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II. Authority

2015 The Joint Commission Environment of Care Standard EC.02.01.01 requires this plan

III. Purpose and Scope

The Duke University Police Department (DUPD) exists to support and facilitate Duke University Hospital’s missions of education, research and patient care. The policies herein apply to all Duke University Hospital and Clinic employees working within DUPD jurisdiction. Clinics or facilities outside of the DUPD jurisdiction will develop site-specific security plans that coordinate with this plan.

The Duke University Hospital campus includes Duke University Hospital, Children Health Center, Clinics Building, Cancer Center, Eye Center, North Pavilion and The Duke Medical Pavilion

Employees working outside DUPD jurisdiction will receive emergency police response from the law enforcement agency within their jurisdiction. However, DUPD upon request may provide in-services and security consulting to all entities of the Health System including those that are outside of their direct jurisdiction. This document outlines how Duke University Hospital & Clinics address security issues concerning patients, visitors, personnel and property

IV. Policy Statement

It is the policy of Duke Hospital and Clinics to provide a safe environment to all persons interacting within the hospital and/or clinics. The plan is a core element of the Environment of Care program that supports the Duke University Hospital mission of
providing exceptional quality in patient care within a teaching and research healthcare organization.
V. The Joint Commission Standards

**Standard EC.02.01.01, EP 1:**
The organization identifies and manages its security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive assessments of high-risk processes, and from credible external sources.

**Rationale:**
It is essential that an organization manage the physical and personal security of patients, staff (including addressing the risks of violence in the workplace) and individuals coming to the organization’s facilities. In addition, security of the established environment, equipment, supplies, and information is also important. To achieve this, the organization must:

A. Develop and maintain a Security Management Plan describing the processes it implements to effectively manage the security of patients, staff, and other people coming to the organization’s facilities.

B. Identify a person(s), as designated by leadership, to coordinate the development, implementation, and monitoring of the security management activities. The person(s) designated are:

1. **Chief of Duke University Police Department:** Duke University Hospital Administration has delegated responsibility for the institutional program to the Chief who is assisted by managers, supervisors, and administrative support staff. The Chief is responsible to the Vice President of Duke University Human Resources. Chief has delegated responsibility for the security management plan to the Medical Center Security Manager and delegated operational responsibility to the Operations Commander.

2. **Medical Center Security Manager:** A member of the department who is the Chief’s representative and liaison to administration of Duke University Hospital, Duke Clinics, Ambulatory Services and the School of Medicine. This member ensures that DUPD policies and practices comply with The Joint Commission established standards as well as Hospital and Clinic missions.

3. **Operations Commander:** A member of the department who oversees all operational issues.

C. Conduct proactive risk assessments that evaluate the potential adverse impact of the external environment and the services provided on the security of patients, staff, and other people coming to the organization’s facilities. The potential for workplace violence is considered during the risk assessment process. They are conducted by the following:
1. **Facilities Services Work Group:** A subcommittee of the Safety Committee, this group is charged with reviewing all requests relating to security technologies. Recommendations and implementation of security upgrades throughout the hospital and clinics are processed through this subcommittee. Departments may request a risk/needs assessment for their area or Duke University Hospital Administration and Duke University Police Department may deem a risk/needs assessment is necessary for the protection and safety of patients, visitors, staff and property. This group meets routinely, compiles minutes of each meeting and reports significant findings to the Duke University Safety Committee (DUSC). Departments represented are: Engineering and Operations, Fire Safety, Hospital Administration, Facility Planning and Design Office, Infection Control, and Police/Security.

2. **Duke Police Crime Prevention:** This division is responsible for all security assessments concerning facilities. Working in collaboration with the Facilities Work Group and the Office of Information Technology, they may make recommendations for security technology upgrades to ensure consistency. This division also conducts training for Health System staff reference secure and safe work place programs.

3. **Emergency Preparedness Committee:** A subcommittee of the Safety Committee is charged with providing a Hazard Vulnerability Assessment on an annual basis. The results of the assessment are reported to the Safety Committee and include security issues.

4. **Workplace Violence:** Protecting patients, visitors and staff is our highest priority. We work with Risk Management and other departments to reduce the risk of violence. The University has several (BAT) **Behavior Assessment Teams** to look at concerning behavior and recommends strategies to prevent violence. The crime prevention section developed and delivers education focused on violence in the healthcare setting. Response to threats or violence may include numerous remedies, depending on the situation.

Groups above utilize one or more of the following processes in determining the needs of the facility.
- External Safety and Security tours, Lighting and Grounds tours
- EOC walkthrough surveys
- Security Officer day & night checks
- Duke Police Emergency phone checks
D. Implement procedures and controls (takes action) to minimize or eliminate identified security risks identified through the risk assessment process (EC.02.01.01, EP 3).

The **Workplace Security Group** is a branch of the DUSC that makes recommendations to mitigate security risks. These recommendations are presented to administration and sometimes initiate changes to policy, procedures, and/or training.

