

Appendix B: Security

It is important to note here that a significant percentage of our Nation's acute care facilities do not have a full-time security force. That number is even smaller for clinics. Additionally, the characteristics of the existing HCF security and police services vary considerably. However, the following four most common primary types of health and hospital public safety services are:

- **Hospital police department:** An integral part of the HCF that provides law enforcement and other services (e.g., traffic control, building security) to the health care community. All the members of the department are employed by the HCF or local police jurisdiction, and the sworn law enforcement officers of the department also have authority to enforce local, state, tribal, and Federal laws, as authorized.
- **Sworn local, state, tribal, or campus law enforcement:** A local, state, tribal, or campus law enforcement agency that provides law enforcement services to the HCF by contract or agreement.
- **Security department or security operation department:** An agency whose members are employed by the HCF and whose members are not sworn law enforcement officers. Because the members do not have sworn authority, the HCF relies on sworn campus, local, state, tribal, and Federal law enforcement officers for support in criminal matters.
- **Contract security personnel:** A private firm contracted to provide security services to the HCF. The HCF relies on sworn campus, local, state, tribal, and Federal law enforcement officers for support in criminal matters.

Some HCFs have a hybrid of these police and security operations, with some services contracted to private vendors and others maintained as the responsibility of the HCF public safety agency. This can also include a fire department or emergency medical services unit.

Regardless of the type of public safety model utilized by the HCF, the planning team must take into consideration the authorities granted by law to each campus, local, state, tribal, and Federal first responders (e.g., law enforcement agency, fire department, and public health office).

Individual HCFs may have separate police or security departments for different components of the facility, such as the hospital, health clinic, or animal research facility. These different departments may have their own uniforms, insignia, training operations, and policies.

The type of security operation also may vary between residential and non-residential facilities. Many HCFs are decentralized or exist on multiple campuses. These HCFs may have remote centers and facilities located away from the main site. In addition to providing clinical services, off-site locations may house important research and data records. Some hospital public safety agencies are responsible for patrolling areas that surround facilities pursuant to legislation or through formal agreement with the campus, local, state, tribal, or Federal law enforcement authority. This could create legal, jurisdictional, and operational conflicts in preventing and responding to crimes and managing emergencies. Valuable minutes during an emergency can be lost working out such conflicts. Addressing these issues in advance—through the creation and use of an emergency operations plan (EOP)—can save time and lives.

Regardless of these variations, hospital and health care public safety officials and senior administrators should be intricately involved in the creation and approval of the HCF EOP. Each

has critical responsibilities before, during, and after an emergency. To effectively develop and implement a high quality HCF EOP, the planning team should work with all health and hospital public safety components to:

- Inform relevant local, state, tribal, and Federal agencies about the characteristics, strengths, vulnerabilities, and needs of the facility.
- Develop mutual aid agreements and memoranda of understanding with other public safety partners (e.g., those adjoining the HCF's public safety entities, nearby fire departments).
- Participate in campus, local, state, tribal, and Federal activities, including exercises, that address the range of public safety needs.
- Meet with other HCFs to foster information sharing, common prevention and response strategies, and consistency in working with local, state, tribal, and Federal public safety partners.
- Improve interagency coordination, create coalitions, and develop partnerships with relevant campus, local, state, tribal, and Federal emergency management agencies.
- Adopt common incident response strategies, policies, and procedures for use across multiple facilities and sites, as recommended by NIMS.



"This course was developed from the public domain document: Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans – U.S. Department of Health and Human Services."