# Physical Security Plan: Reece Zunino

**Exterior**

* Why did you propose the lighting where you did?
  + I placed the lighting in all corners of trafficked areas for personnel safety and security.
  + I placed them in a way that there should not be any dark areas within the hospital grounds that outside persons could hide in for malicious intent.
* What factors did you consider when increasing security of the parking design and the differences between the visitor parking garage and the staff parking lot?
  + When it came to the parking design the staff lot should be the only one fenced really with security check points since it is direct access to the hospital and staff entrance. There are lighting and cameras in all corners of the lot to cover 100% of the area to keep staff safe and security aware of what is going on in an area with direct access to the building.
  + The visitor parking does have cameras, a guard and 100% lighting in all areas of the lot but is not enclosed like the staff parking since it doesn’t have direct access to the building but still has guards there to monitor the lot and make note of what vehicles come in and out of the lot and can keep an eye out for suspicious activity.
* Why did you place cameras where you did?
  + The cameras are placed in these areas to give security 100% coverage of all areas of the exterior of the hospital, and to allow overlapping coverage to identify threats from multiple angles if necessary.
  + All entrances and exits are covered from the building and parking lots to include the inlet of the hospital building in case of malicious activity that could occur there since it could be out of the line of site from security.

**Lobby**

* What kind of windows are required? What kind of access control security are you providing for the visitor, employee, and patient?
  + There should be enough windows at all of the entrances to allow full visibility of all entering the building before physically entering. All windows should be made of shatter proof glass and non-opening on the ground level.
  + Access control for all employees should be a standard bag check at the employee entrance along with and ID Badge scan to confirm that they are in the system and have current access to the building. This will also allow security to log in when they enter and when they exit the building.
  + For patient and visitor access they would need to go through the main entrance to allow security to log in when they enter and to check their bags for any items not allowed on hospital grounds. Patients would be given an inpatient band and visitors would receive a visitor pass or band to show they have been screened by security. After screening all in-patients and visitors would have to check in to the reception desk.
* What kind of information would you collect from all nonemployees to enter the hospital for security reasons?
  + The information that would be collected would be Full name, reason (within HIPPA guidelines) for visit or person they are visiting and their room number. This information would also have to be verified with the reception desk if visiting a patient.
* What kind of security would you have at the door (e.g., physical, ID badges, cameras)?
  + All entrance doors would have cameras to allow monitoring of anyone entering or leaving the hospital. All Staff entrances would have badge scanners.

**Maternity Unit**

* From a security perspective, why is the placement of the nurses’ station important?
  + The placement of the nurse’s station at the main entrance is to allow staff to physically verify any employee or visitor entering the ward. The nurse’s station is the first line of defense in physical security in the verification process when entering form, the visitor side.
* For security reasons, why do you encourage visitors to stay in designated areas or tell them where to go (e.g., signs, maps, paths, etc.)?
  + You encourage visitors to stay in designated areas so that they can be easily identified before entering the area they are trying to visit. You tell them where to go so that they can be informed where to properly go once it is verified, they are able to go to the place they are trying to enter. They can also be tracked if needed to see if they stray off the course given to them by staff and a threat can be easily identified if needed.
* How do you secure the newborns from potential abduction and accidental switching?
  + Once a newborn is born an RFID tag should be attached to the child, there are many ways this can be done, either by ankle, wrist or even the umbilical cord. This allows the staff to geofence the child to the area they are in or being moved to. The device would also have a tamperproof device in it as well that would set off the system and put the ward into lockdown sealing all entrances and exits and patient doors within the ward and alert hospital security. The RFID chip would also have all the patient’s information as well so that the patient and mother can be verified at all times.
* Would different secondary ID badges for maternity ward employees be recommended and why?
  + Since a maternity ward is a very sensitive ward a separate ID badge to enter the ward should be used to enhance the security of that part of the hospital. This would allow only authorized staff to be in that ward and no one else to minimize risk of child abduction.

**Security Training**

* What kind of security training would you offer to employee staff, and how often would it take place? Why?
  + There would be a standardized training for the entire hospital staff. This would include active shooter drills and what to do in this situation, how to handle physically aggressive patients, how to calm and defuse a tense situation along with other physical security drills such as fire evacuations and proper meeting and accountability of staff and patients in designated areas based off of there specific wards. Having this kind of training would prepare hospital staff for most common scenarios that can happen any day witin an active hospital to include lessons learned by previous incidents in hospitals around the local area and country.
    - Would the training be different for each group? How?
      * Only certain wards would have specialized training such as the maternity ward and emergency ward and even the main entrance staff as well. The maternity ward would have specialized training in countering human trafficking and how to defuse domestic issues that could arise from patients and visitors. Entrance staff and emergency staff would be given special training in how to handle bomb threats, active shooters and physically violent patients since this could be more common in these areas. Along with how to defuse verbally offensive patients and how to bring the situation under control and allow the patient or visitor to feel relax and safe again depending on the situation.