E. Identify, as appropriate, patients, staff, and other people entering the organizations facilities (EC.02.01.01, EP 7). Credentialing standards have been established for the following groups:

1. **Contractors**: The Project Manager must coordinate with the Facilities Planning, Design and Construction Office to ascertain credentials for long-term contractors. Short-term contractors will wear their company identification badge and/or logo apparel. Contractors doing work in off-site Clinics/facilities will communicate with the Building Manager and Clinic Manager as to how their employees will be identified.

2. **Employees**: The procedure for identifying Duke University Hospital and Clinics Staff is outlined in the Duke University Hospital Policy “Employee Identification Badge.” All employees must wear their ID badge per Hospital Policy while on duty. Duke Police Officers and Security Officers in uniform will have their Identification badge with them while on duty. Officers out of uniform must wear their ID badge on the outer clothing between shoulder and above the waist with the photo side facing out when they are in an official capacity.

3. **Patients**: All patients are provided with identification bands worn conspicuously on their wrist.

4. **Visitors**: DUPD helps ensure compliance to Duke Hospital visitation policy.

   **Note:** Hospital Administration has given the responsibility for employee and contractor identification cards to the Duke Card Office.

F. Control access to and egress from security sensitive areas, as determined by the organization. The following areas have been determined to be security sensitive (EC.02.01.01, EP 8). The specific access and egress practices are listed for each.

1. **Emergency Department**: The public, main entrance to the Emergency Department is staffed by DUPD 24/7. DUPD follows their General Orders for screening individuals entering through this entrance. Their personal items are
also screened with an x-ray unit. All other interior and exterior doors leading to the patient care areas are equipped with electronic access control and activated 24-7. Additionally, the locked psychiatric unit within the Emergency Department is controlled by electronic access control.

2. **In-Patient Psychiatric Unit:** All entrances are equipped with a traditional key or electronic locking mechanism and secured 24/7.

3. **Mother Baby Unit:** All entrances are equipped with a traditional key or electronic locking mechanism. A digital surveillance system records activity 24/7 and stores data on a NVR Computer Server for 30 days. All ingress/egress doors are equipped with the HUGS Infant Protection System.

4. **Pediatric In-Patient Units:** All entrances are equipped with a traditional key or electronic locking mechanism, with the exception of 5100, 5200 and 5300 units. A digital surveillance system with cameras placed strategically on the 5th floor records activity 24/7 and stores data for 30 days.

5. **Pharmacies:** All pharmacies entrances are equipped with a traditional key or electronic locking mechanism as well as intrusion alarms. A digital surveillance system records activity 24/7 and stores data for 30 days.

6. **Transfusion:** The Transfusion unit has access control, surveillance, panic alarms, and processes specific to maintain the safety and security of the unit.

G. Identify and implement security procedures that address actions to be taken in the event of a security incident (EC.02.01.01, EP 9 & 10):

1. **Individual Responsibilities** – The following groups are responsible for taking action in the event of a security incident. The specific responsibilities of each group are listed.

   a. Duke University Police Department – Responds to all security incidents. The specific procedures DUPD staff (which includes Duke Police and Duke Security) are required to take are outlined in the DUPD General Orders.

   b. Contract Security – Monitors and responds to security incidents in the Duke University Hospital Emergency Department, Duke Clinic Building, Cancer Center, North Pavilion, and provides visitor access control in Duke University Hospital during night hours. These units have direct radio contact with Duke Police at all times.
c. Department Managers and Supervisors – Department managers and supervisors are responsible for ensuring their employees are aware of the best method to contact police/security based on the urgency of the request and are familiar with reportable incidents and services provided. These are outlined in the security management checklist contained in the *Manager's Environment of Care Handbook.*

d. Employees – Each employee is responsible for reporting all suspicious activity observed on hospital and clinic property to the Duke University Police Department. Reportable incidents include but are not limited to the following:

- Unaccounted for patients
- Loss, theft, or vandalism of personal or hospital property
- Disputes requiring intervention
- Suspicious circumstances
- Threat to persons or facility
- Loiterers or trespassers
- Disturbances such as loud noises
- Fire and/or any safety hazards
- Suspicious mail and/or packages
- Patients with Correctional or Police Officer escort
- Vehicle accidents

2. **Reports** – Any security incident requiring a report will be documented by DUPD staff. Any report requiring an investigation will be assigned to an investigator for follow up. A daily Police Report Summary is forwarded to the Chief Operating Officer of Duke University Hospital.

H. Identify and implement security procedures that address handling of an infant or pediatric abduction (EC.02.01.01, EP 9).

Plain language alerts serve to notify DUPD and hospital staff of an infant or child abduction from Duke University Medical Center. DUPD has a specific response protocol when activated. The specific procedure is outlined in the DUPD General Orders.

I. Identify and implement security procedures that address handling of situations involving VIP’s or the media:
DUPD along with Duke Medical Center News Service, Hospital Administration and Risk Management will coordinate all security procedures related to VIP’s or media issues.

J. Identify and implement security procedures that address vehicular access to emergency care areas:

Hospital Administration has delegated routine management of these areas to Valet Parking. The Duke University Police Department responds to calls for service and augments staffing during emergency situations.

