure?	Minutes	<10 = 10 10-14 =5, >14=0	
	PM7	Are staff members trained in lockdown procedures?*	Yes / No	Yes=10, No=0	
PM8	Are all perimeter doors managed and monitored by an access control and/or alarm management system?	Yes / No	Yes=10, No=0		
PM9	Is the status of individual exterior openings "masked" or shunted due to excessive false alarms or inoperative equipment?	Yes / No	Yes=0, No=10		
PM10	Can perimeter access control doors be viewed on video?	Yes / No	Yes=10, No=0		
		Totals	100	0	

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Dimension	Description	Metric	Range	Value	
Call for Assistance Stations					
Campus Security	CFA1	As appropriate for the size of the facility, reported incidents, and configuration of parking lots/garages, does the facility have a clearly identified call for assistance system to permit individuals in parking locations, key entrances, etc. to communicate with a location that can answer these calls at all times of the day and night?	Yes / NA / No	Yes=20, NA=20, No=0	
	CFA2	Is the exact location of calls for assistance immediately and clearly discernable to the call taker?	Yes / NA / No	Yes=20, NA=20, No=0	
	CFA3	Are devices tested on a routine basis and all testing documented?	Yes / NA / No	Yes=20, NA=20, No=0	
	CFA4	If applicable, are non-functional CFA units clear identified as such until they are repaired?	Yes / NA / No	Yes=20, NA=20, No=0	
	CFA5	Is there a policy in place to address the use and response of these devices?	Yes / NA / No	Yes=20, NA=20, No=0	
			Totals	100	0
	Interior Security				
	CS1	During the past 36 months have there been any robberies or assaults within the hospital? How many? ⁵	Count	0=20, 1=10, >1=0	
	CS2	Overall, are security systems including video, access control, and alarms maintained and fully operable?	Yes/ Sometimes/ No	Yes=20, Sometimes=10, No = 0	
	CS3	When security technologies need to be repaired, is this done on a timely basis and documented?	Yes/ Sometimes/No	Yes=20, Sometimes=10, No = 0	
CS4	Are security sensitive areas such as the Labor/Delivery, Nursery, Pharmacy, Human Resources, Behavioral Health, Medical Records and others adequately separated from the public?	Yes / Most / No	Yes=20, Most = 10, No = 0		
CS5	Do staff members working in security sensitive areas receive specific training designed to enhance patient, staff, and visitor security?	Yes / Most / No	Yes=20, Most = 10, No = 0		
		Totals	100	0	

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Dimension	Description	Metric	Range	Value	
Campus Security	Security Sensitive Areas				
	SSA1	Has the organization conducted an assessment to identify security sensitive areas within the institution that require special attention and programs due to unique security issues. ⁷	Yes / No	Yes=20, No=0	
	SSA2	Have the appropriate changes to policies, procedures, processes, orientation or education, or purchase of equipment been implemented in these areas?	Yes / No	Yes=20, No=0	
	SSA3	Has an assessment been conducted in the last 12 months or after undergoing renovation or remodeling?	Yes / No	Yes=20, No=0	
	SSA4	Are staff members working in these areas trained in their specific duties and responsibilities related to security processes and technologies?*	Yes / No	Yes=20, No=0	
	SSA5	Are processes in place to test and audit the policies, procedures and equipment that have been implemented in these areas?	Yes / No	Yes=20, No=0	
			Totals	100	0
	Infant and Pediatric Security				
	IS1	Does the facility have an infant electronic tagging system or a combination of other adequate procedures and practices designed to prevent an abduction and alert nursing and security staff of a potential abduction?	Yes/No/NA	Yes=20, No=0, NA=20	
	IS2	Does the facility have additional security technologies on infant and pediatric units to augment security such as access control, video cameras at elevator lobbies, stairway doors, etc. and access control readers at stairwell doors?	Yes/No/NA	Yes=20, No=0, NA=20	
	IS3	Are key staff members involved in a critique to evaluate the response and adjust policies, procedures, training, technology or other components as needed?	Yes/No/NA	Yes=20, No=0, NA=20	
	IS4	Are parents and others who have permission to be alone with infants instructed on the specific security procedures in place and are they identified through banding or similar means?	Yes/No/NA	Yes=20, No=0, NA=20	
IS5	Do staff members authorized to remove infants from the parent's room wear unique identification indicating who they area?	Yes/No/NA	Yes=20, No=0, NA=20		
		Totals	100	0	

