

# PHYSICAL SECURITY OF PREMISES AND OTHER ASSETS POLICY AND LOCKDOWN PROCEDURES (F-017)

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*Policies should be accessed via the Trust intranet to ensure the current version is used*

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## 1. INTRODUCTION

Humber Teaching NHS Foundation Trust is committed to maintaining:

- (i) a safe environment for its service users, staff and visitors
- (ii) the security of its assets.

This commitment is deemed necessary because of theft, wastage, losses and vandalism affect the finance available for services, staff hours are lost and morale suffers, leading to a loss of efficiency and lower standards of service user care.

This document outlines the Humber Teaching NHS Foundation Trust's policy on security. Our 2016 to 2021 strategy sets out an ambitious vision: a more targeted, responsive and collaborative approach to regulation so more people get high-quality care.

- 1. Encourage improvement, innovation and sustainability in care
- 2. Deliver an intelligence-driven approach to regulation
- 3. Promote a single shared view of quality
- 4. Improve our efficiency and effectiveness

## 2. SCOPE

Humber Teaching NHS Foundation Trust attaches great importance to the safety of services users, staff and visitors to the security of its property, assets and systems.

It is the responsibility of management and staff to work together in a positive way to achieve a secure environment without affecting the quality of service to the service users.

This policy applies to all Trust Premises and is aimed at the Accredited Local Security Management Specialist (aLSMS) and the responsible manager at each premise to carry out the survey – attached Appendix 1. The completed assessment is provided to the manager of the service to implement and review the recommendations made.

It is the policy of the Trust to promote security measures; firstly with general education, training and good management; secondly, to purchase equipment, such as alarms, safes, security doors etc; thirdly, where appropriate/applicable by the employment of security staff and companies.

The policy should be read in conjunction with the Business Continuity Plans and the Incident Response Plan, however it may be used as a standalone policy if required.

This Policy in no way replaces the Standing Financial Instructions as agreed by the Trust but serves to highlight certain areas affecting security.

The Trust recognises that it has responsibility for all employees working on its premises or conducting business elsewhere. In addition it is the responsibility for all individuals including patients, visitors, contractors and vulnerable people whilst on our premises and those in the community around us who may be affected by our activities.

### 3. POLICY STATEMENT

The Trust will develop both proactive and reactive initiatives in relation to NHS Security Management work across the following generic range of actions:

To create a pro-security culture amongst staff, professionals and the public, to produce a culture where all accept the responsibility for security and the actions of the minority who breach security are not tolerated:

To deter those who may be minded to breach security, using publicity to raise awareness of what the consequences of their intended actions could be, both personally and to the NHS:

To prevent security incidents or breaches from occurring by learning from operational experience about previous incidents, using technology wisely and sharing best practice:

To detect security incidents or breaches and ensuring these are reported in a simple, consistent manor across the NHS so that trends and risks can be analysed, allowing this data to properly inform the development of preventative measures or the revision of policies and procedures, both nationally and locally:

To investigate security incidents or breaches in a fair, objective and professional manor, to ensure those responsible for such incidents are held to account for their actions, and that the causes of such incidents or breaches are fully examined and fed into prevention work to minimise the risk of them occurring again:

To apply a wide range of sanctions of those responsible for security incidents and breaches, involving a combination of procedural, disciplinary, civil and criminal actions as appropriate:

To seek redress through criminal and civil justice systems against those whose actions lead to the loss of NHS resources, through security incidents or breaches, and ensuring that those who are the victims of violence within the NHS environment are supported to seek appropriate compensation from offenders or for loss of earnings or for the effects of injuries sustained.

### 4. DUTIES & RESPONSIBILITIES

#### Chief Executive

The Chief Executive has the overall responsibility for all physical security matters.

#### Directors and Deputy Directors

Will ensure that: -

- Sufficient resources are available to ensure the implementation of this policy.
- Risk Assessments around physical security are instigated across the Trust on an annual basis using the agreed Trust template **See Appendix 2**.

#### Security Management Director (SMD)

The SMD is responsible for ensuring that appropriate security management provisions are made with the Trust to protect property and assets. They have overall responsibility for the security and protection by gaining assurance that policies are implemented. They should oversee the effectiveness of risk reporting, assessment and management processes for the security and protection of buildings and other assets. Where there are foreseeable risks, the SMD should gain assurance that all steps have been taken to avoid or control the risks. They have the responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiative.

## **Management**

Will ensure that:

- The policy is brought to the attention of all staff members on a regular basis as a minimum annually.
- Identified actions arising from physical security risk assessments in relation to this are implemented.
- Staff are informed, educated and correctly trained in security matters particularly around security systems.
- Identified risks that cannot be managed by means available to them are referred to the senior manager within their area for further action.
- Recommendations regarding property safety made by the policy or other agencies are implemented as appropriate. All employees are expected to co-operate fully with management in the implementation of this policy.
- Risk assessments are monitored and associated action plans are created to ensure that actions are completed and the security of the Trust is not compromised. This process is carried out on a periodic basis, at least annually. The process for carrying out a risk assessment is detailed in the physical risk assessment policy which can be located on the Trust's intranet.

### **All Employees have a responsibility for security and will:**

- Be expected at all times to co-operate fully towards achieving a pro-security culture and the aims of the policy.
- Be aware of their responsibilities in protecting the assets of the Trust, staff and patients at all times, lock valuables away out of sight.
- Shut, lock windows and doors, cabinets and cupboards in all areas, close blinds and security devices at night.
- Do not allow tailgating. Beware of anyone trying to gain access to a building or area by closely following you.
- Be responsible at all times for the protection and safe keeping of private property.
- Report all security related or suspicious incidents and those of theft of both personal and Trust property via the Trust Reporting system DATIX.
- All staff, official visitors and contractors must wear approved identification badges in a visible manner at all times.
- Security also applies to computers, mobile phones, electronic devices and including all forms of health care records. Please refer to the following policies: -
  - Electronic Communications and Internet Acceptable Use Procedure
  - Health and Social Care Records Policy
  - Information Security and Risk Policy

### **Safety Team - Accredited Local Security Management Specialist (aLSMS)**

The overall objective of the aLSMS is to deliver a safe and secure NHS environment, which allows the delivery of high quality patient and clinical care. The Safety Team will provide comprehensive and professional security for the Trust and work towards the creation of a pro-security culture.

The Safety Team will promote a pro-security culture amongst staff, professionals, patients, visitors and other members of the public in which the responsibility for security is accepted by all. The safety needs of vulnerable people (including children) who are permitted to enter a site should be taken into account by all. A key element of the pro-security culture is encouraging staff to take an active part in ensuring a safe and secure environment throughout the Trust. This is done through practical measures such as inductions, awareness campaigns, regular updates and briefings on security matters.

The Safety Team will produce an annual work plan and an annual report for the Security Management Director and the Trust board. The work plan sets out work that is planned in the generic and specific areas of action for the coming year, in relation to security management within

the Trust. The proposed work plan for the relevant year and Annual Report will be submitted to the Health & Safety Group, and the Financial Investment Committee.

The Trusts Safety Team - accredited Local Security Management Specialist (aLSMS) is available to advise and help with any security concerns. For further information visit the Trust Staff Intranet pages under Security and Safety or [Vickie.shaw@nhs.net](mailto:Vickie.shaw@nhs.net) or [pdent@nhs.net](mailto:pdent@nhs.net).

The Health & Safety Group will be provided with an update on all security incidents using the current Risk Management system and where the recommended works from the Assessments are prioritised. The minutes from the meeting are sent to the Operational Delivery Group (ODG).

### **Clinical Risk Management Group (CRMG)**

The group is briefed on any serious incidents on a weekly basis by the Risk Department. The CRMG makes decisions on how to proceed and liaises with the Safety Team on any issues.

