

## POLICY DOCUMENT

Policy Title: Security Policy

Policy Group: Health and Safety

Policy Owner: General Manager

Issue Date: May 2021

Review Period: 24 Months

Next Review Due: May 2023

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Cross References: Management of Aggression and violence Policy, Staff Handbook, Medication Policies for drug security, Patients Money & Property, Information Management Policy, Private transactions and acceptance of gifts, Donations and charitable gifts

Visiting Patients Policy, Safeguarding Policy

Evidence: NHS Prevent standards, Goodwill advice from Fire Service and Crime Prevention

How implementation will be monitored: Security will be reviewed via the Health and Safety Committee (see audit) and following any reported incident that brings policy into question.

Sanctions to apply for breach: Ranging from training to use of Disciplinary procedures

Computer File Ref. O:/New Policy Book/Health & Safety/Security Policy

Policy Accepted by MT 19<sup>th</sup> May 2021

Sign-off by CEO



**Statement of purpose:** Holy Cross Hospital takes every care to protect patients, staff and visitors from risks to person or property whilst within the hospital buildings or grounds and to safeguard the buildings and contents. The Chief Executive is responsible for implementing this policy, which is reviewed annually by the health and safety committee.

### **Policy Statement:**

#### **1 Risk Assessment**

The following summarises the main risks identified and measures taken to manage them:

Risk	Management Measures
Harm to patients or visitors from persons who have entered without proper authority	Secure all external doors, restrict access to single point, monitor entry and ensure all persons in building can be identified by label or uniform. Challenge persons who may not be authorised to be in the building. Give authority to managers to ask persons to leave who should not be on the premises.

Risk	Management Measures
Harm to patients or visitors from persons who have entered with permission	<p>Establish visiting arrangements and ensure all persons are informed of them</p> <p>Give authority to managers to take steps to ensure persons whose behaviour is unacceptable (abusive, threatening or violent) are asked to leave or Police called.</p> <p>Carry out risk assessment with regards to person(s) causing any particular concern.</p>
Physical violence or other abusive behaviour towards staff from patients visitors or intruders	<p>Maintain team monitoring to identify early signs of problems.</p> <p>Provide training in management of potentially hazardous situations.</p> <p>Support senior staff in taking appropriate steps with regard to persons whose behaviour is unacceptable.</p> <p>Provide safe routes to and from premises with adequate lighting of car parks and footpaths</p>
Theft of property from within building	<p>Secure property at particular risk</p> <p>Maintain locked door policy (all external doors except front door and designated internal doors)</p> <p>Regularly monitor rooms that are not in constant use</p> <p>Ensure all cash and valuables are kept in locked storage (safe, lockers, locked drawers)</p> <p>Maintain proper routine for receipt and storage of supplies</p> <p>Patients have a lockable drawer in their room for valuable items</p>
Theft of property outside the building or damage to external property	<p>Maintain good level of lighting in vicinity of building and car-parks.</p> <p>Regularly monitor areas not in constant use</p> <p>Support effective system for reporting suspicious circumstances</p> <p>Maintain good relations with neighbours and police to collaborate in checking for and dealing with damage or unauthorised use of grounds</p>
Arson	As above, also keep waste cleared from outside buildings and keep waste bins locked
Fraud	<p>Maintain systematic procedures for ordering goods and services</p> <p>Maintain routines as recommended by auditors with regards to salaries and wages, petty cash and other financial transactions.</p>

## 2 Visitors

It is the policy to ask all visitors to the hospital to identify themselves at Reception and to wear an identifying badge throughout their visit. The Hospital supplies badges for patients' visitors that are to be retained for use on subsequent visits. Other visitors, such as company representatives, may use their own company identification once they have been authenticated at Reception.

## 3 Valuables

Lockers are provided for staff to keep their personal belongings safe. (see Staff Handbook)  
Only minimum amounts of cash and other valuables are kept by the Hospital on the premises.

Patients are requested only to keep valuable possessions on the premises if there is a particular reason to do so. Valuables may be deposited in the Hospital safe at the discretion

of the Chief Executive; A Patient's Property Record must be completed in respect of any valuables taken into safekeeping.