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Dimension	Description	Metric	Range	Value	
Campus Security	Emergency Department				
	ED1	Is there a single dedicated public entrance to the ED?	Yes / No	Yes=10, No=0	
	ED2	If there is a separate ambulance entrance, does the door have electronic access control either through the use of a keypad, card reader or remote release button?	Yes / No	Yes=10, No=0	
	ED3	Is there video system coverage at security sensitive areas such as the lobby, triage desk, reception, ambulance entrance, etc.?	Yes / No	Yes=10, No=0	
	ED4	As required by the nature and activity in the Emergency Department, does security have a 24/7 presence in this area?	Yes / No	Yes=10, No=0	
	ED5	Does security in the ED have the ability initiate a lockdown and/or manage access?	Yes / No	Yes=10, No=0	
	ED6	Is metal detection technology in use to screen all individuals who enter or has this technology been assessed and determined to not be needed?	Yes / No	Yes=10, No=0	
	ED7	Are there duress/panic alarms at registration, triage, etc.?	Yes / No	Yes=10, No=0	
	ED8	Is there a planned and drilled response to perceived or real threats of violence that include nursing staff and security, facilities management, public relations, communication and information systems, and local law enforcement?	Yes / No	Yes=10, No=0	
	ED9	Is there a defined visitor policy that addresses access control and identification requirements for anyone visiting the ED?	Yes / No	Yes=10, No=0	
	ED10	Do Emergency Department and Security staff jointly conducted lockdown drills?	Yes / No	Yes=10, No=0	
		Total	100	0	

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Dimension	Description	Metric	Range	Value	
Campus Security	Pharmacy				
	RX1	Are all pharmacy perimeter doors managed and monitored by the access control with audit trail?	Yes / No	Yes=20, No=0	
	RX2	Is there video coverage at doors, exchange windows, receiving areas, etc.?	Yes / No	Yes=20, No=0	
	RX3	Is staff able to view camera images on monitors mounted on the interior side of the pharmacy door to allow them to see the other side before they exit or is there vision windows in the door?	Yes / No	Yes=20, No=0	
	RX4	Are there duress/panic alarms at walk up customer service areas?	Yes / No	Yes=20, No=0	
	RX5	Are service windows designed to and fabricated with bullet resistant glazing, frames and walls as appropriate for your specific environment?	Yes / No	Yes=20, No=0	
			Totals	100	0
	Behavioral Health				
	BH1	Are staff members who work with behavioral health patients properly trained in dealing with potentially violent situations?	Yes / No	Yes=20, No=0	
	BH2	Are Behavioral Health, Emergency Department, and Security staff trained as a team in dealing with potentially violent patients?	Yes / No	Yes=20, No=0	
	BH3	As a team, does Behavioral Health and/or Emergency Department staff conduct drills or simulation exercises with Security?	Yes / No	Yes=20, No=0	
	BH4	Does the hospital have a comprehensive use-of-force policy and provide the requisite training to all staff covered by this policy?	Yes / No	Yes=20, No=0	
	BH5	Are provisions made within Behavioral Health and Emergency Department facilities to place at-risk patients in specific rooms or areas where they cannot harm themselves?	Yes / No	Yes=20, No=0	
			Total	100	0
	Materials Management				
	MM1	Are high value deliveries immediately accounted for and secured upon receipt?	Yes / No	Yes=20, No=0	
	MM2	Does the hospital have an effective asset identification program that uses bar code, RFID, or other technologies to manage property?	Yes / No	Yes=20, No=0	
	MM3	Are storerooms/supply rooms effectively restricted to authorized personnel?	Yes / No	Yes=20, No=0	
	MM4	Does the hospital routinely experience the loss of high value items such as computers, medical equipment, or bulk supplies?	Yes / No	Yes=0, No=20	
	MM5	Are receiving and mailroom staff trained in identifying packages and mail that have been tampered with or appear suspicious and knowing what action(s) to take if this is discovered?	Yes / No	Yes=20, No=0	
		Total	100	0	