## **5. PROCEDURES**

### **STAFF, PATIENTS AND HOSPITAL/UNIT VISITORS**

#### **5.1. Accessibility of the Premises**

##### **5.1.1. Staff Access**

In order not to impede staff undertaking their duties, staff access throughout their buildings is relatively unrestricted. A number of areas are secured with access control panels where only identified staff are able to move freely. All of these areas have a form of locking mechanisms (key, swipe card/fob, digilock). Access controls are becoming more widely used throughout healthcare buildings and those currently restricted include:

- Pharmacy (Medicines Management)
- Engineering/Plant areas
- Supplies areas
- Medical Records Department

Regardless of access, staff are expected to:

- Sign into the building using the appropriate signing in/out books
- Make their presence known as soon as possible to another member of staff when entering a department or ward area.
- Respect staff's privacy by not sitting uninvited at another's desk/work station, not using telephones or computers without permission and not entering offices or other work areas unless staff are present.
- Cause minimal disruption by entering and leaving quietly and as quickly as possible.
- Wear appropriate identification at all times and particularly when moving through the building.
- Ensure that people without authorisation does not enter a restricted area with them.
- Respect the privacy and dignity of patients at all times.

##### **5.1.2. Patient Access**

Patients are expected to restrict their movements to their allocated area, any department they are asked to attend for tests and investigations and the public area of the healthcare building. Patients must not enter any areas of the healthcare building labelled 'staff only' and must not enter other wards or departments without prior permission or unless they are supervised at all times.

##### **5.1.3. Visitor Access**

Whether visiting staff or patients, all visitors are expected to go swiftly to their expected destinations and not to enter any other ward or department. If a visitor is unclear of their destination they should always report to the reception area. Visitors must not enter any area of the

healthcare building labelled 'staff only'. Security/police will be notified of anyone acting suspiciously and appropriate action will be taken to maintain healthcare building security.

All visitors (including contractors and ex-employees) should be escorted on, off and around the building/site, when/where appropriate.

## **5.2. Security of the Premises**

Minimum standards for premises equate to BS 8220 Security of Buildings Against Crime. The following should be considered by the person carrying out the survey at the time:-

- Security of doors, windows, skylights, fanlights and flat roofs,
- Locks, suitable doors, window guards, grilles and glazing.
- Additional door and window security fittings.
- Security lighting, which may be operated by detectors and stay on for a predetermined time or be automatically switched on at dusk and off at dawn.
- The need for an intruder personal attack alarm, these should be tested on a regular basis.
- Landscaping, shrubs, trees may hide an intruder/attacker.
- The need for randomly timed security patrol by external organisations when the premises are unoccupied.
- Fire exits, are they secure from outside access, but free from obstruction and do the locking arrangements meet fire safety legislation?
- The break glass operated spring bolts or alarmed fire exits will detect abuse.
- Car parking for Staff, Patients Clients or Visitors, location, fencing, lighting, surveillance and control of use.
- Staff awareness of Control Systems.

### **5.2.1. Risk Assessment for Premises and Assets**

Directors, Deputy Directors, and Managers responsible for premises will need to ensure that a risk assessment for the physical security of premises and other assets has been undertaken.

A security risk assessment for premises and other assets can be completed in a consultation with the Safety Team and Unit Managers. (Appendix 2)

### **5.2.2. Lockdown Risk Profile - Lockdown Arrangements**

The purpose of a locking down is to cover three elements, preventing entry, exit and movement of people on a Trust site, part of a Trust building, or in a building or site where NHS Services are provided.

In preventing the entry, exit or movement of a mixture of the three, the overarching aim of implementing a lockdown is to either exclude or contain staff, patients and visitors. A lockdown is the process of preventing freedom of entry to, exit from or movement within a Trust building/site.

Managers responsible for premises will need to ensure that a Lockdown profile has been undertaken for their building(s)/units by the Safety Team. Refer to the Lockdown Procedure (**Appendix 1**) to develop a profile for buildings owned and occupied by Trust staff.

### **5.2.3. Actions and Timescales**

If actions are required following the risk assessment or lockdown profile, appropriate Action Plans should be developed and followed up by the Safety Team or senior managers. Actions rated moderate or severe will be considered for the Trust Risk Register and monitored through the appropriate committees.

The Risk Assessment for Physical Security of Premises and other Assets will be carried out at all premises on an annual basis.

### **5.3. Identity Badges Policy and Operational Procedure**

Every member of staff employed with Humber Teaching NHS Foundation Trust will be supplied with an identification name badge giving the details of the Trust, their name and position, incorporating a photograph, and these can be obtained from the Trusts Human Resources Department. All employees within the Trust are required to wear Identification badges when on official capacity inclusive of training and educational attendance on Trust properties.

Further details regarding this can be found in the Uniform, Dress Code & ID Badge Policy which is available on the Intranet.

#### **5.3.1. Identification of Contractors and Other Visitors**

All contractors, maintenance staff, sales representatives, that come into Humber Teaching NHS Foundation Trust must wear Identification Badges.

Contractors must sign in at the units/buildings Reception/Estates and obtain a Visitor or Contractors Badge as appropriate and they must sign out on completion of works.

When a contractor arrives on site to undertake maintenance issues/project work, they need to be escorted on, off and around the building/site. Where any works are being undertaken regarding medicines (cabinets, fridges etc) an appropriate member of staff must be present. A contractors ID badge should be viewed and/or a phone call to Estates Helpdesk to confirm their presence (if not a planned visit) before any works is carried out. Codes for external access doors/car park barriers etc should be changed frequently.

#### **5.3.2. Secure Areas**

Means of access and egress is controlled for in-patient units and some community based buildings from either the main reception or the nursing office by means of CCTV and Voice Contact. All visitors and staff to these premises must sign in and out through the Reception and be issued with appropriate visitors badges (if applicable) and all inappropriate/contraband items are handed in for safe storage (see each units contraband list. These will be held for safe keeping by the reception/nursing staff.

### **5.4. Access Control to Premises**

Reference should also be made to the Trust' Entry and Exit Policy for Non-Secure Inpatient Units.

#### **5.4.1. Control of Front Entrances/Receptions**

The following checks should be made at the time of conducting the survey by the Responsible Manager. Please consider:-

- the main entrance of the premises/practice is supervised by a member of staff from door opening to closing
- in the absence of a Receptionist, has remotely operated access control been considered with audio visual communication and surveillance as appropriate

#### **5.4.2. Signing In – Out**

All staff, visitors, contractors should be aware of the signing in and out procedures for each of the Trust's premises and these must be followed at all times in the event of security and fire incidents within the buildings. The needs of vulnerable people and children should be taken into account, to assist in this process. Within all Humber Teaching NHS Foundation Trusts premises there is a Green Folder located at each Reception for the signing in and out of contractors who are working on the premises on behalf of the Trust. Reception and Staff must be aware of this and ensure that the contractors follow these procedures to ensure full security and to ensure that the purpose for which they attend the site has been effectively carried out.



#### **5.4.3. Reception of Visitors and Patients/Clients to Premises**

Ensure that all visitors, patients, clients to premises report to the main Reception and ensure that they are escorted to the person/area they wish to see or be asked to wait in a reception area until they can be collected. All visitors must follow signing in and out procedures at all premises and appropriate books must be available to log them in, incorporating name, title organisation, car registration number, person visiting/meeting/time in/time out this will cover the requirements for the Regulatory Reform (Fire Safety) Order 2005 . Ensure that there is sufficient space for relative, carer or friend to additionally be accommodated in reception, where children visit.

#### **5.5. Guidelines for Effective Key Security**

In the Humber Teaching NHS Foundation Trust there are many keys held by a large number of staff. The very nature of the diversity of activities that are undertaken within the Trust needs the requirements surrounding the security of keys in use as these will vary from area to area. As part of determining this need, assessments are on-going to examining the zoning and compartmentalisation of premises within the Trust.

