



The policy should cover all possible sources of threats (telephone, email, suspicious packages) and what steps to be implemented for each scenario.

Facility personnel have to accompany police or military bomb demolition personnel in searching for the suspected bomb, because speed is of the essence and only individuals familiar with a given area can rapidly spot unfamiliar or suspicious objects or condition in the area (this staff individual should be clarified in the policy). This is particularly true in health care facilities. The facility telephone operator has to be provided with a checklist to be kept available at all times, in order to obtain as much information as possible from the caller concerning the location of the supposed bomb, time of detonation, and other essential data, which have to be considered in deciding whether or not to evacuate all or part of the facility.

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**FMS.13 The hospital has qualified individuals assigned to maintain security.**

FMS.13.1 The number of security personnel is proportional to the size of the hospital, number of entrances, and the availability of supporting security systems.

FMS.13.2 The security personnel have written job descriptions.

FMS.13.3 The security personnel receive orientation about:

    FMS.13.3.1 Scope of work and job description.

    FMS.13.3.2 Emergency codes.

    FMS.13.3.3 Fire safety.

FMS.13.4 The security personnel roles are clearly defined for the following:

    FMS.13.4.1 External disaster plan.

    FMS.13.4.2 Internal disaster plan.

    FMS.13.4.3 No smoking policy.

FMS.13.5 The security personnel have a dress code.

FMS.13.6 The security personnel conduct hospital wide security rounds and significant findings are documented.

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**Standard Intent:**

To ensure security coverage of hospital facilities, a security risk-assessment needs to be conducted to determine the necessary number of security personnel needed to cover the hospital's main gates, entrances, and security sensitive areas and to conduct security actives such as hospital-wide security rounds.



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It is important for patient's, employees, and visitors to sense the security presence in the hospital. This presence needs to be available throughout hospital's operational shifts.

Security personnel needs to be oriented and familiar with their job descriptions and roles and responsibilities during various security scenarios and emergency cases.

Female security personnel needs to be available as required and security personnel needs to be able to communicate properly with hospital's employees and patients without language barriers.

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#### **FMS.14 The hospital ensures safe management of hazardous materials.**

FMS.14.1 There is a written hazardous materials plan that includes the following:

FMS.14.1.1 Appropriate handling, storing, transporting, and disposing of hazardous materials.

FMS.14.1.2 Education and training on signs and symptoms of exposure to hazardous materials and the appropriate treatment according to Material Safety Data Sheets (MSDS).

FMS.14.2 Each department has a current list of hazardous materials used in the department. The list covers:

FMS.14.2.1 Purpose of use.

FMS.14.2.2 The responsible person.

FMS.14.2.3 Permitted quantity.

FMS.14.3 Each department dealing with hazardous materials has Material Safety Data Sheets (MSDS) relevant to its current list of hazardous materials.

FMS.14.4 Each department using hazardous materials has proper personal protective equipment (PPE) and spill kits to handle any spill or exposure.

FMS.14.5 All hazardous materials are labeled clearly and this includes:

FMS.14.5.1 Anti-neoplastic drugs.

FMS.14.5.2 Radioactive materials.

FMS.14.5.3 Corrosives, acids, and toxic materials.

FMS.14.5.4 Hazardous gases and vapors.

FMS.14.5.5 Anesthetic gases.

FMS.14.5.6 Flammable liquids.

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FMS.14.6 Any leak, spill, or exposure to any hazardous material is reported.

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#### **Standard Intent:**