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Dimension	Description	Metric	Range	Value	
Campus Security	Forensic Patients				
	F1	Has your hospital developed and implemented a training program for forensic personnel that addresses each aspect of Joint Commission requirements?	Yes / No	Yes=20, No=0	
	F2	Does your hospital effectively identify and train forensic officers upon entry to the facility or when they report for their assignment?	Yes / No	Yes=20, No=0	
	F3	Do forensic officers have direct communication with security staff in the event of an emergency?	Yes / No	Yes=20, No=0	
	F4	Have emergency response officers from agencies and institutions to whom you provide services toured your facility to become familiar with buildings and operations?	Yes / No	Yes=20, No=0	
	F5	Has the forensic policy been audited within the past 12 months?	Yes / No	Yes=20, No=0	
			Totals	100	0
	Cash Handling Areas				
	Cash1	Are security technologies including video and duress alarms used in cash handling areas at risk of robbery?	Yes / No	Yes=20, No=0	
	Cash2	Is there a cash on hand policy that defines maximum amounts of cash that is maintained in the register and a cash drop process?	Yes / No	Yes=20, No=0	
	Cash3	Is there a deposit or cash transfer procedure in place designed to safely move deposits from the hospital?	Yes / No	Yes=20, No=0	
	Cash4	Is there a safe to store cash/ deposits and has the combination been changed within the past 12 months or upon departure of an employee who had knowledge of it?	Yes / No	Yes=20, No=0	
	Cash5	Are there robbery procedures in place and are staff fully trained in these including the use of installed security technologies?	Yes / No	Yes=20, No=0	
			Totals	100	0

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Dimension	Description	Metric	Range	Value	
Keying Systems and Mechanical Locks					
Technology	K1	Is there an overall facility keying plan that is up-to-date which addresses the master sub-master keying hierarchy?	Yes / No	Yes=10, No=0	
	K2	Is the facility on one key system (Great Grand Master)?	Yes / No	Yes=10, No=0	
	K3	Does the lock shop effectively use a software based key management and inventory system?	Yes / No	Yes=10, No=0	
	K4	Is there a key management policy which addresses re-coreing locks when staff members who leave employment, fail to return high-level keys?	Yes / No	Yes=10, No=0	
	K5	Does the facility utilize a proprietary keyway in at least security sensitive areas, perimeter doors, and electronic access control doors to prevent use of unauthorized or duplicated keys?	Yes / No	Yes=10, No=0	
	K6	Are high security keys including sub-masters and above, individually serialized to facilitate accountability?	Yes / No	Yes=10, No=0	
	K7	Is the locking mechanism at least on doors to security sensitive areas routinely checked to ensure it is working properly?	Yes / No	Yes=10, No=0	
	K8	When mechanical or electric locking systems are installed, are they thoroughly tested before being accepted?	Yes / No	Yes=10, No=0	
	K9	Is there an effective process in place to ensure damage to door closers, door frames, and other components of the opening are repaired in a timely manner?	Yes / No	Yes=10, No=0	
	K10	Does the facility have written standards for door hardware and locking systems and are these standards enforced?	Yes / No	Yes=10, No=0	
		Totals	100	0	

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Dimension	Description	Metric	Range	Value	
Access Control					
Technology	AC1	Does the Access Control system utilize real time management and monitoring platform to report system events and alarms?	Yes / No	Yes=10, No=0	
	AC2	Is the system managed and monitored around the clock each day by a hospital staff member with sufficient training?	Yes / No	Yes=10, No=0	
	AC3	Does the system monitor door status alarms such as door “forced” and “propped”?	Yes / No	Yes=10, No=0	
	AC4	Does the system report other types of system alarms such as use of “lost or stolen” card, panel opening tampers, communications failures, etc.?	Yes / No	Yes=10, No=0	
	AC5	Are system backups performed on the system on a scheduled basis with backups kept separate of the server?	Yes / No	Yes=10, No=0	
	AC6	Does the access control system communicate with the video system to automatically call up and position the camera(s) upon prompt?	Yes / No	Yes=10, No=0	
	AC7	Are system data panels and server in a secure location where only authorized individual have access and Is all system wiring installed in a concealed manner to prevent tampering or destruction?	Yes / No	Yes=10, No=0	
	AC8	Is there adequate system documentation including schematics, panel diagrams, etc. to allow for technicians to effectively service the system?	Yes / No	Yes=10, No=0	
	AC9	Are offline electronic locks managed by the access control system?	Yes / No	Yes=10, No=0	
	AC10	Do offline locks have audit trail capability and are there procedures in place to monitor and document the audit trail?	Yes/No	Yes=10, No=0	
		Totals	100	0	

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V.0510.2 *Denotes questions that should be asked of individuals not responsible for security programming.

