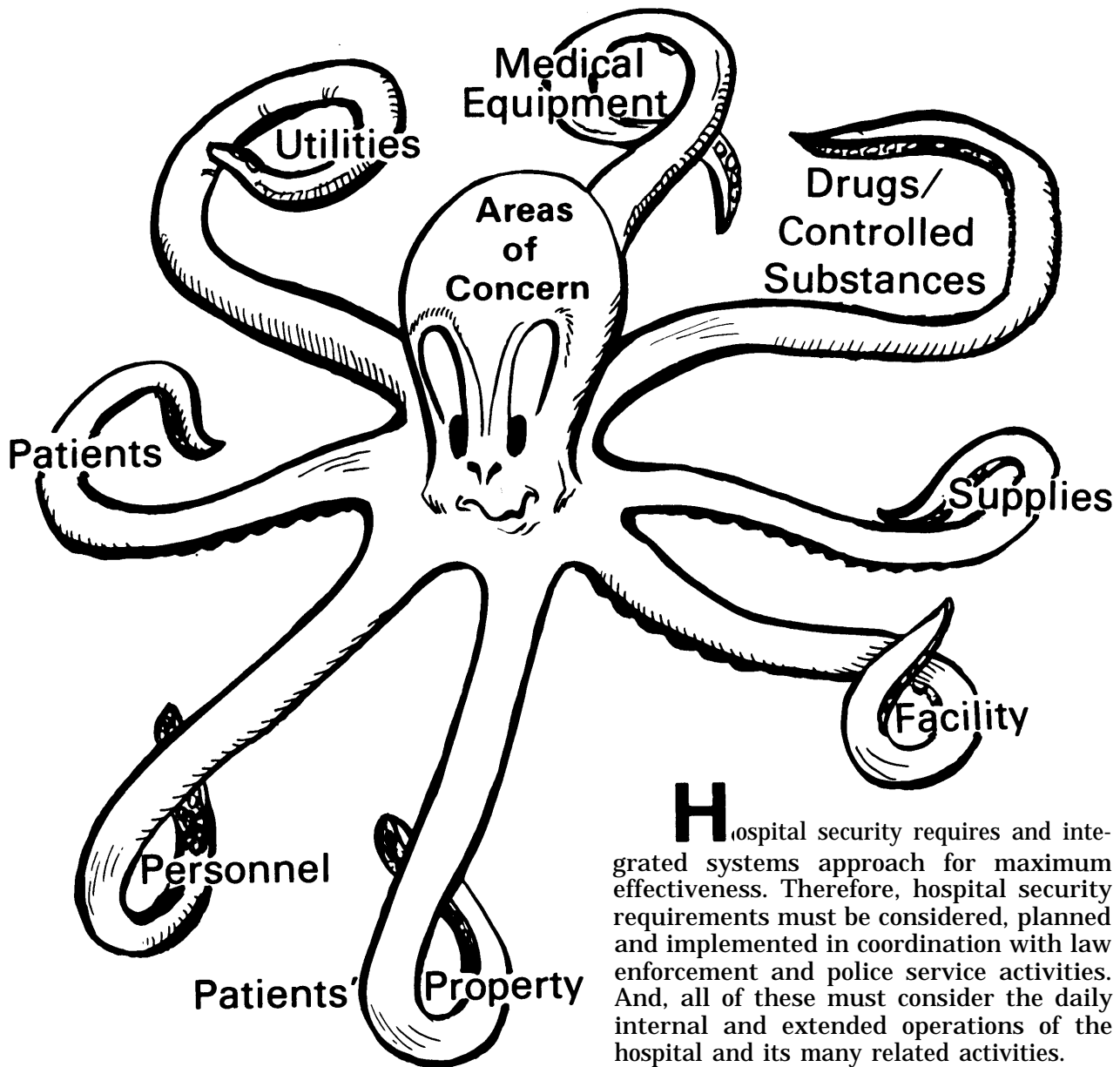


Hospital Security



Responsibilities

Section I

13-1 Security Coverage

a. Effective hospital security encompasses all of the following

- Installation hospitals
- Medical centers (MEDCENS)
- Medical department activities (MEDDAC clinics and dispensaries)
- Special mission activities.

b. Each MEDCEN or MEDDAC is usually composed of several fictional activities which must be considered when establishing security measures to prevent pilferage and to protect sensitive items, equipment, structures, and key personnel. These activities include:

- Dental activities.
- Veterinary activities.
- Community mental health activities.
- Health and environment activities.
- Pharmacy or any controlled medical substances storage facilities.
- Medical supply facilities.
- Hospital treatment and care facility.
- Medical warehouse storage facilities.