#### **4 Security of Data**

Only users who have been issued a password may access the computer system.

There are procedures to ensure secure back-up of data

Medical records are kept in a locked room or locked filing cabinet.

Personnel records are stored in locked filing cabinets with only authorised persons having access to them. (see Information Management Policy)

#### **5 Arrangements for Monitoring Compliance**

An annual audit of the policy and procedures will be conducted by the General Manager.  
(See appendix 1)

#### **6 Review**

This policy has been reviewed for adverse impact on people with protected characteristics within the meaning of the Equality Act 2010 and no such impact was found.

## **Procedures:**

### **External Door Security**

All external doors, with the exception of the automatic front doors, are designed to lock when closed. All such doors must be kept locked at all times when not in active use.

The Front door is kept in automatic opening mode to facilitate access by wheelchair users at all times that the Reception desk is staffed. At other times (mostly evenings and weekends) the doors shall be locked and persons seeking entry must use the door-phone. The Nurse-in-Charge shall unlock the door to allow access having satisfied themselves that it is safe to do so.

Two doors at the rear of the hospital are provided with digital keypads. The number will be issued to all staff, will be changed regularly and must not be revealed to any persons who do not have authority to use the doors to enter the building. Staff should normally enter and leave the building through one of these doors.

External doors with the exception of the automatically opening front door and the Goods and Staff entrance doors are fitted with door alarms which will send an alert to the pagers if opened. The alarms can be turned on at the discretion of the person in charge of the hospital

### **Instructions to Staff**

1. No external doors may be propped or wedged open at any time unless essential for manual handling and then only for as long as needed.
2. Staff should normally enter and leave the building by the Staff Entrance door or the Stores Entrance, both doors being fitted with keypad locks.
3. Keypad number may not be revealed to any person not authorized to know it.
4. Any suspicious activities or behaviour must be reported at once to the Nurse-in-Charge.
5. All staff should wear identification badges at all times when in the building.
6. Staff are encouraged to question anyone they do not recognise to determine whether or not they should be on the premises.
7. Unnecessary cash or valuables must not be brought into the hospital
8. All personal bags must be kept in a locker in the changing room. Office-based staff may keep small items (e.g. handbag or purse) in a locked desk drawer.
9. No aspect of the hospital's security policy may be discussed at any time with any person except with specific authorisation of a senior manager.
10. All Departments that are closed at the end of the working day (such as Therapy, Living Room, kitchen, stores, laundry, workshop and administration offices) must have written "close-down" procedures and the last person on duty shall be responsible for ensuring that the procedure is fully implemented or, if that is not possible, the Nurse-in-Charge is informed.

### **Internal Door Security**

Reception Team are responsible for the general key security arrangements. The following principles are applied.

1. Keys are only issued on a permanent basis where there is evident need to do so. Such issue is recorded in the key register and the individual is responsible for the safekeeping of the key at all times. The Hospital may charge individual's for the cost of replacing lost keys if the result of carelessness..
2. Keys should be labelled only with the details of the key case and hook number where it is usually kept.
3. All senior nurses including Night Sisters should be informed of the key storage arrangements and be able to give assistance as required to emergency services personnel to gain access to any locked room.
4. An audit of the contents of key cupboards will be carried out every month as a minimum by identified persons and the results reported to the Chief Executive

## Master key hand over procedure

A combination key safe is installed in the corridor by the medical archive cupboard for the master key.

The night sister would leave the master key in the safe before 7 a.m. so that the housekeeper can have it at the start of their shift for unlocking of offices.

Once the housekeeper has finished using the key, it will be put back in the safe for when the reception staff arrived.

Reception will have the master key and at the end of their shift it will be handed over to the day sister in charge.

The master key should not be given to unauthorised people.

In case of lost, missing or stolen key, then it should be reported immediately to your manager or any member of the management team or senior nurse on duty. Fill in an incident form.