VI. Performance Standards

The Duke University Police Department will develop and distribute a quarterly report due in January, April, July, and October of each calendar year. The report will include statistics related to the security related issues/incidents listed below. It will include a month-to-month and quarterly comparison with the previous reports. When a specific crime problem or trend is identified, a directed enforcement or crime prevention program will be developed to minimize or eliminate the problem.

1. **Arrests** – Number of arrests conducted each month including the reason.
2. **Crime Analysis** – A monthly break down of criminal incidents reported in the medical facilities.
3. **Trespass Warnings** – The number of trespass warnings issued each month.

VII. Duke Police Divisions

A. Operations Division – The Operations Commander reports to the Chief of Police, and has command responsibility for uniformed police, security and investigations. Police Officers are commissioned by the State of North Carolina, are armed, and have police powers on Duke Property and adjoining streets. The program encompasses daily twenty-four (24) hour coverage with police and security personnel. A Police Lieutenant and /or designee, supervise each shift. This coverage includes but is not limited to:

- Patient, staff and visitor protection by armed police officers and unarmed security officers
- Reporting building security and safety issues
- Parking lot safety, security and protocol
- Investigations, criminal and non-criminal
- Special Event coverage to include media related events
- Background Investigations
• Special Events and VIP coverage
• Assisting with uncooperative individuals who interfere with staff’s ability to provide patient care

Police Officers (PO) and Security Officers (SO) are assigned to areas within the medical facilities 24/7. Every effort will be made to maintain adequate staffing standards including the deployment of officers in an overtime capacity. It will be the responsibility of the on-duty squad commander to notify the Operations Commander and make changes to deployment that minimizes security risks.

Training and Recruitment – The Training Manager of the Duke Police Department maintains all records of training for each member of the Department. Supervisors perform evaluations and are responsible to ensure each member demonstrates competency in the performance of duties. Police and/or Security Officers receive the following training annually and/or when required by job description or law:

• Dealing with assaultive and/or difficult people
• Community Relations
• First Aid
• Legal updates
• Use of force continuum
• Firearms qualification

B. Emergency Communications Center: This division is managed by a civilian with administrative oversight by the Chief of Police. DUPD provides a 24-7, 365 days a year, emergency communications center staffed by 911 trained communicators. Panic alarms, emergency phones, help phones, and fire systems are all monitored by this center. This center also has access to local, state, federal and global law enforcement criminal databases. In addition, immediate radio contact is available to local law enforcement, fire department and several Duke Departments in the event of emergency.

VIII. Evaluation of Plan

The Chief of Police and his management team will evaluate the Security Management Plan for its scope, objectives, performance and effectiveness. Any changes in the scope will be addressed during the annual update of the Plan and any changes in the range of application or interactions will be incorporated into the updated Security Management Plan. Annual planning objectives will be developed through interactions with DUSC members and Hospital Administration. These objectives will address the
primary operational initiatives for maintaining and enhancing the security of the Environment of Care. Progress toward accomplishing these objectives will be reported periodically to the Committee and a year-end summary of the effectiveness in accomplishing these objectives will also be presented. The performance of the Plan will be assessed through progress in achieving both the objectives and the Performance Improvement project(s) defined within the Plan. The annual evaluations, updates, and planning efforts will be presented for Committee review and action during the first quarter of the new calendar year. This information will be provided to the Governing Body through the routine reporting channels.

**IX. Performance Improvement Project(s)**

Duke University Police is working with Risk Management to enhance the management and early reporting of incidents of concern. Annually, incidents from the past year are reviewed to determine lessons learned for the prevention of future incidents.

Duke University Police continues their educational sessions with employees. The educational presentations consisted of Security Walk Throughs, Medical Center Orientations, Panic Alarm/Clinic Watches and Flashpoint in Health Care videos which illustrate situations that may lead to workplace violence and the officers engage employees about strategies to report and prevent these situations from escalating. Enhanced reporting will support efforts to assess and mitigate potential workplace violence incidents as described above.

Duke Police will continue to collaborate with Hospital Educators to provide joint training in CPI with Duke Security Officers and Duke Nursing. This will help with Security and Nursing when assisting with volatile patients. DUPD was 100% all Security Officers CPI trained in 2020. New hires receive training upon hire.

Duke Security Leadership provides regular training in Conflict Communication (De-Escalation) to hospital staff. Classes will number, at least, 35 2-hour classes annually.

Duke Police will continue to provide statistical information on assist with violent patient calls to help the Hospital with de-escalation training for staff in these locations.

**X. Applicable Reference Documents**

1- 2012 The Joint Commission Environment of Care Standard EC.02.01.01
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<tr>
<th>Duke University Hospital</th>
<th>Duke University Police Department Security Management Plan</th>
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<td>Effective Date: 03/2021</td>
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2- Duke University Police Department General Orders Manual  
3- Duke University Police Standard Operating Procedures  
4- Duke University Safety Manual
Duke University Hospital

Duke University Police Department
Security Management Plan

Effective Date: 03/2021

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XI. Approval

Reviewed: Chief John Dailey and Dr. Wayne Thomann
Safety Committee Members

Approved Distribution: Safety Committee EC Manual

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