13-2 Provost Marshal/Security Officer

a. The Health Services Command (HSC) director of security and subordinate MEDCEN/MEDDAC provost marshals/security officers must direct the command's crime prevention and hospital security pro-

gram. The responsibilities of these positions include the following:

- ☐ Develops policy and standards for crime prevention and hospital security.
- ☐ Performs onsite inspections.
- ☐ Guides related law enforcement and police service activities within the health care system.
- ☐ Advises on use of military police.
- ☐ Maintains crime trend statistical data.
- ☐ Performs liaison with law enforcement and security elements of higher, lateral, and subordinate headquarters, and with civil and other Federal law enforcement personnel.

b. To insure proper security, it is essential that the provost marshal/security officer be included as a member of construction review boards and therapeutic agent boards.

c. He provides direct input to contingency planning for

- Field operations and disasters.
- Bomb threat/natural disasters, etc.
- Physical security on what, when, where, and how to best provide it.
- Measures (what the individual should do).
- Techniques (how devices are setup, placed, etc.).
- Devices (what to look for).

d. The provost marshal/security officer is also responsible for circulation control of vehicles and individuals and for police service support as required.

13-3 Circulation Control

Controlling the movement of vehicles and people is a **continuous consideration** in hospital security. Effective circulation control includes the following:

a. Routing controls.

- (1) Establish vehicle traffic patterns.
- (2) Designate pedestrian movement patterns.
- (3) Insure proper use of information signs and services.
- (4) Direct procedures for enforcement.
- (5) Establish visitor parking areas.

b. Special controls.

- (1) Patient parking areas.
- (2) Hospital staff parking areas.
- (3) Handicapped person(s) parking areas.
- (4) Emergency vehicle entrance/exits (enforced by MPs).
- (5) Emergency vehicle parking areas.
- (6) Equipment/supplies offloading.
- (7) Taxi/bus pickup points.
- (8) Fire department vehicle parking near water plugs (enforced by MPs).
- (9) Law enforcement vehicle parking.

c. Reporting procedures for suspicious or unidentified persons and activities.

d. Chapter 4 has more information on personnel movement control.

13-4 Security Lighting

a. Routine use.

- (1) Within medical treatment facility.
- (2) Adjacent to medical treatment facility.
- (3) Along all well-traveled foot paths where possible.

b. Special use.

- (1) Prevent/reduce crimes.
- (2) Prevent/reduce vehicular and pedestrian accidents.
- (3) Assist in emergency activities.
- (4) Accommodate nighttime circulation pattern, or vice versa.
- (5) Entrances to critical areas, sensitive areas, or other access points.

c. Chapter 6, Protective Lighting, contains more specifics.

13-5 Use of Dogs

a. Patrol and marihuana dogs.

- (1) Use only with specific permission of medical commander.

(2) Detect and prevent unauthorized drugs from entering facility.

(3) Emphasis on dog use should be directed toward entrances to neuropsychiatric and detoxification wards.

b. Sentry dogs.

- Used only outside the medical treatment facility.
- In high risk areas.
- Near areas for storage of supplies and equipment.

13-6 Key and Lock Control

AR 190-50, Section II, sets policy for key and lock control. Briefly, hospital requirements in this area are:

a. Continual emphasis.

b. Establishment and implementation of an aggressive plan.

c. Use of safeguards for

■ Controlled substances (see the Security Inspection Checklist below).

Physical Security Inspection Checklist Narcotics And Controlled Drugs (AR 190-50)

- ☐ Does the location of the room/area afford adequate protection?
- ☐ Is the room/building that houses the narcotics of permanent construction?
- ☐ Are bulk narcotics/controlled drugs stored in a vault or similar protective storage?
- ☐ Is there an authorized narcotics cabinet or chest (hospital ward)?
- ☐ Is the vault, safe, or cabinet kept securely locked when not in use?
- ☐ Are responsible persons in close vicinity to assure protection?
- ☐ If narcotics are stored in a small movable safe or the like, is the safe adequately secured to a permanent part of the storage room or building?
- ☐ Is the register secured and available only to authorized personnel?
- ☐ Is an intrusion detection device or system installed, working, and tested weekly?

- High cost medical equipment.
- Highly pilferable supplies.
- Mission essential areas.
- Vulnerable areas.
- Medical supply storage areas.

d. Chapter 8, Locking Systems, has more details on lock and key control.