Dimension	Description	Metric	Range	Value	
Technology	Credentials				
	Cre1	Is there a hospital wide policy for wearing and display of credential and is it enforced? ⁶	Yes / No	Yes=10, No=0	
	Cre2	Does your organization credential have photo, name and other pertinent information related to the holder?	Yes / No	Yes=10, No=0	
	Cre3	Is the credential used to gain access to secured areas?	Yes / No	Yes=10, No=0	
	Cre4	Does the credential include the owner's social security number in any format?	Yes / No	Yes=0, No=10	
	Cre5	Does the credential contain a watermark, hologram or other security feature to prevent/discourage counterfeiting?	Yes / No	Yes=10, No=0	
	Cre6	Are multiple credentials required to be used for different hospital functions?	Yes / No	Yes=0, No=10	
	Cre7	Does the hospital have a procedure for managing a lost stolen credential?	Yes / No	Yes=10, No=0	
	Cre8	Does the hospital have a procedure to validate access requests in security sensitive areas?	Yes / No	Yes=10, No=0	
	Cre9	Are card holder audits completed on a regular basis to assure past employees, volunteers, contractors, etc. badges are accounted for and removed from the system in a timely manner?	Yes / No	Yes=10, No=0	
	Cre10	Is the credential produced on an ID badging/credentialing system fully integrated with the access control system platform?	Yes / No	Yes=10, No=0	
		Totals	100	0	

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V.0510.2 *Denotes questions that should be asked of individuals not responsible for security programming.

Dimension	Description	Metric	Range	Value	
Technology	Video				
	V1	Is there a video system used to manage and monitor areas defined as security sensitive?	Yes / No	Yes=10, No=0	
	V2	Is the system managed and monitored around the clock each day by a hospital staff member with sufficient training? (This could include the hospital operator)	Yes / No	Yes=10, No=0	
	V3	Are all system cameras digitally recorded and retained for an appropriate period of time?	Yes / No	Yes=10, No=0	
	V4	Can system cameras be viewed in real-time in a centralized command and control area?	Yes / No	Yes=10, No=0	
	V5	Does the camera displayed indicate camera location, date and time in both live and recorded mode?	Yes / No	Yes=10, No=0	
	V6	Is video from exterior cameras of sufficient quality at night to be fully useful in low light conditions?	Yes / No	Yes=10, No=0	
	V7	Is there adequate system documentation including schematics, diagrams, etc. to allow for technicians to effectively service the system?	Yes / No	Yes=10, No=0	
	V8	Are the video management recorders and equipment placed in a secure, clean, well ventilated area, suitable for the head-end recording devices?	Yes / No	Yes=10, No=0	
	V9	Are critical system components such as the recording and/or storage devices placed on conditioned, UPS and/or backup power?	Yes / No	Yes=10, No=0	
	V10	Are there policy and procedures established for the operation and management of this system?	Yes / No	Yes=10, No=0	
			Totals	100	0
	Panic and Duress Alarms				
	PD1	Are devices placed in a concealed manner at security sensitive areas?	Yes / No	Yes=20, No=0	
	PD2	Are devices tested on a routine basis and all testing documented?	Yes / No	Yes=20, No=0	
	PD3	Is there a policy in place to address the use of these devices and is staff fully trained in their use?	Yes / No	Yes=20, No=0	
	PD4	Are wireless devices used and if so, are these units supervised to report low battery?	Yes / No	Yes=20, No=0	
	PD5	Do these devices connect to a system that is managed and monitored at all times?	Yes / No	Yes=20, No=0	
			Totals	100	0

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V.0510.2 *Denotes questions that should be asked of individuals not responsible for security programming.