**Medicines keys/cabinets/safes and handling of, please refer to the Safe and Secure Handling of Medicines procedure.**

##### **5.5.1. Departmental Keys**

All departmental keys should remain under the control of the department and be accounted for in an orderly system that can be audited frequently.

Keys to department's main entrances must be accounted for at all times and accounted for on a key register.

##### **5.5.2. Responsibilities**

Each Head of Department/Unit Manager will be responsible for security of their own areas and this includes ensuring that an effective security procedure in respect of keys is introduced and applied.

The management of Medicine cabinet keys is the legal responsibility of the Nurse in Charge, as per the Trusts Safe and Secure Handling of Medicines Procedures.

All Managers and Departmental Heads should ensure that staff being issued keys sign them out and back in.

Keys such as those used in a unit or ward are passed between individuals at the change of shifts. It is important that these be signed for at the handover in order to provide an audit trail. Drug trolley/medicines keys must be clearly identifiable and tracked throughout the working shift. The Senior Nursing member of staff must be aware of the location at all times.

All staff are responsible for the keys entrusted to them by Humber Teaching NHS Foundation Trust. Every care must be taken with keys and any loss should be reported immediately to the Department Manager, the Estates Department, Medicines Management Department, the Safety Team and reported on the Trusts reporting system.

##### **5.5.3. Depository for Keys**

In some cases the receptions within Humber Teaching NHS Foundation Trust will be the depository for specified keys at premises. Under no circumstances should the key cabinet in this area be left insecure. Keys will only be issued upon signature of the recipient.

##### **5.5.4. Estates Department Keys**

All keys contained within the Estates Department will be located within the key cabinets. The Estates Department only retain duplicate keys of certain premises. The original/master keys are issued to the designated user of the room, ward or department, which should be locked within the building/units safe/cabinet.

The keys issued by the Estates Department will not carry identification.

#### **5.5.5. Emergency Access Procedures**

In the event of an emergency during normal working hours the Estates Maintenance Department will be able to respond in some cases with duplicate keys.

In an emergency outside normal working hours the Estates Department operate an on-call system. The Trusts external Security Contractor is a designated key holder for all Trust properties that are unoccupied out of normal working hours. The keys held are for access to the building only. Access to the key cupboard must be made available for them in an emergency.

#### **5.5.6. Key Issue Register**

All keys issued to individual members of staff must be signed for at all times. The management of medicine keys /swipe cards/digital locks when patients are self-administering their medicines on an inpatient unit must adhere to the Self Administration of Medicines Procedure and Safe and Secure Handling of Medicines Procedure..

Within all premises a key register must be kept where the keys are signed in and out by all members of staff.

#### **5.5.7. Lost Keys/swipe cards**

All lost keys/cards must be reported immediately to the Head of Department and then reported to the Estates and or Medicines Management Department (as per the Safe and Secure Handling of Medicines Procedure) on the next working day accompanied by an appropriate Incident Form completed by the individual responsible for losing or discovering the loss. Thorough searches must be made in and around the premises. Spare keys/cards may be used, temporarily and all lost keys/cards will be chargeable.

#### **5.5.8. Controlling the Ordering of Replacement Keys and Locks**

Responsibility for the ordering and replacement of keys rests with the Estates Department (who will liaise with the Medicines Management Department for medicines issues). As in many cases keys within buildings are on a suited system and can only be obtained via the Estates Department who will issue a Letter of Authorisation.

#### **5.5.9. Master Keys**

Many of the Trusts premises operate a master key and sub master key system for various areas of the building. The control of these keys must be held tightly. Any sub-master keys that are required by cleaners or other Estates Personnel must be signed out and in on a daily basis and master keys and sub-master keys are **not** to be held by individuals, these are to be kept locked in key cabinets or safes as appropriate to the department. If these keys become lost there may be a possible requirement to change all locks within buildings and this is a very expensive exercise.

Sub Master keys will only be issued to appropriate personnel and it will be the duty of the Head of Department to clarify and ensure the safe keeping of these keys.

The Grand Master Key should be marked up and remain locked in a safe at all times.

#### **5.5.10. Return of Keys**

All keys remain the property of Humber Teaching NHS Foundation Trust and must be returned with identity badges to the Department Manager and be signed off as appropriate, failure to do so could result in a financial penalty.

### **5.5.11. Digital Locks**

The security code number and any subsequent changes must be notified to the Estates Helpdesk. This is to allow access to the security/emergency service. All Digital Locks will be changed as and when required.

## **5.6. Marking and Identification of Property**

Valuable and attractive items of equipment, especially those which are portable, can be marked to deter theft and assist in identification following loss.

Visible and invisible to the naked eye systems include:-

- engraving and stamping;
- etching
- use of fluorescent materials

Please contact the Estates Maintenance Department via the Estates Helpdesk to log items that will need marking accordingly.

## **5.7. Borrowing and Misuse of Facilities**

Items officially on loan should be authorised in writing by a Manager and accounted for frequently.

It should be made clear to Staff that unauthorised borrowing or misuse of telephones and photocopiers etc. will be considered a serious misconduct and will therefore be subject to disciplinary action which could result in dismissal.

Ex-employees should not borrow Trust equipment, they are not insured if the equipment is damaged and/or faulty which could create issues for the Trust.

Any damage to the items should be reported immediately to the Estates helpdesk.

### **Searching of staff suspected of committing a breach of security**

It is an offence for members of staff to permanently remove property belonging to the Trust without written authority. Failure to seek authority from line management could result in disciplinary action or criminal proceedings being taken.

If any member of staff is suspected of committing a breach of security through the possession of prohibited, controlled or stolen items they will be asked by their manager to consent to a search of their personal belongings, including lockers. Two members of staff as well as the individual concerned must be present at the time of the search. If the individual refuses to a search being undertaken the manager will consult with the HR department regarding the possibility of instigating disciplinary proceedings.

## **5.8. Property**

### **5.8.1. Warning Notices**

Signs should be prominently displayed in all buildings and grounds disclaiming liability for loss or damage to property, although this will not necessarily protect the Trust in the event of negligence.

### **5.8.2. Damage to property – Criminal Damage**

Where there is evidence of criminal damage the Trusts appropriate Incident reporting should be completed. If the offender can be identified the Trust should press for action to be taken in the Criminal Courts.

Compensation for wilful damage should also be sought in the Civil Courts or via the Losses and Special Payment Policy.

Damage which threatens health and safety is an offence under the Health and Safety at Work Act 1974.

### **5.8.3. Accidental Damage**

Accidental damage should be reported and investigated to establish whether it was caused by neglect of duty or gross carelessness and appropriate Incident reporting should be completed.

#### **Reporting security incidents**

Where staff become aware of actual or potential breaches of security all such incidents must be reported in accordance with the Trusts incidents reporting guidance.

The following must be reported:

- Assaults or abuse of a staff member, patient, visitors, contractors etc should be reported as soon as practical after the incident. It should always be the decision of the staff member to proceed with a criminal prosecution
- Where a security incident or crime is in progress it should be reported immediately to the police
- Where a criminal incident is discovered after the fact and the time of the offence is not known, the incident should be reported and recorded on the incident reporting system. The manager should assess the need to involve the police and in such cases a crime reference number must be obtained
- Where a security incident involved theft of a computer holding patient information, must be reported, including Memory cards disks
- All cases of suspected fraud, corruption or medicines management issues should be drawn to the attention of the relevant manager/department, who should report the suspicious circumstances to the Trusts Safety Team.

### **5.9. Equipment specifications (safes, key safes, key cabinets, torches, radios)**

These equipment are police AiS approved with some fire protection for insurance purposes. See **Appendix 3** – Standardised Security Products Catalogue.

**Medicines keys/cabinets/safes and handling of, please refer to the Safe and Secure Handling of Medicines procedure.**

#### **5.9.1. Safes**

Safes store confidential medical records and papers, petty cash and patients valuable personal belongings as per the Trusts Patient Property Procedure.

