







# SECURITY SERVICES MANUAL



## **Annual Documents adequacy & Change Requirements Review**

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Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/Sec/01	Contents	1	1	20-Nov-22		1	20-Nov-23		
2	SDH/Sec/02	Organization Chart	1	1	20-Nov-22		1	20-Nov-23		
3	SDH/Sec/03	Roles & responsibilities	1	1	20-Nov-22	No Amir	1	20-Nov-23	No Amir	
4	SDH/Sec/4.1	Security Deployment and Activities	1	1	20-Nov-22	No Any change Review	1	20-Nov-23	No Any change Review	No Any Amendment History
5	SDH/Sec/4.2	Control And Monitoring of Staff Patients ,visitors & material flow in Hospital campus	1	1	20-Nov-22	Completed	1	20-Nov-23	Completed	
6	SDH/Sec/4.3	Emergency Codes	1	1	20-Nov-22		1	20-Nov-23		
		Original Date	Effectiv	ve Date	Next date of revision		ls	sue NO		
05 March 2021		20 Noven	nber 2023	20 Novembe	<u>er 2024</u>		1			
Reviewed & Prepared By		Recommended By			Appro	oved By				
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Amendment Sheet

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Recommended By	Signature	Approved By	Signature
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Chief Medical Administrator		Chairman & Managing Director	



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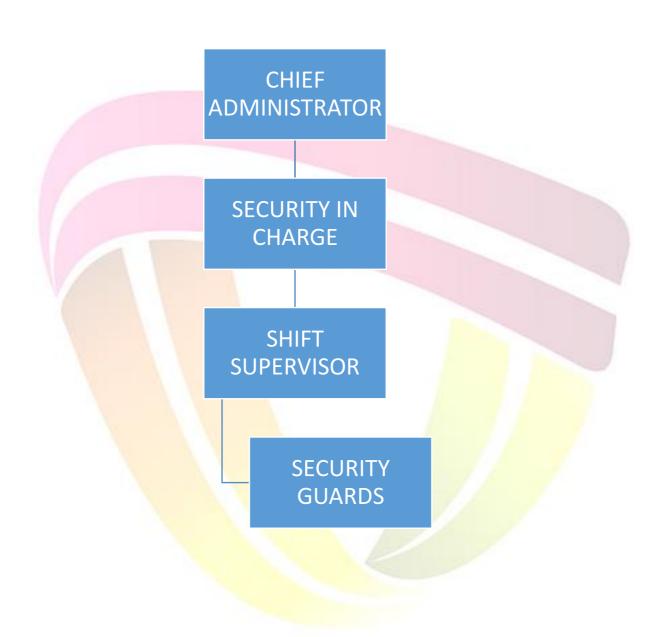
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Organisational Chart - Security Services



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Document Title: Roles & Responsibility of Security Staff

SUMMARY	This document specifies the roles and responsibilities of the security supervisor and security guards.
DISTRIBUTION	Security Units through Security Services Manual

#### **PURPOSE AND SCOPE**

The purpose of this policy is specify roles and responsibilities of the security team including supervisors and guards

#### RESPONSIBILITIES

#### **Hospital Administrator**

The overall responsibility of implementing the policy rests with the HA of the hospital.

#### **Security Supervisors**

- Responsible for total security of men, machine and material in the Hospital Complex.
- Maintain cordial relations with the patients, visitors & staff.
- Develop Coordination between Security and Management.
- Prepare duty rosters for the security department.
- Placement of contractual Security Guards and checking of their turnout.
- Responsible for security against violence, thefts, pilferage, vandalism and sabotage.
- Collect any information, which might pose a security threat to the organization and pass it promptly to the management and document the same.
- Develop procedures in anticipation of security challenges and to ensure that these are implemented and maintained considering suitability and reliability.
- Set up guidelines for day-to-day security.
- Select Security Personnel on the basis of their physical standard, education, character and antecedents.
- Train personnel to form a good disciplined team.
- Instruct the guards about their responsibility in visitor control.
- Ensure that no unauthorized person is allowed to enter and loiter in the Hospital Complex.
- Proper warnings and awareness shall be given to patients, especially to inpatients to guard against any possible thefts in the premises.