Dimension	Description	Metric	Range	Value	
Mass Notification					
MN1	Does the hospital have an effective means of notifying staff of internal and external emergencies?	Yes / No	Yes=20, No=0		
MN2	Are routine tests of the notification system conducted?	Yes / No	Yes=20, No=0		
MN3	Is information gathered from critiquing tests used to enhance the notification system?	Yes / No	Yes=20, No=0		
MN4	Can the notification process be implemented at any time of the day or night without requiring authorization from someone outside the facility?	Yes / No	Yes=20, No=0		
MN5	Does the notification system provide immediate information to hospital administration regarding whether or not notification was received?	Yes / No	Yes=20, No=0		
		Total	100	0	
Command & Control					
Technology	CC1	Does the facility have a Command and Control center staff 24/7/365 with trained security personnel? (This may include the hospital operator in smaller facilities)	Yes / No	Yes=16.6, No=0	
	CC2	Does the Command and Control Center operate as the first line of security requests for services such as receive calls for security assistance, dispatch security personnel, manage and monitor security technologies?	Yes / No	Yes=16.6, No=0	
	CC3	Does the Command and Control Center have contemporary technologies such as video management monitors, access control system workstations, receive call for assistance calls, etc.?	Yes / No	Yes=16.6, No=0	
	CC4	Does the facility have an in-house emergency telephone number that calls into the Command and Control Center?*	Yes / No	Yes=16.6, No=0	
	CC5	Does the Command and Control Center maintain a complete list and manuals for emergency operations needs such as MSDS manuals, emergency action plans, departmental and hospital policy and procedures, etc.?	Yes / No	Yes=16.6, No=0	
	CC6	Does the Command and Control Center operator have other mutually exclusive duties that remove them from Command and Control Center operations? (i.e., making ID badges, logging lost and found, service window, etc.)	Yes / No	Yes=0, No=17	
			Total	100	0

After you complete each section, total your score. The maximum score for each category is 100. If your organization scores 80 or higher, you are addressing key components of that section. A score of 60 to 80 indicates that although you are on the right path you may need to reassess your activities. A score of less than 60 indicates that improvement is needed. Every area where you do not have the maximum score should be reviewed for improvement opportunities.

Assessment Summary

Based on the information you provided about your facility and the police/security program, the spreadsheet below identifies those areas that where programming is positioned to be most successful and areas where improvement may be needed. Recognizing the each institution is different, this tabulation is somewhat generalized. The specific needs of your institution may vary.

Dimension		Maximum Score	Self Assessment	Performance
People & Perceptions	Joint Commission Compliance	100	0	Improvement Needed
	Security Perceptions	100	0	Improvement Needed
	Security Staffing and Performance	100	0	Improvement Needed
	Employee Selection, Orientation and Training	100	0	Improvement Needed
	Visitor Management	100	0	Improvement Needed
	Organizational Partnerships	100	0	Improvement Needed
			600	0
Campus Security	Parking Lots and Garages	100	0	Improvement Needed
	Perimeter Management	100	0	Improvement Needed
	Call for Assistance Stations	100	0	Improvement Needed
	Interior Security	100	0	Improvement Needed
	Security Sensitive Areas	100	0	Improvement Needed
	Infant and Pediatric Security	100	0	Improvement Needed
	Emergency Department	100	0	Improvement Needed
	Pharmacy	100	0	Improvement Needed
	Behavioral Health	100	0	Improvement Needed
	Materials Management	100	0	Improvement Needed
	Forensic Units	100	0	Improvement Needed
	Cash Handling Areas	100	0	Improvement Needed
			1200	0
Technology	Keying Systems and Mechanical Locks	100	0	Improvement Needed
	Access Control	100	0	Improvement Needed
	Credentials	100	0	Improvement Needed
	Video	100	0	Improvement Needed
	Panic and Duress Alarms	100	0	Improvement Needed
	Mass Notification	100	0	Improvement Needed
	Command & Control	100	0	Improvement Needed
			700	0
Totals		2,500	0	Improvement Needed

The maximum score for each category is 100. If your organization scores 80 or higher, you are addressing key components of that section. A score of 60 to 80 indicates that although you are on the right path you may need to reassess your activities. A score of less than 60 indicates that improvement is needed. Every area where you do not have the maximum score should be reviewed for improvement opportunities.