#### **5.9.2. Key cabinets**

Key cabinets should be used to securely store the units keys in a combination code key safe. The size should be sufficient enough to hold all keys on specific hooks which are numbered/labelled correctly for the specific amount of keys including spares.

#### **5.9.3. Key safes**

Keys for key cabinets/filing cabinets should be placed in a separate key safe. These can be ordered on Oracle, see **Appendix 3** – Standardised Security Products Catalogue.

#### **5.9.4. Torches**

LED Torch set, see Appendix 3 – Standardised Security Products Catalogue

#### **5.9.5. Radios**

Binatone Lattitude 150 Walkie Talkies (channel 1) needs to be purchased by Oracle, see Appendix 3 – Standardised Security Products Catalogue

## 6. IMPLEMENTATION, MONITORING & AUDIT

This policy will be disseminated by the method described in the Policy for the Development and Management of Procedural Documents.

All employees will have access to the Physical Security of Premises Policy. Locum, seconded, agency staff and volunteers should also be made aware of the policy by their Team Leaders. All contracted and Sub-Contractors will also be provided with a copy of the policy and details of workplace requirements by the Estates Department.

Managers and Team Leaders within the Trust are responsible for security for the premises within their own area as described in the guidance notes ensuring that team members read and understand the implications of the policy in their area.

This includes:

- Policy to be shared via the Midweek global emails
- Interactive sessions within the MDT/Team Meeting by senior staff within all teams
- Clear accountability and responsibility is identified within the team/unit with feedback to the Team Manager/Modern Matron
- All issues with regards to implementation to be raised via the policy awareness log, with a copy returned to the Team Leader/Modern Matron.
- Modern Matrons/Team Manager/Leader to ensure that a copy is held centrally

**It is the decision of the author as to whether this policy requires additional financial resource or not:**

This policy may require additional financial resources in the future in accordance with national guidance relating to lone working devices

In accordance with the NHS Security Management Manual an Annual Audit for each Trust Premise will be carried out by the Safety Team of each premise owned by the Trust or where Trust staff occupy, assisted by the Service Manager/Lead for the department; the findings and recommendations will be sent to the Service Manager and General Manager for them to act upon if appropriate.

## 7. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

### Trust Policies

- Lockdown Procedures
- Electronic Communications and Internet Acceptable Use Policy
- Health and Social Care Records Policy
- Information Security Policy
- Health and Safety Policy
- Uniform, Dress Code and Staff ID Badge Policy
- Entry and Exit for MH Non-Secure Units Policy
- Petty Cash Procedures
- Patients Property Procedures
- Safe and Secure Handling on Medicines procedures
- Redress Policy
- Contractors Control Policy
- Losses and Special Payment Policy
- Business Continuity Plans procedures

- **National Policies/Guidance**  
NHS Counter Fraud and Security Management Service, *A Professional Approach to Managing Security in the NHS* (December 2003).  
[http://www.nhsbsa.nhs.uk/documents/sms\\_strategy.pdf](http://www.nhsbsa.nhs.uk/documents/sms_strategy.pdf)
- Department of Health, *Secretary of State Directions Assaults on Emergency Workers (Offences) Act 2018*
- BS 16000:2015 Security Management – Strategic and Operational guidelines

## **Appendix 1 – Lockdown (Lockdown of a Trust Site or Building Procedure)**

### **Introduction**

Lockdown is the process of controlling the movement, access and egress of people around NHS property, or other specific buildings/areas in response to an identified risk, threat or hazard that might affect the safety and security of people and assets or, indeed the capacity of that facility to continue to operate.

Humber Teaching NHS Foundation Trust (the Trust) as part of a security incident or the major incident plan may implement a lockdown. This may be in partnership with other organisations both NHS and external e.g. due to Police intelligence.

Local managers may also need to be able to lockdown their own area e.g. in the event of a missing patient or a possible incident of violence and aggression in a community clinic, where the manager decides to lockdown the area so other service users won't be affected.

### **Scope**

The policy and procedures applies to all buildings, sites and areas where Trust staff are based. It requires all managers of such areas, building or sites to work with the Safety Team to prepare a process whereby the area, building or site could be locked down when required. This may require collaborative working with other agencies or organisations.

The purpose of this document is to provide guidance to managers and staff that will enable them to follow appropriate steps to achieve a lockdown of the site that they manage/occupy.

It is to work alongside the Incident Response Plan, other emergency plans and Business Continuity plans, but may be used as a standalone policy if required.

It is important to remember that some sites/buildings have multi-occupancy arrangements and the Trusts plan must fit with the overarching lockdown plan that may be in place.

### **Duties and Responsibilities**

#### **Chief Executive**

The Chief Executive is the Accountable Officer, has overall responsibility for health, safety and security matters, and will ensure that this Policy is implemented in all directorates and reviewed on a regular basis.

#### **Trust Board**

The Trust Board has overall responsibility for monitoring compliance with and effectiveness of, all Trust policies, and will ensure that effective management systems are in place to achieve high standards of health, safety and welfare.

#### **Security Management Director (SMD)**

The SMD is responsible for ensuring that appropriate security management provisions are made within the Trust to ensure a safe and secure working environment and ensuring the safety and security of employees, service users, users and others. They have overall responsibility for the security and protection by gaining assurance that policies are implemented. They should oversee the effectiveness of risk reporting, assessment and management processes for the security and protection of buildings and other assets. Where there are foreseeable risks, the SMD should gain assurance that all steps have been taken to avoid or control the risks. They have the responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiative. The SMD is responsible for the work of the aLSMS.

## **Directors, Associate Directors, Service Managers, Modern Matrons, Team Leaders, Senior members of staff on duty**

Will ensure that:

- Being conversant with this policy
- Working with the Safety Team to create a lockdown procedure for their area/premises
- Working with this policy and deciding which Lockdown Action Card should be implemented in the specific area
- Managing lockdown practices to ensure that all staff are aware of their role within a lockdown scenario
- Providing a completed lockdown risk profile has been completed with the assistance of the Safety Team
- The implementation of the lockdown procedure when required
- Reviewing their lockdown procedures at no less than 2 yearly intervals ,or if there is an environmental / staff change which impacts on the procedures
- This policy is brought to the attention of all staff members on a regular basis, informing, educating and correctly trained in securing the area/building
- Risk assessments are monitored and associated action plans are created to ensure that actions are completed and the security of the Trust/building is not compromised.

## **Accredited Local Security Management Specialist (aLSMS)**

The aLSMS has responsibility for:

Developing this policy, ensuring that the Trust complies with their legal responsibilities

The creation of lockdown procedures for each area, building or site

Holding a copy of all the lockdown procedures for the Trust

Overseeing the review of these lockdown procedures annually

Providing advice and support to all staff relating to security awareness

Establishing good working relationships with external organisation i.e. emergency services

## **Emergency Planning Team**

The Emergency Planning Team is responsible for;

- The writing and updating of the Trust Incident Response Plan and associated policies and procedures.
- Liaising with the Safety Team to ensure this policy interfaces with the Incident Response Plan.

## **Health and Safety Group**

The Health and Safety group is to:

- Monitor the completion of the Trust lockdown procedures against the Trust premises list and the effectiveness of the lockdown procedures as they are practiced
- Report to the Executive Management Team (EMT) through its minutes

## **All Staff**

All staff are responsible for;

- Abiding by this policy and any decisions arising from the implementation of it
- Assisting managers to support the lockdown procedure for their work area
- Participating, complying and assisting in any lockdown procedures (practice or real time)
- Taking responsibility for their own personal awareness and safety

Procedures to implement a Lockdown.

## **Types of Lockdown**

In locking down a facility, there are three key elements; preventing the entry, exit and movement of people on a trust site, part of a trust building or in a building or site where NHS services are provided. In preventing the entry, exit or movement of people, or a mixture of the three, the overarching aim of implementing a lockdown is to either exclude or contain staff, service users and



visitors.

