



CPTED Report Hurstville Private Hospital

Prepared by Inspira Property Group

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Disclaimer: Extent of Investigations

An inspection of all readily accessible parts of the improvements on the properties has been carried out by the consultant.

We have not sighted a qualified engineer's structural survey of the improvements, or its plant and equipment. The author is not a building construction and/or structural expert, and is therefore unable to certify as to structural soundness of the improvements.



Document Control Register

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Executive Summary

Inspira Property Group has prepared this Crime Prevention Through Environmental Design (CPTED) assessment of the proposed redevelopment of Hurstville Private Hospital on behalf of the proponent Hurstville Private Pty Ltd.

The proposed development is for the construction of an extension and addition of 3 storeys over the existing Medical Centre. There will be refurbishment and minor alterations to other parts of the existing Hospital.

This report will inform the Environmental Assessment Report (EAR) which accompanies the Project Application for the Hospital redevelopment which was declared a Major Project under Part 3A of the *Environmental Planning and Assessment Act 1979* (EPAA).

The scope of the project includes approximately 4,865m² of new floor space and the following features:

- 4 theatres
- 3 new lifts
- New wards
- New consulting rooms
- New basement car parking and delivery dock
- Link-way bridge to connect wards to new lifts
- Bridge will also connect kitchen and linen delivery area to lifts
- Refurbishment work to existing wards, consulting suites and kitchen
- New landscaping and lighting
- Additional parking and cantilevered turning bay deck over a section of the existing open at-grade car park located at 12 Millett Street.

This report has been prepared to address those matters related to the assessment of MP11_0042.

Crime prevention through environmental design (CPTED) seeks to influence the design of buildings and places by:

- Increasing the perception of risk to criminals by increasing the possibility of detection, challenge and capture
- Increasing the effort required to commit crime by increasing the time, energy or resources which need to be expended
- Reducing the potential rewards of crime by minimising, removing or concealing 'crime benefits'
- Removing conditions that create confusion about required norms of behaviour, (NSW Department of Urban Affairs and Planning, 2001).

This CPTED assessment has concentrated on the proposed additions and alterations to the existing Hospital, which are focussed on the extension of the Medical Centre, the creation of additional basement parking, 3 new lifts from basement level, and the addition of new storeys and a connecting walkway to the other parts of the Hospital. However existing pedestrian and vehicle access paths and operational areas of the Hospital have also been examined.

While there is no publically available information regarding crime in the Hospital grounds, a July 2008 Bureau of Crime, Statistics and Research (BOCSAR) bulletin reported that

between 1996 to 2006 police-recorded a 50% increase of assaults on NSW hospital premises from 214 in 1996 to 322 in 2006. A significant majority of victims were hospital health-care workers (BOCSAR Crime and Justice Bulletin 116, 2008).

However within the Hurstville Local Government Area, only one assault crime was recorded in 2011 on a health business premises (Australian Bureau of Statistics, abs.gov.au, viewed 10 October, 2012). Most crime in the Hurstville LGA occurs around railway stations and local shopping centres.

Design Issues

Overall, the proposed building and landscape design is considered to be robust and congruent with CPTED principles. The design assessment has considered:

- External design
- Internal design
- Landscape design.

The assessment identified number of CPTED issues under the following broad characteristics of the proposed design:

- Courtyards
- Loading bays and emergency vehicle areas
- Car parks and
- Building access points.

Proposed mitigation measures

Broadly, proposed mitigation measures include:

- After hours management measures such as consideration of adequate levels of lighting, CCTV and security patrols at key locations such as building access points, courtyards, loading bays, basements and car parks
- Use of robust materials in finishes to minimise the impact of malicious damage
- Use of clear signage in relation to pedestrian access clearly marking staff only areas
- Installation of clear and prominent signage reminding users not to leave valuables in their cars, and
- Restricting access to car park areas after hours by allocating certain areas as staff-only areas.

It is acknowledged that all of these measures are currently applied as part of the Hospital operations as evidenced in the Operations Manual attached to the Environmental Assessment Report and during the site inspection. Security procedures and policies are attached to this report.

Additional issues during construction stage

Consideration has also been given to the management of additional issues during the construction works. This includes consideration of:

- Management of vacant areas
 - Pedestrian and user safety
 - Signage and emergency vehicles (NSW Police & NSW Fire Brigades)
 - Security and management of waste materials to prevent scavenging.
-

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1.0 Introduction

1.1 Development Proposal

Inspira Property Group has been requested to conduct a Crime Prevention through Environmental Design (CPTED) assessment of the proposed redevelopment of Hurstville Private Hospital. The proposed development is for the construction of an extension and addition of 3 storeys over the existing Medical Centre. There will be refurbishment and minor alterations to other parts of the existing Hospital.

This report will inform the Environmental Assessment Report (EAR) which accompanies the Project Application for the Hospital redevelopment which was declared to be a Major Project under Part 3A of the *Environmental Planning and Assessment Act 1979* (EPAA).