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Document Title: Roles & Responsibility of Security Staff

- Prevent any leakage of information / any breach of confidentiality.
- Upgrade Security Technology from time to time.
- To ensure that the firefighting equipment is in good working condition; periodic drills shall be conducted for effective functioning.
- Conduct fire mock drills among the staff, in cooperation with Engineering Department at least twice a year and document the same.
- Undertake preventive measure to avoid fire accidents.
- Impart Fire Fighting Training to all functioning of Security System.
- Disaster/ Emergency Preparedness in coordination with Management and Safety Committee members.
- Traffic inside the hospital premises shall be regulated effectively.
- Handle Parking & Mortuary Van contractors independently.
- Exercise appropriate control over the labor engaged through contractors and their continuous briefing.
- Liaison with Police Authorities.
- Responsible for smooth functioning of Security Systems.

#### **Security Staffs**

- Investigate the complaints of theft, pilferage and other offences in the Hospital premises.
- Monitor visiting hours for effective visitor control.
- Visitors to hospital shall be regulated as per hospital rules.
- Presence during Code Blue
- Responsible for corrective and preventive maintenance, upkeep and routine operations of the firefighting equipment.

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### **SECURITY SERVICES MANUAL**

Doc No	SDH/SEC/4.1
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Document Title: Security Deployment & Security Activities

SUMMARY	This document provides guidance on deployment of security personnel and key security activities.
DISTRIBUTION	Security Units through Security Services Manual

#### **PURPOSE AND SCOPE**

The purpose of this policy is specify deployment policy for security personal and define various security activities

#### **RESPONSIBILITIES**

### **Hospital Administrator**

The overall responsibility of implementing the policy rests with the HA of the hospital.

#### PROCEDURE

#### 1. **SECURITY DEPLOYMENT & SHIFTS**

Including the security supervisor, the 18 hospital security staff has been deployed in day shift and 10 security staff working in the evening shift.

Location of Deployment	No of Security Per <mark>sonnel</mark>	
	Day Shift	Night Shift
Main Entrance: Casualty Drive way	2	2
Main Exit: Security Cabin	2	2
Outside 4 wheeler parking	1	0
Outside 2 wheeler parking	1	0
Casualty	1	1
Ground Floor	1	0
First Floor	1	0
Second Floor	2	1
Third Floor	2	1
Fourth Floor	1	1
Fifth Floor	2	1
Sixth Floor	1	0
Eighth to Tenth Floors	1	1

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Document Title: Security Deployment & Security Activities

#### 2. SECURITY ACTIVITIES

#### **Patrolling**

- Supervisor on duty patrols the hospital campus and complex round the clock.
- Boundaries of campus, parking area and other structures within the campus come under his purview.
- He takes rounds of the wards regularly during the day as well as night.
- Physical verification of seals on the locks of the material stores is checked.
- The security supervisor of day and night shift is responsible for all security activities in the hospital

#### **Surprise Checks**

Random checks of the staff are done at the office at Main Gate as well at the time office at

Basement entrance

#### Coordination with the Police -Communication numbers

The Local Police Station is the first contact point for all coordination with police. The police station is contacted in case of:

- Thefts
- Altercation
- Arrival of VIP's/ Foreign patients
- Bomb threats

Security supervisor is responsible to report the same to the administration

### Security Drills and Training

The security services team will conduct training and conduct following drills to ensure readiness for response in following situations

- Hospital Violence
- Disaster Preparedness
- Mass Causality Incidents
- Emergency Codes Response

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Document Title: Monitoring and Control of Patients, Visitors, Staff and Material Flow in Hospital Campus

SUMMARY	This document provides guidance on procedures for control and monitoring of entry of men, vehicles and materials into the hospital campus
DISTRIBUTION	Security Units through Security Services Manual

#### **PURPOSE AND SCOPE**

The purpose of this policy is specify protocols for control of human, material and vehicle traffic with in hospital premises

### RESPONSIBILITIES

#### **Hospital Administrator**

The overall responsibility of implementing the policy rests with the HA of the hospital.