A lockdown may be either partial, progressive or full.

All visitors are requested to follow directions to support a lockdown; however, it is noted that the containment of any person against their will is prohibited (with the exception of service users legally detained).

### **Partial Lockdown (Static or Portable)**

A partial lockdown is the locking down of a specific building or part of a building. The decision to implement a partial lockdown will usually be in response to an incident. This response will help to ensure that identified critical assets such as personnel and property are protected.

A partial lockdown can be static or part of a portable lockdown whereby an ongoing lockdown is moved from one location to another.

*Example – A member of a gang is admitted for treatment and staff are aware that other gang members may attend to retaliate, so lockdown the department. The lockdown is not sustainable for long periods so the gang member is moved to a secure room/ward area where similar lockdown procedures can be applied, for example by security staff/police being stationed outside the room/ward.*

### **Progressive Lockdown**

A progressive or incremental lockdown can be a step-by-step lockdown of a site or building in response to an escalating scenario.

### **Full Lockdown**

A full lockdown is the process of preventing freedom of entry to and exit from either an entire NHS trust site; specific NHS building or premises that offer NHS services.

In order to ensure a safe and secure environment it is essential that all relevant stakeholders engage in the development of a robust action plan.

### **Who can implement a Lockdown?**

By its very nature a lockdown should be considered in a variety of situations, many of which require an immediate implementation and others which are in response to a major incident.

It is clear that if an incident is occurring outside a premise, the senior member of staff on duty in the premise should have the authority to make a decision to lock the premise as an immediate response to protect service users, staff and property.

Any lockdown during normal office hours (Mon-Fri 0900 – 1700) will require the senior member of staff in the affected area to inform their General Manager or their Director (if part of support or Corporate Services). Command and control arrangements may be implemented as per the Incident Response Plan if required.

Out of hours (1700-0900) the Senior member of staff on duty who calls the lockdown must notify the Manager on Call who operates as Tactical Command during this period, they will in turn notify the Director on call who operates as Strategic Command.

### **Stand down of lockdown**

If agreed it safe to do so this decision would be made by the General Manager or Director and communicated out.

### **Controlling access in the event of a Lockdown**

When following assigned duties in the event of a lockdown all employees must remember that because all healthcare sites and buildings are usually open to the public, members of the public have an implied license to enter them. However, the owner of any such premises has the right to refuse access to any of these premises.

While NHS professionals can give direction within their premises (for example, stating which exit someone can use), it is unlawful to forcibly prevent exit from NHS premises (with the exception of a service users legally detained).

Nonetheless, there may be circumstances when a lockdown from existing NHS premises (or part of them) is desirable. If this occurs, NHS staff can only appeal to individuals to stay in the site and/or building identified for lockdown. If individuals chose to leave then a safe route must be available for them to do so (with the exception of service users legally detained). – if access is required in an emergency or clinical needs dictate and main entrances are blocked, management and staff would identify a safe route/access/egress point to facilitate this.

A Senior member of staff on duty will need to position staff at all entry and exit points to monitor peoples movements and to mitigate any breaches to the lockdown paying particular attention to unsecured doors. Any breaches will be reported to the senior member of staff on duty and the door would then be re-secured.

Always inform colleagues who normally work from the site/building but are off site that an incident is/has occurred and inform them of the alternative measures in place – they should not return to the site/building until notified it is safe to do so.

## **Guidance on developing plans for Lockdown**

Creating a Lockdown procedure is a four step process;

**Completed Building Profile** – this will help you assess the risks that are present, and the complexities of locking the building down.

**Choose the appropriate Lockdown Action Card** – the lockdown action card is an aide memoire for staff to use if a lockdown is required.

**Communicate with all staff** – all staff should be aware of what is needed when a lockdown is required, this should be discussed at team meetings and regularly updated.

**Practice** – Bi-annually a full lockdown practice should be completed to ensure that the plan works and staff are aware of their duties.

By using the appendices that accompany this guidance, the Building Manager of each site in conjunction with the Safety Team will be able to develop a lockdown procedure for the site or premise.

Each premise will have a lockdown procedure created, and these will be reviewed annually or sooner if required by organisational changes.

### **Identification of local Stakeholders**

Stakeholders in this context are the people / organisations who will be either instrumental in establishing an effective lockdown or affected by the implementation of a lockdown. These stakeholders must be included in the planning process at some point.

### **Building/Site Profile**

Create a building profile (Appendix A) to review the functionality and capability of the buildings to lockdown either fully, partially, or progressively.

This will include;

- A full inventory of doors and windows,
- The ability to control access either manually or automatically
- The building shape, height and condition for surviving a blast
- Whether it has air conditioning throughout which could spread a contaminant

- Where power supplies are housed

### **Refuge**

As part of the assessment, a room should be identified which has a telephone, is lockable and ideally has minimal windows. This will be the safest area in the event of a major assault against the building. Although unlikely to be required, it is preferable to have identified this room prior to it being required.

### **Lockdown Procedure Checklist**

The Lockdown procedure checklist is an aide memoire to ensure that the person creating the procedure has considered all aspects that may be required. If, after completing the checklist, any aspect has a NO answer, then this should be rectified and the checklist completed again until the answer is YES.

### **Lockdown action Cards (1-4)**

Using all available information gained from the assessments detailed above, the manager will choose the most appropriate action card from the four choices;

#### **Lockdown Action Card 1**

Trust staff occupy and are fully responsible for the building

#### **Lockdown Action Card 2**

Multiple different occupants but predominantly controlled by Trust staff  
This requires agreement amongst all occupants.

#### **Lockdown Action Card 3**

One manager involved with multiple buildings or large building with multiple separate areas

#### **Lockdown Action Card 4**

Where Trust staff are not the controller of the building  
This requires an agreement with the building manager to ensure that Trust staff safety will be maintained, and to comply with the policies and procedures put in place by the building manager.

### **Creation of the Lockdown Procedures**

Each Trust building or site should be capable of quickly achieving a partial or full lockdown in the event of any given emergency. These arrangements will vary in complexity depending on the size of the premises and the scale of the emergency.

For each building or site, an assessment will be made on the capacity and capability to lockdown, which will feed into the creation of robust lockdown procedures for that separate premise and site. The level and robustness of the lockdown will be dependent on a variety of factors and a specific lockdown procedure is required.

The lockdown procedure is to be completed by the building manager and the Safety Team.

### **Storing the Lockdown Procedures.**

Copies of the Lockdown procedures will be available in each of the Trust premises. In addition to this, copies of all the Trust Lockdown procedures will be held by the Safety Team who will be responsible for monitoring that the procedures are updated annually or sooner if required by organisational changes.

### **Equality Impact Assessment**

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.

## Lockdown Building/Site Profile

There may be circumstances when a lockdown from an existing NHS Premise (or part of them) is desirable if this occurs, NHS Staff can only appeal to individuals to stay in the site and/or building identified for lockdowns. If individuals choose to leave then a safe route must be available for them to do so.

The site profile concentrates on the physical geography of the healthcare site, e.g. the size of the site, its perimeter, access and egress points, routes of communications and the number of buildings. To assist in establishing the Trust's initial capability of lockdown all sections must be fully completed.

### Location

Ref	Characteristic	Findings
1.1	Location Address	
1.2	Name or reference of building(s)	
1.3	Contact Details (Building Manager, Telephone, fax, email)	
1.4	Description of location	
1.5	Area of location in square feet if known	

### Site and Building Characteristics

Ref	Characteristic	Findings
2.1	General description of the site	
2.2	How are the buildings spread across the site	
2.3	What is the building(s) used for?	
2.4	General description of the condition of the building(s)	
2.5	Is it in an un-zoned area (i.e. unrestricted movement within the building)?	
2.6	What is each floor used for?	
2.7	How many corridors does the building have?	
2.8	Is this a multi-occupancy site? If yes provide details	

2.9	Landscape summary/site shape – flat, sloping	
2.10	Road access Type of Roads	
2.11	Total number of access and egress points. (official and unofficial points onto the site)	
2.12	Any access to public transport, buses, taxis - on site.	
2.13	Traffic Movement around the site	
2.14	Where are parking facilities situated? Number of car parking facilities (approx. capacity)	
2.15	What are the existing security arrangements for the car parks (e.g. barriers)?	
2.16	What is neighbouring land used for (e.g. residential, industrial)?	