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- Refurbishment work to existing wards, consulting suites and kitchen
- New landscaping and lighting
- Additional parking and cantilevered turning bay deck over a section of the existing open at-grade car park located at 12 Millett Street.

This report has been prepared to address those matters related to the assessment of MP11_0042.

The assessment has applied crime prevention research and expertise to identify specific design areas that could be enhanced to maximise safety for hospital users.

Overall, the design is considered to be robust and congruent with CPTED principles. A number of CPTED recommendations are proposed in relation to the following matters:

- Security and reception staffing, particularly out of hours
 - After hours management measures such as adequate levels of lighting, CCTV and security patrols;
 - Use of robust materials that minimise malicious damage
 - Delineation of amenities and restriction of access to those which are used by staff, particularly after hours
 - Painting of basement car park
 - Warning signage.
-

1.2 Crime Prevention through Environmental Design

CPTED aims to influence the design of buildings and places by:

- Increasing the perception of risk to criminals by increasing the possibility of detection, challenge and capture;
- Increasing the effort required to commit crime by increasing the time, energy or resources which need to be expended;
- Reducing the potential rewards of crime by minimising, removing or concealing 'crime benefits';
- Removing conditions that create confusion about required norms of behaviour (NSW Department of Urban Affairs and Planning, 2001).

The Government's strategy for assisting with the assessment of development applications includes Guidelines under section 79C of the *Environmental Planning and Assessment Act 1979* which provide examples and information to help implement CPTED principles.

The principles embodied in the Guidelines are as follows:

- Situational crime prevention involves changing various aspects of the environment so that the efforts and risks required to commit crime are increased, and offender's perceived rewards are reduced;
- Situational crime prevention is based on the assumption that people commit crimes for rational motives, and that people will only commit a crime when they perceive the benefits outweigh the risks;
- Situational crime prevention is more effective for some types of crimes, such as those motivated by greed or opportunistic crimes. Crimes such as vandalism, assault, break and enter, theft, trespassing, and motor vehicle theft tend to be more responsive to situational crime prevention strategies. These are the types of crimes that most commonly occur in public spaces.

CPTED applies knowledge about situational crime prevention to the planning and design stages of buildings and public spaces.

CPTED aims to improve:

- Natural surveillance
- Natural access control and
- Territorial reinforcement.

Natural surveillance is a by-product of good design features and routine user activity. Natural observation enables legitimate users of space to control it.

Territoriality promotes:

- Ownership
- Responsiveness
- "Defensible Space"
- Increased perception of risk for illegitimate or abnormal users.

Access controls can be:

- Natural (by product of the normal & routine use of the environment, such as a hedge)
 - Mechanical (eg locks)
 - Organised (eg guards).
-

Assessing Space: Designation, Definition, and Design

Key CPTED principles are outlined following.

Surveillance

There are three main types of surveillance:

- Natural surveillance is achieved when normal space users can see and be seen by others. This highlights the importance of building layout, orientation and location; the strategic use of design; landscaping and lighting. Natural surveillance is a by-product of well-planned, well designed and well-used space.
- Technical/mechanical surveillance is commonly used as a 'patch' to supervise isolated, higher risk locations. There is a proven correlation between poor lighting, fear of crime, the avoidance of public places and crime opportunity. Australian and New Zealand Pedestrian Lighting Standard 1158.1 requires lighting engineers and designers to consider crime risk and fear when selecting lamps and lighting levels. Good lighting can assist in increasing the usage of the area.
- Formal (or Organised) surveillance is achieved through the tactical positioning of guardians. An example would be the use of on-site supervisors at higher risk locations.

Access Control

Access control refers to the management of who enters an area so that unauthorised people are excluded, for instance, via physical barriers such as fences and grills.

Territorial Reinforcement

Territorial reinforcement means that people are more likely to protect territory they feel they own and have a certain respect for the territory of others. This can be expressed through installation of fences, paving, signs, good maintenance and landscaping.

Space management is another important aspect of territorial reinforcement and ensures that space is appropriately utilised and cared for. Space management strategies include: activity coordination, site cleanliness, rapid repair of vandalism and graffiti, the replacement of burned out lighting and the removal or refurbishment of decayed physical elements.

Site Audit

To maximise effectiveness, it is important that crime prevention strategies be tailored to the specific site in which they are to be implemented. Therefore, the Hurstville Private assessment needs to take into account the specific features of the proposed redevelopment, the local circumstances and conditions and the constraints imposed by the existing design.

Due to the specialist nature of development, it is expected that there will be a number of design constraints across various areas. Careful consideration has been taken in preparing this report to ensure recommendations reflect the specialist nature of the site, this includes the need for:

- 24 hour access and car parking
 - Designated areas for ambulance vehicles
 - In-patient areas
 - Waiting areas and
 - Staff areas.
-

Regulation and Assessment Principles

Conduct of a safety audit in the current NSW policy and practice environment involves consideration of the following regulation and assessment principles:

- CPTED principles endorsed by NSW Police
- Section 79C of the NSW Environmental Planning and Assessment Act, 1979 (EP&A Act), which includes guidelines for the consideration of safety issues in the development approvals process (NSW Department of Urban Affairs and Planning: 'Crime Prevention and the Assessment of Development Applications'(2001).

