

HASC Safety and Security Survey

Please note: The system allows you to save your responses and return later to complete. Also, please submit 1 response per facility. Participation deadline is September 25, 2024.

Contact Information

1. Hospital Name

2. County (Select one option)

- Los Angeles
- Orange
- Riverside
- San Bernardino
- Santa Barbara
- Ventura

3. Contact Name

4. Title

5. Phone

6. Email

Hospital Demographics

7. Hospital Type (Select one option)

- General Acute Care
- Acute Psychiatric
- Acute Pediatric

8. Hospital Trauma Level (Select one option)

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5
- Not Applicable

9. Location Type (Select one option)

- Urban
- Suburban
- Rural

10. Number of Staffed Beds

11. Total Number of Hospital Employees (All Employees)

12. Number of Security Staff Employed (In-House)

13. Number of Security Staff Contracted (Outsourced)

Is your hospital currently registered or planning to register as a:

14. Please select from the following

	Currently Registered	Planning to Register	No or Not Applicable
(a) Proprietary Private Security Employer (PSE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Private Patrol Operator (PPO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Does your hospital have the following departments or units?

	Yes	No
(a) Emergency Department?	<input type="radio"/>	<input type="radio"/>
(b) Enclosed Intake Desk in ED?	<input type="radio"/>	<input type="radio"/>
(c) ED Psych and/or OBS area?	<input type="radio"/>	<input type="radio"/>
(d) Behavioral health unit?	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to (Q#15(d) is **Yes**)

16. If yes, how many beds in the behavioral unit?

Emergency Codes

17. Is your hospital planning to replace emergency codes with plain language? (Select one option)

- Yes
- No

Hospital Security Budget

18. How did your hospital security budget change in 2024? (Select one option)

- Increased
- Decreased
- No change

NOTE : Answer the below question only if answer to (Q#18 is **Increased OR Decreased**)

19. Top 5 factors influencing changes in the budget? (If increased on decreased) [Please select exactly 5 options.]

- Upgrades to current systems and/or staffing level.
- Change in risk level.
- Change in number of incident reports regarding violence, facility-access breaches, thefts, etc.
- New facility, facility expansion or upgrades to current facility.
- Security requirement relative to regulatory requirements.
- Cost reduction savings - part of administrative directive to cut budget.
- Departmental expense reduction.
- Declining reimbursement/net patient revenues.
- Other (Please specify) _____

Technical Support for Security Systems

Does your hospital have following technicians to support security systems:

20. Select from the following

	Yes	No
(a) Full-Time Employed Technicians	<input type="radio"/>	<input type="radio"/>
(b) Contract with External Vendor (Outsourced)	<input type="radio"/>	<input type="radio"/>

21. If yes, how many technicians?

- (a) Full-Time Employed Technicians

- (b) Contract with External Vendor (Outsourced)

NOTE : Answer the below question only if answer to (Q#20(a) is **Yes**) AND (Q#20(b) is **Yes**)

22. In total, how many technicians are onsite (employed and contracted)?

Security Organizational Structure & Assignments

23. Who does your security department report to? (Select one option)

- Operations
- Risk Management
- Human Resources
- Facilities
- IT
- Other (Please specify) _____

Is your security staff assigned to the:

24. Select the following

	Yes	No
(a) Emergency Department	<input type="radio"/>	<input type="radio"/>
(b) Emergency Department Behavioral Health	<input type="radio"/>	<input type="radio"/>

25. How Many?

(a) Emergency Department

(b) Emergency Department Behavioral Health

26. Do you have undercover security? (Select one option)

- Yes
- No

27. How do you dispatch security calls for service? (Select all that apply)

- Dedicated Security Dispatch Center
- Hospital Operators
- Other (Please specify) _____

28. In addition to physical security, what other departments are under the Security Department (or report to the same Security Manager/Director)? (Select all that apply)

- Hospital Communications
- PBX
- Parking and Valet
- Transportation
- Emergency Management
- WPV Committee
- Other (Please specify) _____

Security System Capabilities

Indicate if you have already implemented or plan to implement in the next 24 months.