13-7 Intrusion Detection Systems (IDS)

a. Regular installation and special hi-weekly testing of IDS/duress alarms should be accomplished for medical treatment facilities and for medical supply storage activities.

b. Alarm annunciation at the military police station is a necessity, to provide continuous monitoring capability and an armed police force response.

c. See chapter 7, Intrusion Detection Systems for IDS details, and AR 190-50, Section II for DA policy.

13-8 Personnel Screening

Because of the vulnerability to criminal activity of medical property and that of patients, military personnel and civilian employees must be adequately screened for hospital duty. This also applies to other categories of facility workers, such as contractor employees.

Minimum screening must include a local military and civilian police records check and an NCIC check.

Reclassification and discharge proceedings are processed on persons involved in criminal activity. This also applies to high risk military and civilian employees.

13-9 Material Control

a. Management and control of medical material is necessary regardless of the number of times it is exchanged. The following items require special security and accountability:

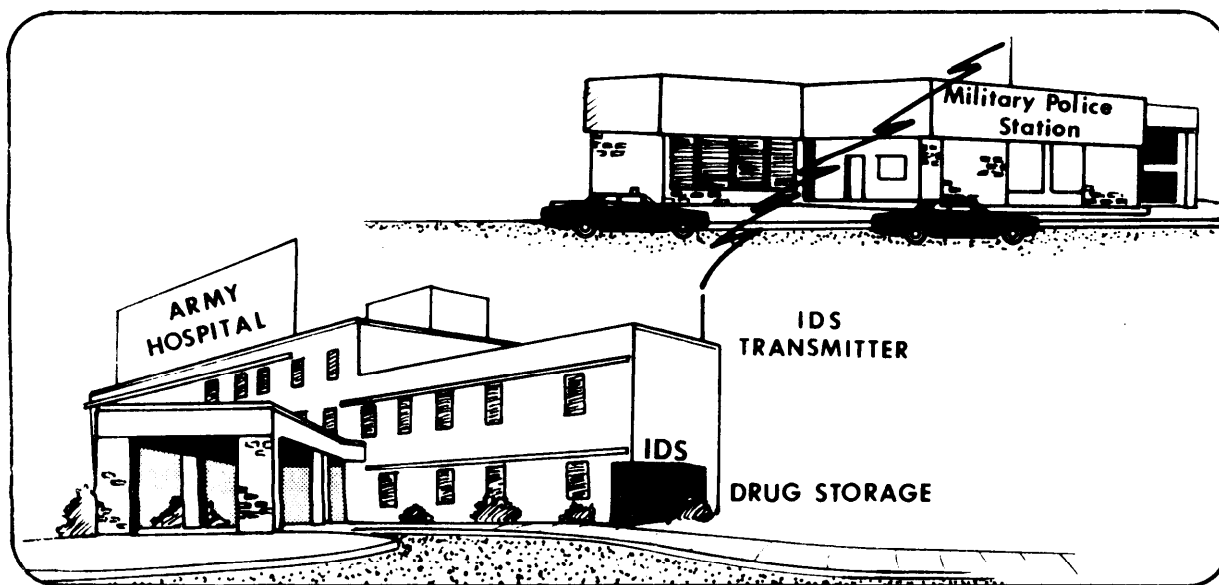


Figure 82— The IDS must alert the MP station.

- Controlled substances
- Stored hospital linens
- Expensive medical equipment
- Money and valuables
- Other sensitive items.

b. Store sensitive and accountable items away from the mainstream of heavy foot traffic to assist in detecting removal.

c. Equipment and medical substance disposal must meet these guidelines:

(1) Equipment will be disposed of IAW established regulations and directives.

(2) Medical substance IAW ARs 40-2, 40-61, and TB Med 291.

(3) Disposal must be supervised by appropriate custodial personnel.

(4) Including foodstuffs.