### Facilities and Energy

Ref	Characteristic	Findings
3.1	How close are the parking facilities to the building?	
3.2	Does the building have air conditioning? If so, where is it controlled from?	
3.3	Who is responsible for maintaining the air conditioning?	
3.4	How quickly can the air conditioning be turned off?	
3.5	Where is the power supply located and how is it controlled?	
3.6	Is the power supply secure from tampering? Is uninterrupted power supply available?	
3.7	Who owns the property (Is it NHS property? Is it privately owned / rented from the NHS?)	
3.8	If it is privately owned, can it be locked down?	

## Windows and Doors

Ref	Characteristic	Findings
4.1	How many external doors are there?	
4.2	How are external doors locked (by access control system or manually)? If by access control who is responsible for the system? If manually who holds the keys?	
4.3	How are internal doors locked (manually or by access control)?	
4.4	Has a risk assessment been undertaken as to which windows have to be locked	
4.5	How can they be secured? What is their locking device?	
4.6	If they are manually locked, who holds the keys?	

## CCTV and Security

Ref	Characteristic	Findings
5.1	Is CCTV in place?	
5.2	Where are the cameras located? Is there a map of their location?	
5.3	What are they trained on?	
5.4	Can they be used to monitor people approaching the building in the event of lockdown?	
5.5	Is the building security alarmed? How is the alarm controlled / activated?	
5.6	Does the building have security lighting? Where is it located? How can it be activated?	
5.7	Does the building have any security staff, if yes please provide details of numbers, hours, and duties)?	

**Details Completed By:**

**Date:**

## Lockdown Procedure Checklist

<b>PRELIMINARIES</b>	<b>Yes/No</b>
Is there a building manager	
Were they involved in this assessment and procedure	
Have you completed the building profile	
Have you chosen the most suitable lockdown action card	
Have you reviewed the Trust Incident Response Plan	
Have you had discussions with other building occupiers	
Are all staff in the building aware of the need to work together	
Is the emergency action plan / policy in a readily accessible location	
<b>ASSESSMENT</b>	<b>Yes/No</b>
Are all the doors lockable	
Are all the windows lockable	
Is your power supply protected as much as practicable	
Do you know how to turn off the air conditioning system (if fitted)	
Have you designated a single entrance for use in emergencies	
<b>KNOWLEDGE</b>	<b>Yes/No</b>
Have all staff been notified of lockdown and what it is	
Do the staff know where the emergency and lockdown action cards are	
Do the staff know who is to take charge if the manager is absent	
Do all staff know where the designated refuge office is (land line, mobile friendly and lockable)	
Do the staff know who to report to (emergency control room or assistant director)	
<b>CHECKING</b>	<b>Yes/No</b>
Testing your lockdown procedures	
Have you chosen a date and time	
Have you informed the emergency planning team and the security advisor	
Have you arranged a debrief meeting	
<b>PROCEDURE</b>	<b>Yes/No</b>
Is there a fast and effective process for notifying all the staff of a lockdown	
Do staff have access to the lockdown action cards	
Do staff know which windows and doors they are responsible for	
Do staff know which door is to be manned to control access and exit	
Do staff know which telephone is going to be used by the control room to contact them	

If the answer is NO to any of the above, create an action plan to rectify and then re-assess.

## Lockdown Action Card 1

### HTFT occupied/owned building

<p><b>STEP 1</b></p> <p><b>COMMUNICATE LOCKDOWN STATUS (CONTROL)</b></p> <ul style="list-style-type: none"><li>• Lockdown instruction received, authorised by Senior member of staff on duty /General Manager/Director and for what risk.</li><li>• Director to implement Incident Response Plan if deemed appropriate – Ensure any decisions are logged.</li><li>• Communicate to all building occupants “<b>Lockdown</b>” via all communications available (telephone, email, face to face).</li><li>• Ensure “<b>this is not a drill / practice</b>” is made clear and communicated to all staff.</li></ul> <p>If out of hours ie 1700-0900 Mon-Fri or 24/7 weekends then the Manager on Call must be notified</p>	<p><b>STEP 2</b></p> <p><b>IMPLEMENT ASSIGNED RESPONSIBILITIES (CONTROL)</b></p> <ul style="list-style-type: none"><li>• If required call 999 and request assistance as needed.</li><li>• In hours notify the General Manager or Director, Emergency Planning Team and Safety Team of the building status.</li><li>• Out of hours notify the Manager on Call</li><li>• Lock all exit (external windows and doors) points to the building.</li><li>• Assign duties of staffing, identify main access point for emergency access (excluding Chemical, Biological, Radioactive or Nuclear (CBRN) incident).</li><li>• Hand over control to Emergency services where it is a CBRN incident.</li><li>• Assign duties of controlling entrance/exit from the building where service users and visitors are present.</li></ul>
<p><b>STEP 3</b></p> <p><b>BUILDING OCCUPANTS</b></p> <ul style="list-style-type: none"><li>• If riot or malicious individuals outside, close any curtains/blinds, stay away from windows and doors. Turn off lights. Be quiet.</li><li>• Do not use landline or mobile devices for anything other than lockdown.</li><li>• Await instructions, updates and /or all clear.</li></ul>	<p><b>STEP 4</b></p> <p><b>RECOVERY</b></p> <ul style="list-style-type: none"><li>• Resume normal operations asap</li><li>• Ensure any after care where required and debriefing is carried out</li></ul>



## Lockdown Action Card 2

### HTFT controlled multi occupancy building

<p><b>STEP 1</b></p> <p><b>COMMUNICATE LOCKDOWN STATUS (CONTROL)</b></p> <ul style="list-style-type: none"><li>• Lockdown instruction received, authorised by Senior member of staff on duty /General Manager/Director and for what risk.</li><li>• Director to implement Incident Response Plan if deemed appropriate – Ensure any decisions are logged.</li><li>• Communicate to all building occupants “<b>Lockdown</b>” via all communications available (telephone, email, face to face).</li><li>• Ensure “<b>this is not a drill / practice</b>” is made clear and communicated to all staff.</li></ul> <p>• If out of hours ie 1700-0900 Mon-Fri or 24/7 weekends then the Manager on Call must be notified</p>	<p><b>STEP 2</b></p> <p><b>IMPLEMENT ASSIGNED RESPONSIBILITIES. (CONTROL)</b></p> <ul style="list-style-type: none"><li>• If required call 999 and request assistance as needed.</li><li>• In hours notify the General Manager or Director, Emergency Planning Team and Safety Team of the building status.</li><li>• Out of hours notify the Manager on Call</li><li>• Lock all exit (external windows and doors) points to the building.</li><li>• Assign duties of staffing, identify main access point for emergency access (excluding Chemical, Biological, Radioactive or Nuclear (CBRN) incident).</li><li>• Hand over control to Emergency services where it is a CBRN incident.</li><li>• Assign duties of controlling entrance/exit from the building where service users and visitors are present.</li><li>• .</li></ul>
<p><b>STEP 3</b></p> <p><b>BUILDING OCCUPANTS</b></p> <ul style="list-style-type: none"><li>• If riot or malicious individuals outside, close any curtains/blinds, stay away from windows and doors. Turn off lights. Be quiet.</li><li>• Do not use landline or mobile devices for anything other than lockdown.</li><li>• Await instructions, updates and /or all clear.</li></ul>	<p><b>STEP 4</b></p> <p><b>RECOVERY</b></p> <ul style="list-style-type: none"><li>• Resume normal operations asap</li><li>• Ensure any after care where required and debriefing are carried out</li></ul>