29. Select from the following

	Already Implemented	Plan to Implement	No Plan to Implement
(a) Biometrics (fingerprint, hand, retina scanner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Body Worn Cameras	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Bullet resistant glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Digital IP - Video surveillance system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Electronic Access Control (Proximity magnetic strip/bar code/smart code/keypads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Electronic Incident Reporting System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Electronic lockdown from central location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Handheld metal detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Infant abduction system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Integrated Security System (video surveillance, access control, alarms and intrusion detection)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k) K-9 Teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l) Mass notification for emergency preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m) Patient elopement system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n) Patrol verification system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o) Portable smart device for patrol (tablets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p) RFID for tracking equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q) RFID for tracking supplies and medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(r) Security Robotics (SCRIPS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(s) Two-way interoperative with law enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(t) Vendor Management System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(u) Visitor management system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(v) Walk-through metal detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(w) Wired Panic Alarm Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(x) Wearable duress buttons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Where do your hospital's security applications for video and access control reside? (Select one option)

- Hospital General IT Network
- Separate Security Network
- Both

NOTE : Answer the below question only if answer to (Q#30 is **Separate Security Network OR Both**)

31. If your applications are on a separate network, are there plans to move the applications to the hospital network? (Select one option)

- Yes
- No

Armed Security Staff

32. Are security staff armed? (Select one option)

- Yes
- No

NOTE : Answer the below question only if answer to (Q#32 is Yes)

33. Does your staff carry any of the following?

- Baton
- OC Spray
- ECW Spray/Taser
- Handcuffs
- Other (Please specify) _____

Reported Incidents

34. How many total reported incidents did you have in the last 12 months?
(Enter a value between 1 and 50)

35. How many of these reported incidents were violent?
(Enter a value between 1 and 50)

Workplace Violence Typology

36. Indicate the percentage for each type of violence experienced in the last 12 months? (Total should equal 100%)

Type I : _____
Type II : _____
Type III : _____
Type IV : _____
Total : _____

Types of Incidents Reported Over the Last 12 months

37. Over the last 12 months, indicate if you have experienced an increase, decrease or no change in the reported incidents listed:

	Increase	Decrease	Approximately About the Same
(a) Patient/family violence against staff in emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Patient/family violence against staff in hospital, excluding emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Attacks/assaults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Trespassing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Elopement/patient wandering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Property damage/vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Domestic incidents involving employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Auto thefts/car break-ins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i) Pharmaceutical thefts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j) Other thefts (minor \$500 or less/item)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Security Assessments

38. Who conducts your security assessment? (Select one option)

- Internal Resources
- External Firm
- Combination of Both
- Other (Please specify) _____

39. What vendor do you use for your external security assessment?

Workplace Violence Prevention (WPVP) Staff Training

40. Is WPVP staff training done in person, online or hybrid? (Select one option)

- In Person
- Online
- Hybrid

41. When was your last WPVP training?

--/--/---- [mm/dd/yyyy]

42. Provide the name of the WPVP training program(s) used for staff training?

Threats and Active Shooter

43. Does your hospital have an active shooter plan with your staff? (Select one option)

- Yes
- No

44. Does your hospital have an active shooter plan with your local law enforcement agency(s)? (Select one option)

- Yes
- No

45. Do you have a threat management team? (Select one option)

- Yes
- No

Law Enforcement Response

46. What is the response time of local enforcement?

47. Do you have a Memorandum of Understanding (MOU) with law enforcement? (Select one option)

- Yes
- No

Workplace Violence Prevention (WPVP) Committee

48. Does your facility have a WPVP Committee? (Select one option)

- Yes
- No

49. How often does the WPVP Committee meet?

Suggestions/Comments

This completes the survey. Please take the time to share your feedback regarding the survey and future opportunities:

50. What additional feedback would you like to provide about this survey or your responses?

51. What educational opportunities would like to see HASC offer regarding hospital safety and security?

Thank you for your participation. If there are any questions regarding this survey, please contact us via email at saquino@hasc.org.