

800 SECURITY

General

- 800 .1.00 The issue of security is raised throughout the Guidelines in areas such as hardware and external lighting. However, consideration shall also be given to the overall solution with good initial planning and detail design to overcome the principal problems of concealment of, and ease of access by the undesirable element, and containment of certain categories of patients.
- 800 .2.00 A hospital, even without an Emergency Unit, is a 24 hour operation. Visitors and staff enter and leave the building at all times, often on an informal and unscheduled basis. At these times, there is greater potential for unauthorised entry into the building and attacks on visitors and staff when walking to and from car parks and bus stops, especially at night.
- 800 .3.00 The work environment may increase or decrease the risks associated with occupational violence and aggression depending on a range of issues.
- 800 .4.00 Issues that require consideration with respect to security are:
- Areas of the building that are difficult to monitor after dark
 - Service entries where traffic might not be controlled
 - External illumination generally, in particular around car parks and entry points
 - Landscaping that might shield intruders
 - Building features that allow easy ingress of intruders
 - The role of security systems (closed circuit TV etc.)
 - Fencing
 - Drug storage location and security
 - Night staffing levels and protocol for receiving emergency or night visitors (after-hours)
 - Restricted after-hours vehicular access
 - containment of difficult, disturbed or demented patients
- This list is not intended to cover all issues, but to stimulate the designer to consider security as an important part of the design process.
- 800 .5.00 Hospital units such as Day Procedure Centres that are limited to daytime operation, especially if located in stand alone buildings, shall be well secured against unauthorised entry after-hours.
- 800 .6.00 Consideration shall be given to any additional facility requirements that result in a secure and safe environment for staff, patients and visitors.

Lockable Windows

- 800 .7.00 Opening windows create security problems. All openable external building perimeter windows and doors shall be lockable.

Lockable Doors

- 800 .8.00 All openable external building perimeter doors shall be lockable, so that they can not be opened from the outside.
- Fire Exit doors should freely open from the inside except the following:
- Mental Health, Dementia, Paediatric and Neonatal areas may require locked fire exit doors. Appropriate Operational Policies supporting alternative solutions to the BCA requirements will be required.
 - Some doors may be locked from the inside but automatically unlocked

upon a fire or smoke signal.

Entry / Exit

- 800.9.00 The workplace design should minimise public access to all areas of the workplace. Ideally, visitors should have access to one main entrance and security should be placed at this entrance if necessary. However, support services such as emergency response teams should have maximum access to all areas of the workplace to facilitate their intervention in emergencies. Staff should also have ready access to exits as escape routes if an aggressive incident occurs. All staff, including sessional specialists and casual staff should be provided with training on emergency response procedures.

Security Office

- 800.10.00 In hospitals, Security Office/s adjacent to the Main Entrance and Emergency Units is recommended.. Emergency Units should be designed to allow secure separation of treatment areas from public areas.

Note 1: Security barriers may include glass fronted counters and access doors with card or keypad access.

Note 2: In Main Entrance and Emergency Units the provision of video security is recommended.

Note 3: Any ambulance entrance should have the same level of security protection as the main entrance.

Parking

- 800.11.00 Staff parking should be provided under or within close range of the workplace. The area should be well lit and protected from the elements. Layout and landscaping should exclude dark spots or hiding places. Dedicated parking areas for evening and night staff should be close to the entrance/exit of the workplace. In high risk areas the car park may need to be monitored by security personnel or cameras.

