

Physical Access & Control

Policy #:	HCDDSS_0002-A	Effective Date:	4/8/2022
Business Unit:	Security	Last Review Date:	N/A
Approval Group:	Security	Document Owner(s):	Department of Security Services

PURPOSE

To provide a safe and secure work environment for employees, contractors, and visitors at any of the HCDs premises and buildings. Specifically directed towards preventing harm to people, preventing the loss of assets, and preventing disruption to operations from criminal, hostile, or malicious acts.

SCOPE

The scope of this Policy is to provide guidance, regulation, and expectations that will provide safety, protection, and security to the Health Care Districts operations. The corresponding details will define specifically the control of persons, vehicles and materials through entrances and exits of a protected area augmented with hardware/software systems and applications.

The details of this Policy were holistically developed to ensure priorities are initially placed on life-safety and the well-being of its employees, patients, visitors, contractors, vendors, suppliers, assets and physical property protection, reputation, and the continued operational existence of the Health Care District.

POLICY

The Health Care District - Department of Security Services Access and Control Policy follows all Security mandates and expectations defined by the Occupational Safety and Health Administrations (**OSHA**) Act of 1970, section V, Articles A (1 & 2) and B; aka. **General Duty Clause**. It also takes in consideration for implementation all technical suggestions and best practices identified by the American Society for Industrial Security (**ASIS International**), The International Association for Healthcare Security and Safety (**IAHSS**), The Joint Commission (**TJC**), the International Organization for Standardization (**ISO**), and expectations identified by multiple regulatory and governing bodies such as the Center for Disease Control and Prevention (**CDC**), the National Institute for Occupational Safety and Health (**NIOSH**), Center for Medicare and Medicaid Services (**CMS**) / Agency for Health Care Administration (**AHCA**) and the National Center for Assisted Living (**NCAL**), and other focus areas related to the safety, protection, and security of people, property, and reputation.

The development, implementation, and enforcement of Procedures, Protocols, Plans, and SOPs will define the specific operational use of keys, locks, photographic identification cards, pins, alarms, pushbutton controls, annunciators, intercoms, and other technical practices that will create robust circles of protection enhancing the operational security environment of the Health Care District. The referred controls will enhance the mobility of people throughout open, operational, and restricted areas throughout the Districts premises and restricted

areas requiring approved personnel to utilize a Districts issued ID-Card and/or to be escorted by a host throughout the scheduled and approved visit. Areas where critical infrastructure is being housed are considered restricted and only authorized personnel must have preauthorized and controlled access into such rooms and premises.

Individuals failing to comply with the identified expectations can and/or will be reprimanded accordingly, including and not limited to termination and removal from the Districts premises.

EXCEPTIONS

Exceptions must be identified, approved, and communicated to the Policy owner, direct supervisory Chain of Command, including Legal, Compliance, and Risk areas.

RELATED DOCUMENTS	
Related Policy Document(s)	N/A
Related Forms	N/A
Reference(s)	N/A
Last Revision	N/A
Revision Information/Changes	N/A
Next Review Date	N/A

APPROVALS	
Reviewer approval	Steven Hurwitz;
Reviewer approval date	5/4/2022
Final approver	Darcy Davis;
Final approval date	5/4/2022

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, considering the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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