## Lockdown Action Card 3 Externally controlled multi occupancy building

**CARRY OUT TASKS DETAILED IN BUILDING POLICY, IF NO LOCKDOWN IN PLACE SHARE THIS CARD.**

<p><b>BUILDING MANAGER TO COMMUNICATE LOCKDOWN STATUS (CONTROL)</b></p> <ul style="list-style-type: none"> <li>• Lockdown instruction received, authorised by Senior member of staff on duty /General Manager/Director and for what risk.</li> <li>• Director to implement Incident Response Plan if deemed appropriate – Ensure any decisions are logged.</li> <li>• Communicate to all building occupants “<b>Lockdown</b>” via all communications available (telephone, email, face to face).</li> <li>• Ensure “<b>this is not a drill / practice</b>” is made clear and communicated to all staff.</li> <li>• If out of hours ie 1700-0900 Mon-Fri or 24/7 weekends then the Manager on Call must be notified</li> </ul>	<p><b>BUILDING MANAGER TO IMPLEMENT ASSIGNED RESPONSIBILITIES. (CONTROL)</b></p> <ul style="list-style-type: none"> <li>• If required call 999 and request assistance as needed.</li> <li>• In hours notify the General Manager or Director, Emergency Planning Team and Safety Team of the building status.</li> <li>• Out of hours notify the Manager on Call</li> <li>• Lock all exit (external windows and doors) points to the building.</li> <li>• Assign duties of staffing, identify main access point for emergency access (excluding Chemical, Biological, Radioactive or Nuclear (CBRN) incident).</li> <li>• Hand over control to Emergency services where it is a CBRN incident.</li> <li>• Assign duties of controlling entrance/exit from the building where service users and visitors are present.</li> <li>•</li> </ul>
<p><b>BUILDING OCCUPANTS</b></p> <ul style="list-style-type: none"> <li>• If riot or malicious individuals outside, close any curtains/blinds, stay away from windows and doors. Turn off lights. Be quiet.</li> <li>• Do not use landline or mobile devices for anything other than lockdown.</li> <li>• Await instructions, updates and /or all clear.</li> </ul>	<p><b>RECOVERY</b></p> <ul style="list-style-type: none"> <li>• Resume normal operations asap</li> <li>• Ensure any after care where required and debriefing are carried out.</li> </ul>

## Appendix 2 – Risk Assessment for Premises and Assets

### RISK ASSESSMENT FOR THE PHYSICAL SECURITY OF PREMISES AND OTHER ASSETS

**Process** – The Safety Team and Managers of Trust premises are asked to carry out an annual risk assessment and review of premises and other assets in line with the Trust Policy on Physical Security of Premises and Other Assets.

The following is a guide to carrying out a Risk Assessment Review of your premises and assets.

#### Security Checklist

Named Premises:

Name of Team:

Carried out with:

Assessment carried out by:

Date of Assessment:

Time of Assessment:

		Yes	No	NA
<b>External – Grounds and Gardens</b>				
1	Perimeter fences – are they secure? Check for breaks in fences, holes etc			
2	Are all gates fully operational and can these be locked if required?			
<b>External Lighting and Parking</b>				
3	Are all lights fully functioning?			
4	Is the car park well lit?			
5	Are all parked cars appropriately?			
6	Are the appropriate disclaimer notices displayed?			
<b>Premises Access</b>				
7	Are the main entrances to the premises:			
	<ul style="list-style-type: none"> <li>Controlled access in use?</li> </ul>			

		Yes	No	NA
	<ul style="list-style-type: none"> <li>Secured correctly?</li> </ul>			
	<ul style="list-style-type: none"> <li>CCTV in use and operational?</li> </ul>			
<b>Digital Locks</b>				
8	Are your digital locks security numbers changed annually?			
9	Are the numbers			
	<ul style="list-style-type: none"> <li>Kept in a secure location and</li> </ul>			
	<ul style="list-style-type: none"> <li>Issued on a need to know basis?</li> </ul>			
<b>Entering the premises</b>				
10	Is the controlled access equipment fully operational?			
11	Did the receptionist.....?			
	<ul style="list-style-type: none"> <li>Ask for your name</li> </ul>			
	<ul style="list-style-type: none"> <li>Ask to show your NHS identification</li> </ul>			
12	Were you asked to sign into the premises?			
13	Were the signing in books clear for			
	<ul style="list-style-type: none"> <li>Staff</li> </ul>			
	<ul style="list-style-type: none"> <li>Visitors</li> </ul>			
	<ul style="list-style-type: none"> <li>Contractors</li> </ul>			
<b>Security of premises</b>				
14	Are all doors to the premises lockable?			
15	Are all doors functioning correctly?			
16	Are all the doors to the premises			
	<ul style="list-style-type: none"> <li>Fully operational</li> </ul>			
	<ul style="list-style-type: none"> <li>Not in need of repair</li> </ul>			

		Yes	No	NA
17	Are the following fully operational and lockable?			
	• All windows			
	• Sky lights			
	• Fan lights			
18	Are there any...? If so, give room numbers and report to Estates Helpdesk.			
	• Broken windows			
	• Unsecured windows			
19	Is the security lighting to the premises?			
	• Externally suitable			
	• Externally operational			
20	Are there any security lights...?			
	• That are out			
	• Have they been reported			
21	Are all fire exits .... for egress from the premises?			
	• Secured			
	• Fully operational			
22	Are fire exits obstructed in any way?			
23	Are all staff aware of?			
	• Fire procedures			
	• Actions to be taken in cases of emergency			
24	Are CCTV cameras and viewing equipment fully operational?			
25	Is the CCTV equipment?			
	• Digital			

		Yes	No	NA
	<ul style="list-style-type: none"> <li>Is it recording images</li> </ul>			
<b>Identity Badges</b>				
26	Do all staff members have an identify badge incorporating name, post, badge number and photograph?			
27	Are all staff wearing ID badges?			
28	Are badges available for .....			
	<ul style="list-style-type: none"> <li>Visitors</li> </ul>			
	<ul style="list-style-type: none"> <li>Contractors/Maintenance staff</li> </ul>			
29	Are lost badges reported and replaced immediately?			
30	Are ..... asked to sign in?			
	<ul style="list-style-type: none"> <li>Visitors</li> </ul>			
	<ul style="list-style-type: none"> <li>Contractors/Maintenance staff</li> </ul>			
31	Is the Contractors "Green Folder" used regularly?			
<b>Personal Security</b>				
32	Do staff come into contact with individuals who may exhibit Violence and Aggressive behaviour?			
33	Do you have relevant information about individuals which may indicate any potential risks?			
34	Do you work alone in situations where potentially violent and aggressive risks occur			
	<ul style="list-style-type: none"> <li>Do you any concerns?</li> </ul>			
	<ul style="list-style-type: none"> <li>Have they been raised?</li> </ul>			
	<ul style="list-style-type: none"> <li>With whom?</li> </ul>			
35	Is someone aware of staff movements/ appointments when visiting clients in outside			

		Yes	No	NA
	locations/their homes?			
	<ul style="list-style-type: none"> <li>• During office hours</li> </ul>			
	<ul style="list-style-type: none"> <li>• Out of Hours</li> </ul>			
36	Have staff provided up to date personal information ie contact details, next of kin, address, vehicle details etc?			
37	Have staff received training to help them manage potential violence and aggressive behaviour?			
	<ul style="list-style-type: none"> <li>• Physical</li> </ul>			
	<ul style="list-style-type: none"> <li>• Verbal</li> </ul>			
38	Do staff have access to a personal alarm system?			
	<ul style="list-style-type: none"> <li>• How (Static push bar, Hand held SAS, sounder)</li> </ul>			
	<ul style="list-style-type: none"> <li>• Are they checked regularly?</li> </ul>			
<b>Key Security</b>				
<b>Sub-master and master keys must not leave the premises at any time. Should they become lost, it could cause a situation where all locks may have to be changed.</b>				
39	Are staff aware of the control and ordering of keys if they become lost?			
40	Are all sub-master and master keys kept in a locked safe/key cabinet?			
41	Are all keys including sub-master and master keys signed in and out on a daily basis?			
42	Sub-master keys are only to be used by certain staff members. Who are the nominated staff on your site?			
43	Are departmental keys held with staff accounted for on a daily basis?			