Reception / Waiting

- 800.12.00 Reception and Waiting Areas should be easily identifiable and accessible to patients and visitors. The design and layout should provide reception staff with a clear view of all persons in the Waiting Area. The activities of clinical staff should not be visible from the Waiting Room or Reception Area.
- 800.13.00 Personal space is especially important in waiting areas particularly in Emergency Units where clients are more stressed. There is some evidence which indicates that persons experiencing high tension need greater interpersonal distance than others. Reception areas should be spacious and quiet with comfortable seating. Seating should be either individual or bench type. To reduce boredom, activities such as television, toys, books and games should be provided. Public telephones should be provided to enable ready communication with friends, relatives and employers.
- 800.14.00 Furniture should be attractive and comfortable but should be selected with regard to its safeness and the possibility that it may be used as a weapon. Colour is an important factor and should be selected for its calming rather than stimulating qualities. Climate control will help maintain a comfortable and calming environment. Provision of Public Toilets is important to enhance comfort.
- 800.15.00 In Emergency Units, unless a glass barrier is provided, counters should be high enough to discourage an adult climbing over them. They should also be wide enough to make it difficult for a client to strike a staff member. Vertical partitions or high counters should be provided to the extent required, to allow

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for some privacy when people are discussing private matters with staff. Each counter should be provided with a duress alarm system.

In Emergency Units, the provision of security glass barriers to a minimum height of 1820 mm AFFL is recommended.

- 800 .16.00 The ends of the Reception counter should be closed to prevent clients walking into staff areas. These may be full height or half height.

Screens & Grilles

- 800 .17.00 In general, openable external windows, vents and doors shall be fitted with flyscreens. Doorways that are used on a regular basis such as service and main entries need not be flyscreened but shall be fitted with a self-closing device. Other exceptions to the above are windows in multi-storey or fully air-conditioned buildings, that are used for service access, or pivot/swing/tilt for cleaning purposes.
- 800 .18.00 Security grilles, and appropriate impact resistant glass or electronic security system should be installed wherever high security areas have external windows, such as Pharmacy Stores and Workrooms; and Medical Records Stores.
- 800 .19.00 Security flyscreened doors, where installed, shall not compromise emergency egress.

Treatment / Interview

- 800 .20.00 Separate rooms should be provided to isolate distraught or emotionally disturbed patients, families or friends; people with acute behavioural psychiatric problems; and intoxicated or very noisy people.
- 800 .21.00 Treatment, Interview and Consultation Rooms that are likely to be used by Mental Health or disturbed patients should be fitted with two doors opposite each other to allow easy escape by staff. One door is to lead in from the public area and the other from the staff area, another similar room or the outside. The door to the staff area or similar room should be secure.
- 800 .22.00 Treatment and Interview Rooms likely to be used by Mental Health or disturbed patients should incorporate duress alarms and glass viewing panels on at least one door to allow observation by colleagues.

Multi-purpose treatment rooms that may be used for holding of Mental Health patients shall have secure roller doors or a similar lockable device to cover any medical service panels and sensitive wall mounted objects.

Intruder Alarm

- 800 .23.00 Intruder alarm systems are highly recommended for parts of Hospitals as well as Day Procedure Units that are closed after-hours.

Intruder alarm systems are mandatory for the following areas:

- Pharmacy Units where dangerous drugs (schedule 8) are kept
- All Satellite Pharmacy Rooms where dangerous drugs (schedule 8) are kept
- All drug safes where dangerous drugs (schedule 8) are kept
- Mortuary areas where bodies are stored
- External doors or windows to baby nurseries including NICU and Paediatric Units

- Clinical Information Unit and any remote archival areas.

800 .24.00 Many different intruder alarm systems are available. The required intruder alarm systems shall be equal to or better than, in terms of coverage and functionality the following:

- Reed Switches for doors and windows
- Movement detectors to cover spaces which can be used for access.

A required intruder alarm should adequately indicate the location where security has been breached. The acceptable systems may indicate the location by:

- A local audible alarm
- A remote indicator panel with a readout
- A security signal sent to 24 hour Security Room or Staff Station computers
- A general audible alarm and security pager signal indicating the location
- Another system with equal or better functionality.

800 .25.00 In larger facilities with sophisticated nurse call systems it is advisable to integrate the security systems including the intruder alarm, duress alarm and video with the nurse call system.

Ideally, the system will send a security signal to a dedicated Security Office or the 24 hour Staff Stations. The signal as well as video surveillance images may be seen on standard computer monitors which also pinpoint the location of the intrusion.