## Lost and Found Procedure

- a) **Reporting lost property:** Reports of any lost property should be made to the Chief Executive via Reception giving full details of item, the time and place of the loss and the owners name and address. It should be remembered that the hospital does not accept any responsibility for the security of property belonging to patients, visitors and staff.
- b) **Handing in property that is found:** All items found should be handed to a senior member of staff (i.e. Ward or Night Sister, departmental head etc.). If the value is more than nominal or unknown, the property should be handed to Reception who will record it in the Day Book and keep the property secure until claimed. (This includes keys, one of the most commonly lost items). If the value is obviously very small, the item should be retained in the ward or department where found for no more than three months. It may then be disposed of.
- c) **Disposal of unclaimed lost property:** Items of value will be retained for at least six months during which time efforts will be made to trace the owner. If a claim is made, the claimant should be asked to provide a receipt for the goods that should be briefly described on the receipt. Property left at the hospital by patients or staff will be treated as unclaimed lost property if it is not collected following a letter sent to the owner reminding them that it is in the hospital.

## Procedure in case of activation of Panic Alarm at Reception

The panic button should only be used in conflict situations that are deemed to be out of control by the receptionist on duty.

This call will be sent to the following pagers:

BLEEP HOLDERS

The person responding will go to the upstairs link corridor and assess situation by looking through the window down into reception. They should remain unobtrusive to avoid escalation of the situation.

If the respondent considers the situation to require police presence, he/she will dial 999 and explain the situation requesting attendance.

## **Closedown Procedures**

### **Catering Department**

#### **General**

The area concerned comprises the whole catering department including store rooms, fridges and freezers.

The area concerned is in daily use, between approximately 6.30am and 8.00pm

#### **Catering Office Closedown**

Computers should be logged off and shut down and any peripheral equipment (e.g. printers) switched off.

Ensure any documents containing personal or confidential information are stored in the filing cabinet.

Ensure that all money is deposited in safe and that the till keys are locked in the safe.

Close and lock window.

#### **Staff Dining room**\_(this area is in use during the night)

Check that there are adequate supplies of milk and tea and coffee for night staff.

Ensure that the serving hatch is secured

Close the patio doors to the decking area

#### **Overnight Closedown of kitchen and store rooms**

Check for open windows and close them.

Check that all water taps are closed.

Check that all gas and electrical appliances are turned off correctly

Ensure that all bins are emptied and rubbish is removed from the kitchen.

Lock all inner doors (Stock room, Office, Equipment store, walk in fridge and freezer)

Lock back door and Door to staff dining room.

Turn off all lights

Leave the kitchen by the main trolley entrance

The keys are deposited in the keys safe

#### **Stores closedown procedure**

Check for open windows and close them.

Check that all taps are turned off

Empty bin

Lock main door from inside

Keys locked in stores key safe

### **Laundry Department**

#### **General**

The area comprises of the Hospital Laundry, office and store room

The area concerned is in daily use, between approximately 7.00am and 4.00pm. (Reduced hours at weekends and Bank holidays)

#### **Office Closedown**

Ensure any documents containing personal or confidential information are stored in the filing cabinet.

#### **Overnight Closedown of Laundry**

Check for open windows and close them.

Check that all water taps are closed.

Check that all gas and electrical appliances are turned off correctly

Ensure that all bins are emptied and rubbish is removed from the Laundry.

Ensure that rear Laundry fire door is closed and secured

Lock all inner doors (Stock room, Office)

Turn off all lights

Lock the inner laundry room door

The outer laundry door is left unlocked to allow access for staff wishing to drop off soiled linen after normal working hours.