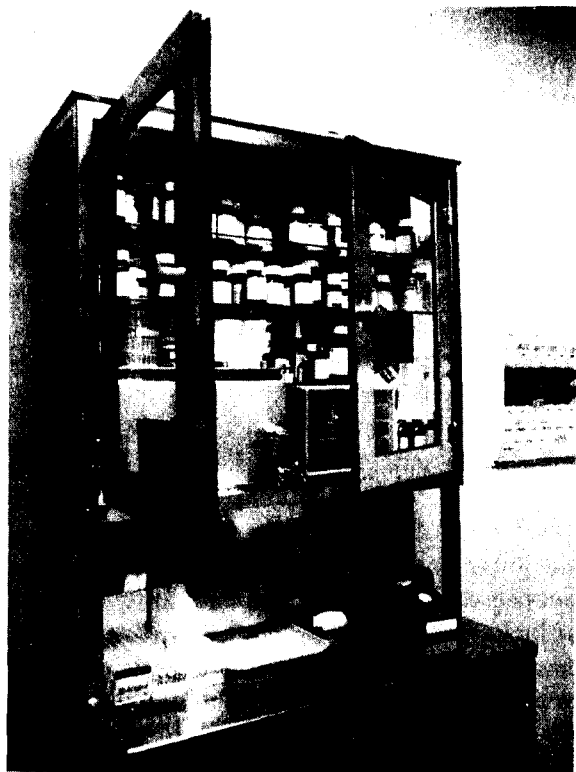


Figure 83—Unlocked medicine cabinets invite theft / pilferage.

13-10 Controlled Substance and Medically Sensitive Items

a. Require special security and handling to prevent loss and public injury (par. 2-5, AR 190-50). This includes:

- Drugs
- Precious metals
- Radioactive medical materiel
- Needles and syringes.

b. Consumption of drugs must be by authorized prescription.

c. See checklist for narcotics and controlled drugs on page 223.

13-11 Intransit Security Of Controlled Medical Substances And Other Sensitive Items

These items must be protected from unauthorized possession, use, and theft. The guiding regulation is AR 40-61.

13-12 Protection of Individuals

a. Special consideration must go to patients, prisoners, visitors, and the hospital staff.

b. Patient categories that must be considered:

- (1)** VIP—military and civilian.
- (2)** Active duty personnel.
- (3)** Dependents (check ID cards with hospital cards).
- (4)** Retirees of all services.

13-13 Patients' Personal Property and Valuables

- Retainable money for comfort and convenience items.
- The secured patients' trust fund.
- Valuables left on the ward as gifts, etc.
- Military pay.
- Other personal items (radios, tapes, clothing, etc.).

13-14 Medical Treatment

Records of patient treatment must not be available to the visiting public. Nor will the information contained therein be released during telephone conversations. These restrictions are covered by the Right To Privacy Act, DA guidelines, and HSC directives on the subject. Personnel awareness briefings should be held concerning criticality of records to the total individual.

Records will be released under signature only. Those involving official investigations must be released IAW published directives. When MPs desire private medical information on individuals for official use, they must request it on DA Form 4254-R. Other Federal law enforcement personnel must make their requests according to paragraph 4(b), AR 40-42.

13-15 Emergency Treatment Facilities

Because the medical treatment staff is extremely occupied with emergency patients, emergency rooms and triage areas pose special security problems regarding patients' personal property and valuables

and Government property (weapons, ammunition, etc.).

Security problems are compounded by the disruptive effects of

- ☐ Friends and relatives
- ☐ Other patients (able/disabled)
- ☐ Children
- ☐ Investigating police
- ☐ News media
- ☐ Chain of command personnel.

These areas should be sealed off to all except selected medical staff personnel. The areas may be controlled by military police under special circumstances. Information points should be designated and identified by signs.

13-16 Security Checks

a. Military police, security police or interior guards must conduct periodic checks each shift of isolated structures containing medical items and equipment. HSC security staff duty officers, medical, and unit personnel may inspect facilities within hospitals, RDT&E complexes and structures, and other medical facilities.

b. These checks should be conducted at irregular intervals. Increase frequency during hours of darkness or periods of limited visibility, and on weekends and holidays. Suspected loss, illegal entry, theft, open or unlocked facilities or containers, or suspicious incidents must be immediately reported to the nearest military police.

c. Security for bulk storage facilities, pharmacy storage, medical treatment facilities, TDT&E laboratory facilities must be secured IAW AR 190-50.

Security Standards and Structural Applicability

Section III

13-17 See AR 190-50 For Security Standards And Structural Applicability Of Controlled Medical Items

Emergency Utilities System

Section IV

13-18 Separate Protection

Protection of utilities is a vital effort of security police and must be separated from hospital materials protection. Utilities include the primary power source and the alternate power source. As a minimum, the utilities have an impact on the following areas designated as limited access areas:

- +Emergency treatment facilities
- +Operating room(s)
- +Intensive or special care wards
- +Pharmacies
- +Food preparation
- +Emergency operation center (EOC)
- +Communications and control centers

13-19 Utility Services

Protection of the following vital areas must be coordinated and integrated into the installation provost marshal contingency plans:

- ☐ Water
- ☐ Natural gas
- ☐ Fuel oil
- ☐ Electricity/backup generators
- ☐ Telephone
- ☐ Heating
- ☐ Air conditioning
- ☐ Air filtration units.