Duress Alarm

800 .26.00 A duress alarm system is intended for a number of purposes:

- To seek assistance for staff who may be directly exposed to a threat of violence
- To indicate inappropriate or aggressive behaviours by visitors or patients.

800 .27.00 A duress alarm system is mandatory in the following areas:

- All Staff Stations
- All Reception Counters
- All Examination / Consult / Treatment Rooms which are likely to be visited by mental health or otherwise disturbed or aggressive patients
- All Consultation Rooms in Psychiatric Units
- Emergency Unit Triage/ Clerical Reception areas.

In acute Psychiatric Units, a Mobile-Locator system shall be installed and mobile sets made available to all staff who deal directly with the patients.

800 .28.00 The requirement for duress alarms is also noted in various sections of these Guidelines including the Standard Components Room Data Sheets and Room Layout Sheets.

800 .29.00 There are three generic types of duress alarm:

AUDIBLE AND VISIBLE

This type of duress alarm is intended to immediately attract attention in the hope that the threat of violence may cease at once. The alarm is either heard or seen close to the point of activation. The alarm may also send a signal to a central security office or 24 hour Staff Station.

SILENT

This type of duress alarm is intended to call for discreet assistance without causing local alarm to the aggressor or others who may be present. The signal is sent to a Security Office or 24 hour Staff Station.

MOBILE-LOCATOR (MAN-DOWN)

This type of duress alarm is similar to a silent duress alarm. The alarm device is mobile and is worn by the staff. The device sends a signal to a Remote Security Office or 24 hour Staff Station. The device is automatically activated if the staff member collapses to the floor. The system must indicate the location of the staff member at the time of the signal activation.

- 800 .30.00 Duress alarm systems shall be installed to meet the requirements set out below:

AUDIBLE AND VISIBLE SYSTEMS

The trigger button should be close to the staff work area such as under the reception desk or a nearby wall on the staff side. Since this type of alarm relies on startling the aggressor, the trigger button may be deliberately located in a highly visible area close to the staff and if necessary, sign-posted. The trigger button itself acts as a deterrent. The audible alarm should be close to the general area where the staff are located.

The visible alarm (if provided) should be on the ceiling or nearby wall, clearly pointing attention to the problem area. The visible alarm may be similar to a flashing blue or red light. This type of alarm ideally suits busy Emergency Units.

SILENT ALARM SYSTEMS

The trigger button should be close to the staff at the time of dealing with patients or visitors. The best location tends to be under the bench or desk. The trigger button should not be visible from the patient/ visitor side of the Staff Station or desk. This type ideally suits Consult / Treatment Rooms where staff members are alone with patients.

MOBILE-LOCATOR SYSTEMS

The trigger sets are worn by the staff, typically on the belt. The central control device/s shall be in secure staffed areas.

- 800 .31.00 In certain areas with a high likelihood of disturbed patients or visitors such as Emergency Unit Waiting areas, audible and visible alarms within the same space are recommended if staff are already protected behind a security glass barrier. Such alarms may startle the violent person and result in an immediate behaviour modification. A decision to provide an audible and visible alarm in the same space should be taken in consultation with security officers and/ or the Police.

Video Security

- 800 .32.00 Video security should be considered for all areas that may be used after-hours. Video security is mandatory in the following areas:
- Emergency Unit after hours patient entrance
 - Ambulance Bay after hours entrance
 - Any entrance used for access to a Birthing Unit after hours
 - Any other entrance which is used for the above purposes after-hours
 - Corridors, courtyards and Secure Rooms in an Acute Psychiatric Unit which can not be adequately observed from a Staff Station.

The video security system required at entrance points shall have the following features:

- Show those who intend to enter
- Include an intercom system to communicate with those who intend to enter
- Provide a remote signal to open the door.

The video security system required in Psychiatric Units shall have the following features:

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- Adequately cover hidden areas
- Camera protected and discrete
- The direction of the camera should not be obvious.

The monitoring point for video security may be a dedicated Security Office or a 24 hour Staff Station.

Note: The provision of video security at the main entrance of Hospitals is not mandatory but is recommended.