#### **PROCEDURE**

#### 1. IDENTITY CARDS

The HR department issues the identification cards to all regular staff, probationary staff, trainees, contract staff, visiting doctors etc. The security checks all the Id- cards and those individuals without a valid Id-card are not allowed entry into the hospital premises. For contact staff, the expiry date of the ID is also checked.

For the staff, besi<mark>des the che</mark>cking of the ID-cards, random frisking is done at the time of duty off.

### 2. SCREENING / DETECTING FOR VISITORS, FAMILIES, CONTRACTORS AND EMPLOYEES:

- Attendant and visitor passes are given to the patient at the time of admission.
- Visitors with these passes are allowed only during visiting hours.
- Employees are permitted only from the main In-gate entrance.
- All the suppliers enter and leave the hospital from time office security only.

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- Trucks carrying F&B items, materials, and water etc. are permitted only from this time
  office
- Details of the vehicle (viz. registration no. of vehicle, driver's name, supplier's name and address of the supplier etc.) carrying the materials required in the hospitals are entered in the register.
- Initials are documented on the supplier's Challan and sent to the Central Receiving Stores (CRS).
- At CRS all materials are physically verified and accepted by materials department and checked by security.
- Central receiving Stores receive all the material coming in to the hospital during the working hours (9am – 6.00pm).
- All the material coming after / before working hours are received at time office by the security.
- Purchase order and suppliers Challan are verified and entries are made in the register. These
  are later sent to respective stores.
- A gate pass is issued for all the items leaving the hospital.
- Gate pass are two types:
- Returnable Gate Pass: Items going out of hospital and which will be brought back are issued a returnable gate pass. e.g. Repairs etc.
- Non Returnable Gate Pass: All the discards, defective and scrap items are given a nonreturnable gate pass.
- These passes are signed by that concerned department team leader and countersigned by the staff at time office.
- A summary report on pending returnable Gate Passes is prepared every month and a soft copy is sent to the concerned departments & the director.

#### 3. PARKING AND TRAFFIC CONTROL

If an unattended car is found parked in the parking, the concerned security will give a written complaint to Security Control Room (SCR) for the same. SCR shall immediately inform the Police Station for necessary action.

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Document Title: Monitoring and Control of Patients, Visitors, Staff and Material Flow in Hospital Campus

#### 4. CLOSED CIRCUIT TELEVISION DEPLOYMENT

Hospital premises including entries, corridors, stairwells, lift and key areas like cash counter, pharmacy, emergency and critical care unit entrances, lobbies and waiting areas, parking areas, key installations etc. will be under constant CCTV surveillance.

CCTV cameras installed will be identified through signage warning public of surveillance.

The monitors of the CCTV system will be connected to the Security Control Room providing live feed from various cameras. Live feeds would be provided to monitors of Chairman, Medical Director and Hospital Administrators also.

The recordings of CCTV system will be maintained in the main server under the control of the IT department and will be accessible only to staff with access privileges as specified by the Chairman.

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# SECURITY SERVICES MANUAL

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Document Title: Security Role in Emergency Codes

SUMMARY	This document provides guidance on security personnel role during emergency code situations of the hospital
DISTRIBUTION	Security Units through Security Services Manual

#### **PURPOSE AND SCOPE**

The purpose of this policy is specify security participation and contributions to the emergency codes of the hospital

#### RESPONSIBILITIES

#### **Hospital Administrator**

The overall responsibility of implementing the policy rests with the HA of the hospital.

VARIOUS CODES IN SAIDEEP HOSPITAL	
Internal Disaster / Fire	RED
Individual Disaster e.g. Cardiac Arrest	CODE BLUE
Mass Casualty from external disaster	CODE YELLOW
Violent patient or/and relatives	CODE VIOLET
Missing child or suspected abduction of a child	CODE PINK

## **PROCEDURE**

(For all codes, the telephone number is 1199)

#### Code RED (Internal Disaster / Fire)

Security Supervisor shall be the in-charge of Fire Fighting team; in his absence Chief Engineer shall perform this duty.

It is the duty of every employee, irrespective of his rank, who discovers fire, to first try and extinguish it by whatever means available on the spot. He will shout FIRE – Fire and convey the message through someone to Security Control Room.