The keys are deposited in the keys safe

#### **Caretaking department (workshop)**

1. Telephone reception to inform them that the department is closing
2. Close all windows
3. Turn off all electrical equipment
4. Ensure that the key case is locked
5. Turn off lights
6. Secure main workshop door

#### **Reception closedown procedure**

- 1) Phone the nurse in charge to let them know that the telephones are about to be put on to Automatic answering service and that the front door is to be locked for the night.
- 2) Check all keys are in key case (Record all keys that are out in the diary)
- 3) Check the safe is locked and the key is in the appropriate place
- 4) Lock key cupboard, close and lock all windows, lock the front door. (All keys are on key ring with A suite master.
- 5) Close curtains in 3 offices and reception (If necessary), make sure all computers and lights are switched off.
- 6) Transfer switchboard on to Automatic answering service by following routine on instruction list located in tray by switchboard.
- 7) Leave enquiry sign on reception desk.
- 8) Lock all rooms with master A suite key.
- 9) If lights are likely to be required before Night staff come on duty, switch on porch light and leave on one set of lights in Reception.
- 10) Hand master key with rest of bunch over to Nurse in Charge

#### **Offices**

This relates to the CEO, FM, HR, Accounts, Consulting rooms and Conference Room/DNS office. Team Room is not locked as is in 24-hour use.

- 1) Lock all drawers, filing cabinets and cupboards
- 2) Turn off all electrical equipment
- 3) Close windows
- 4) Turn off lights
- 5) Lock office door

#### **St Hugh's office area**

- 6) Lock all drawers, filing cabinets and cupboards
- 7) Ensure desks are left tidy
- 8) Turn off all electrical equipment, check kitchen area downstairs
- 9) Close windows
- 10) Turn off lights (inner office light is PIR so will stay on after main lights are turned off)
- 11) Lock both upstairs and downstairs door

**Patients activities and therapy closedown procedures**

This includes Patients activities dayroom and office, Occupational therapy kitchen, St Anne's, Physiotherapy inpatient gym and internal office, Physiotherapy outpatient gym and office and Hydrotherapy suite.

1. Turn off all electrical equipment.
2. Close windows
3. Turn off lights
4. Lock doors

**St Hugh's Training Area** (person who has booked the building is responsible for locking up after use) (Review at time of commissioning building)

1. Turn off all electrical equipment including coffee machine, Projector and screen
2. Securely store laptop and projector if used
3. Close windows
4. Turn off lights
5. Lock all external doors and return keys to key safe

**Shottermill Hall** (person who has booked the room is responsible for locking up after use)

1. Turn off all electrical equipment
2. Securely store laptop and projector
3. Close windows and ensure that garden door is locked
4. Turn off lights



## Appendix 1

### SECURITY AUDIT

		Complies	Does not comply	Comments
1	Staff are aware of the security policy and its contents (ask)			
2	Property, cash and valuables at risk of theft are made secure (ask and check)			
3	All external doors in the hospital are kept locked, except the automatic front door (check)			
4	Deliveries are put away promptly (check)			
5	Store rooms are kept locked (check)			
6	Waste is kept away from the side of the buildings and waste bins outside are kept locked to avoid arson risk.			
7	All visitors wear visitor's badges throughout their visits. (Contractors may just use their own company identification) (Check procedure at reception)			
8	Staff and patient records are always kept secure in a locked cabinet when not in use			
9	Staff do not leave computer screens unattended showing sensitive data			
10	All confidential papers are disposed of in secure consoles			
11	The digital keypad door numbers are changed on a regular basis, with the number not revealed to unauthorised persons			
12	All staff wear identification badges all the time at work			
13	All personal bags are kept in lockers in the changing room. (Office based staff may secure items in their locked desk drawers)			
14	Close-down procedures for the department are known to all relevant staff, and are implemented (ask)			
15	Keys are always promptly returned to front reception			
16	All staff are aware of the lost property procedures (ask)			
17	Senior staff are aware of the procedure to be followed should the panic alarm on reception be activated (ask)			
18	Staff feel safe within the hospital and grounds ie adequate lighting			

	Risk assessments are carried out if persons are causing a concern in relation to violence and aggression			
19	Staff challenge unidentified persons on the premises or report immediately any concerns to a manager			
20	Rate of usage of everyday items (e.g. toilet rolls, cleaning materials, any packaged food items such as milk cartons, plastic sacks, stationery items) is tested for reasonableness on a planned basis			
21	Voicemail boxes are secure from risk of hacking by consistent use of passwords			
22	Inventories of equipment (not consumables) are maintained and updated by named manager in all departments			
23	Patients have a lockable drawer in their room for valuable items			