		Yes	No	NA
44	Are keys signed for by staff at changeover of staff?			
45	Are drug cabinet keys clearly identified and secure at all times?			
46	Is the treatment room locked at all times?			
47	If keys are lost?			
	• Are these reported			
	• Who too (Site Manager and Estates Department)			
48	If keys are kept at reception, is the key cabinet locked at all times?			
49	If designated, who is the person responsible for key control?			
<b>Property/Accidental Damage</b>				
50	Are staff aware of procedures to follow in the event of damage to property by wilful or accidental damage?			
51	Are staff aware of DATIX Web, how to fill it in, where it is located and knowledge of an investigation process?			
<b>Cash</b>				
52	Is cash/cheques etc kept on the premises?			
53	Is there a safe in use for storing the same?			
54	Are controls in place for the handling of money on the premises?			
<b>Office Equipment</b>				
55	Are all computers marked up with Trust IT logos?			
56	Are all computers encrypted?			
<b>Stores</b>				
57	Is there restricted access for stores?			



		Yes	No	NA
58	Are all staff aware of the Trusts policies? (Physical Security of Premises and Other Assets Policy)			
<b>Lockdown Risk Profile</b>				
59	Are staff aware of what to do in the event of having to lockdown the premises should a need arise to protect staff, patients, visitors leaving the premises or others to enter the premises?			
<b>Estates Help Desk</b>				
60	<p>Have any matters been reported to the Estates Help Desk as a result of carrying out this risk assessment?</p> <p>If yes, please list what has been reported:</p>			

# STANDARDISED SECURITY PRODUCTS



## Safes



Key control locking mechanism - External Dimensions W x H x D: 450mm x 550mm x 350mm - Internal Dimensions W x H x D: 365mm x 470mm x 240mm – Approved by the Police and Association of Insurance Surveyors (AiS) – Certified 30/60 minutes fire resistance – fixable to the wall and/or floor

Order Code: PHO-SS1183K

Price: £416.40

Supplier: Simply Safes

## Key Cabinets



3-dial resettable combination lock  
Order

20 Key: £30.27 – Code: 5511909

36 Key: £40.00 – Code: 5511910

Supplier: ARCO

## Key Safes



*High Level security keys*

C500 Police approved Key Safe

Order Code: 002049

Price: £54.99 inc VAT

Supplier: The Key Safe Company



*For office keys*


Permanent Key Safe

Order Code: 001409(EU)


Price: £42.46 Inc VAT

Supplier: The Key Safe Company

## Torches

	<p>Rolson Tools 61760 nine - LED Torch set</p> <p>Price: £8.97</p> <p>Supplier: Amazon</p>
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## Radios

	<p>Binatone Latitude 150 Walkie Talkies</p> <p>Price: £32.99</p> <p>Supplier: Amazon</p>
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## Appendix 4 – Document Control Sheet:

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	<ul style="list-style-type: none"> <li>Compliance with relevant security guidance/recommendations and requirements</li> <li>Staff awareness of security during their duties in and around buildings</li> <li>Security of keys – how and where to store keys</li> <li>Standardisation of safes, key cabinets and key safes</li> </ul>		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates - &gt;</i>	June 2019	Health & Safety Group members	
	August 2022	Health & Safety Group	
	July 2024	Health & Safety Group	
Approving Committee:	H&S Group	Date of Approval:	9 July 2024
Ratified at:		Date of Ratification:	
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Training requirements for these procedures for management to implement	Financial Resource Impact	This policy requires additional financial resources
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet <input type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	HealthAssure <input type="checkbox"/>	
Implementation:	<i>Describe implementation plans below – to be delivered by the Author:</i>		
	<ul style="list-style-type: none"> <li>Shared within communication email to all staff as per Trust procedures via the Communications Department</li> </ul>		
Monitoring and Compliance:	Monitoring and compliance of the policy will be evidenced through the Health & Safety Group and by the Local Security Management Specialist.		

### Document Change History:

Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
2.01	Review	3/12/12	Reviewed and additions to 5.2.1, 5.2.2, 5.2.3 and Section 10 monitoring
3.00	Legislation	29/07/13	Additions to 4, 5.2.2, 5.2.3, 5.3, 5.4.2, 5.4.3, 5.5.12, 5.8.2, 5.8.3, Appendix 1
4.00	Review	October 2016	Name and job titles changed Additions to 1, 4, 5.3.2, 5.7, 5.9, 8, 9, Appendix 1 and 2
5.00	Review	Feb 2017	Section relating to standardised key storage guidance and catalogue of security products – key cabinets, safes
5.1	Review	June 2019	Name of the Trust updated. Reviewed and updated. Revised Lockdown profile appendix with reference to the new Lockdown Procedure document

5.2	<i>Review</i>	August 2022	Reviewed and updated
5.3	<i>Full Review</i>	April 2024	Reviewed and updated job role titles, compliance with Emergency Planning standards – identify staffing at entrance/exit points, breaches in lockdown actions, identify safe routes, reference following Business Continuity Plans for ongoing disruption in working procedures Approved at Health and Safety Group (9 July 2024) and minor amends signed off by Exec Director – Pete Beckwith (29 August 2024).

## Appendix 5 – Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Physical Security of Premises and Other Assets Policy and Lockdown Procedures
2. **EIA Reviewer (name, job title, base and contact details):** Vickie Shaw - Safety Advisor and Local Security Management Specialist, Mary Seacole Building, Willerby Hill
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** Policy

### Main Aims of the Document, Process or Service

- Compliance with relevant security guidance/recommendations and requirements
- Staff awareness of security during their duties in and around buildings
- Security of keys – how and where to store keys
- Standardisation of safes, key cabinets and key safes

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people                      Young people                      Children                      Early years</p>	<b>Low</b>	Actions to be taken in event on an incident and measures to be proactive in security awareness
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory                      Physical                      Learning                      Mental Health</p> <p>(and including cancer, HIV, multiple sclerosis)</p>	<b>Low</b>	Policy covers all groups and is adaptable if required to accommodate peoples specific needs
<b>Sex</b>	<p>Men/Male                      Women/Female</p>	<b>Low</b>	Actions to be taken in event on an incident and measures to be proactive in security awareness, not gender specific
<b>Marriage/Civil Partnership</b>		<b>Low</b>	Actions to be taken in event on an incident and measures to be proactive in security awareness

<b>Pregnancy/ Maternity</b>		<b>Low</b>	Actions to be taken in event on an incident and measures to be proactive in security awareness
<b>Race</b>	Colour Nationality Ethnic/national origins	<b>Low</b>	Actions to be taken in event on an incident and measures to be proactive in security awareness, covers all national and ethical
<b>Religion or Belief</b>	All Religions  Including lack of religion or belief and where belief includes any religious or philosophical belief	<b>Low</b>	Actions to be taken in event on an incident and measures to be proactive in security awareness is not religion based
<b>Sexual Orientation</b>	Lesbian Gay Men Bisexual	<b>Low</b>	Covers all groups
<b>Gender re- assignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	<b>Low</b>	Covers all groups

## Summary

This is an organisational policy covering security awareness and actions to undertaken to ensure buildings, vehicles and staff are safe and secure.

Security Awareness is provided to all staff through various forms of communications (face to face, email and newsletters).

EIA Reviewer – Vickie Shaw - Safety Advisor and LSMS

Date completed: July 2024

Signature: V. Shaw