Till the Security Supervisor arrives the staff shall do the needful and follow the "RACE" and use the available extinguishing media to extinguish the fire.

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Security Supervisor will note the actual location and type of fire accordingly collect the equipment to rush to the scene of fire. He shall instruct the concerned people to cut off power and air supply to the affected area.

He shall arrange to start the booster pump to build up adequate pressure in fire hydrants if required.

- Detailing Fire Fighting, Cordon, Salvage and First Aid Teams to their respective functions and line of action shall be done.
- He shall be in touch with local fire brigade in case of requirement.
- The Security Supervisor shall assess the situation, intensity of fire, manpower and fire fighting
  equipment available. He shall make arrangements for additional water through tankers in
  case it is required.

The Security Control Room will act as Control Centre for informing all concerned for information / additional help/ any emergency.

The Security Supervisor will maintain contact with other civil/ military fire brigades, police station and other requirements as and when required according to the intensity of fire.

After the fire is extinguished the stop message shall be passed till the Associate Director, and security supervisor shall record the time, date, location and cause of fire which he will fill up a Fire Incident Report which is to be submitted to the Management / Insurance.

The used Fire Appliance shall to be replaced with serviceable ones and sand / water buckets shall be refilled.

#### **CODE BLUE SUPPORT**

Code blue is called when there is individual disaster like cardiac arrest/MI. It will be announced through public address system thrice mentioning about the location and the bed no.

Security Personnel are to be present at the Code Blue location to prevent overcrowding of the area and control the attendants.

In case the victim is to be shifted to the ICU, the security staff ensures that the lift is available and there is safe passage in case of a crowd.

#### **CODE YELLOW SUPPORT**

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Code yellow is called for mass casualties like a train accident victims, multiple poisoning victims arriving at the same time, overwhelming the capacity of the ER.

The security guards are rerouted and deployed at the ER to maintain the order and prevent panic and gathering of large crowds. They provide security to the health workers in case there is any threat from any unruly person accompanying the victims.

All arrivals are triaged by the triage nurse and the security guards either assign them numbers or attach them a tag with the help of the registration counter clerks.

A list of all arrivals is kept ready at the inquiry counter.

The victims' belongings and valuables are kept in the custody of the security in-charge and handed over to their NOK when they arrive.

All mass casualty events are intimated to the Police Department and the MLC registration form is attached to the patient file.

#### **CODE VIOLET SUPPORT**

Code violet is called when a patient or a relative/attendant becomes unruly and violent and there is a possibility of a violence or actual violence.

Whenever such event occurs a QRT (Quick Response Team) is deployed to the location as soon as possible.

It consists of a Supervisor, a senior security guard and an additional guard.

On reaching the l<mark>ocation, the team's priority is</mark> safety of the healthcare workers and avoidance of violence.

The team if possible calms down the agitated persons with the help of the senior doctor/nurse and direct them to the Public Relations Officer for the further assistance.

In case the agitated persons do not cooperate, they are forcibly removed away from the patients and the healthcare workers and detained at the security cabin. In case of actual violence and destruction of the hospital property, police are informed and the miscreants are handed over to the police.

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The CCTV surveillance recording of all such events is preserved and presented to the police if requested.

An incident report is filed to the Chief Administrator.

#### **CODE PINK SUPPORT**

A Code Pink is called when a child (admitted as a patient or a visitor) is reported missing by the care taker.

A counselor accompanies the child's family to give them emotional support and keep them informed about the ongoing search.

In such cases, all entry and exit gates are alerted with the details of the child, such as Age, sex, physical appearance, clothes and other identifying markings.

An announcement is made on the PA system for the search and all the visitors are informed that everyone leaving the building shall be checked/frisked and the luggage/ belongings shall be subject to inspection.

No one is allowed to leave the premises without checking. Security guards note down the names of all the persons leaving the premises after checking.

If the child is located, an announcement is made to clear the code and the restrictions are eased.

If the missing child is not located with an hour, the police are informed and a formal complaint is lodged about the incident.

The restrictions and the search are then as per the recommendations of the police authorities and the hospital security staff assist them as requested.

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