Due to the nature of the development, consideration should also been given to Australian Standard 4485.1-1997 – Security for health care facilities. AS4485.1 considers security from a broad perspective including:

- Physical security
- Security for external visitors
- Security and safety of people
- Screening of personnel
- Security staff
- Incident procedures
- Pharmacy and pharmaceuticals security
- Newborn and maternity security.

Methodology

Assessment Tasks

The following tasks were undertaken in the preparation of this CPTED assessment:

- Site visit carried out between 9:30 – 11:30 am on 5 June 2012. Review of key literature on CPTED and analysis of the applicability of this literature to the proposed hospital redevelopment
 - Review of details of the proposed development
 - Interview with the Chief Executive Officer of the Hurstville Private Hospital
 - Collection and analysis of local and NSW state crime statistics from the Bureau of Crime Statistics and Research (BOCSAR)
 - Assessment of the function of the proposed development and recommendation of management measures to increase community safety
 - Assessment of the design of the proposed development to identify the type of security measures.
-

Site, Proposed Development and Surrounds

The site has an area of approximately 8000 square metres and is known as Hurstville Private, formerly the Hurstville Community Hospital. It is privately owned.

The scope of the subject Project Application includes:

- 4 theatres
- 3 new lifts
- New wards
- New consulting rooms
- New basement car parking and delivery dock
- Link-way bridge to connect wards to new lifts
- Bridge will also connect kitchen and linen delivery area to lifts
- Refurbishment work to existing wards, consulting suites and kitchen
- New landscaping and lighting
- Additional parking and cantilevered turning bay deck over a section of the existing open at-grade car park located at 12 Millett Street.

Vehicular access to the site is off both Gloucester Road and Millett Street. Gloucester Road is the general pedestrian entrance and drop-off entrance. Access to the basement car park and the staff car park areas are off Millett Street.

The current built form does not allow easy access through the site, however there is currently a laneway around the back of the hospital from Gloucester Road which exits onto Millett Street which will be closed for general access after the redevelopment. Nevertheless this laneway requires attention from a surveillance, lighting and safety management perspective.

The site has 3 street frontages as shown in the site plan following.

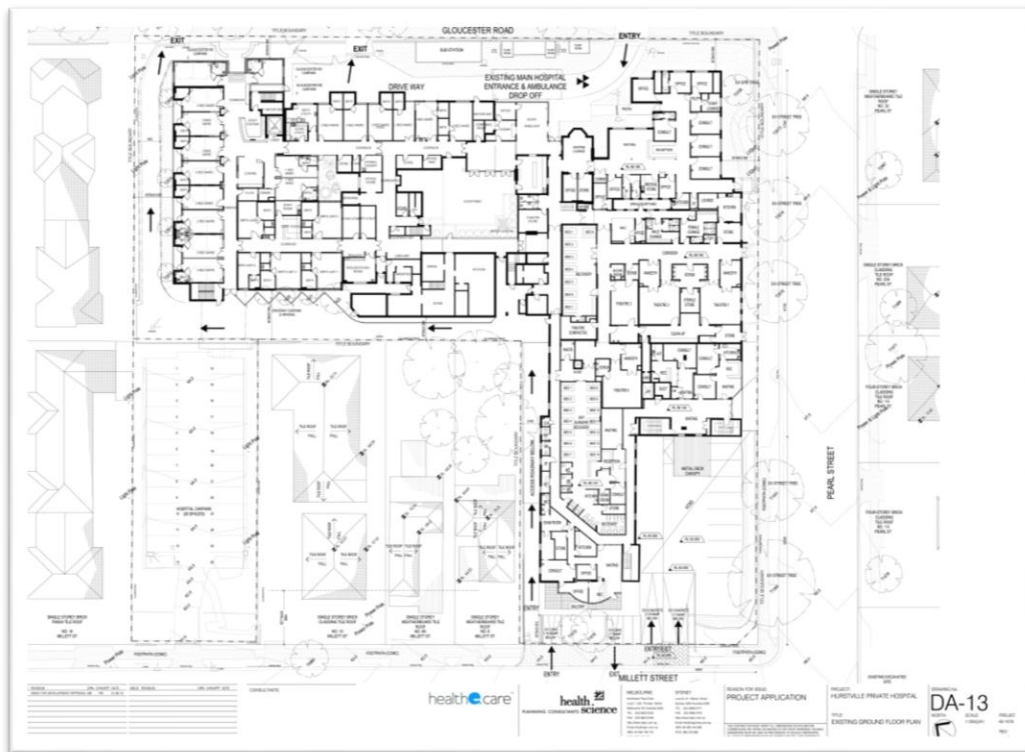


FIGURE 1: SITE PLAN

The figure following shows the proposed redevelopment at ground level.

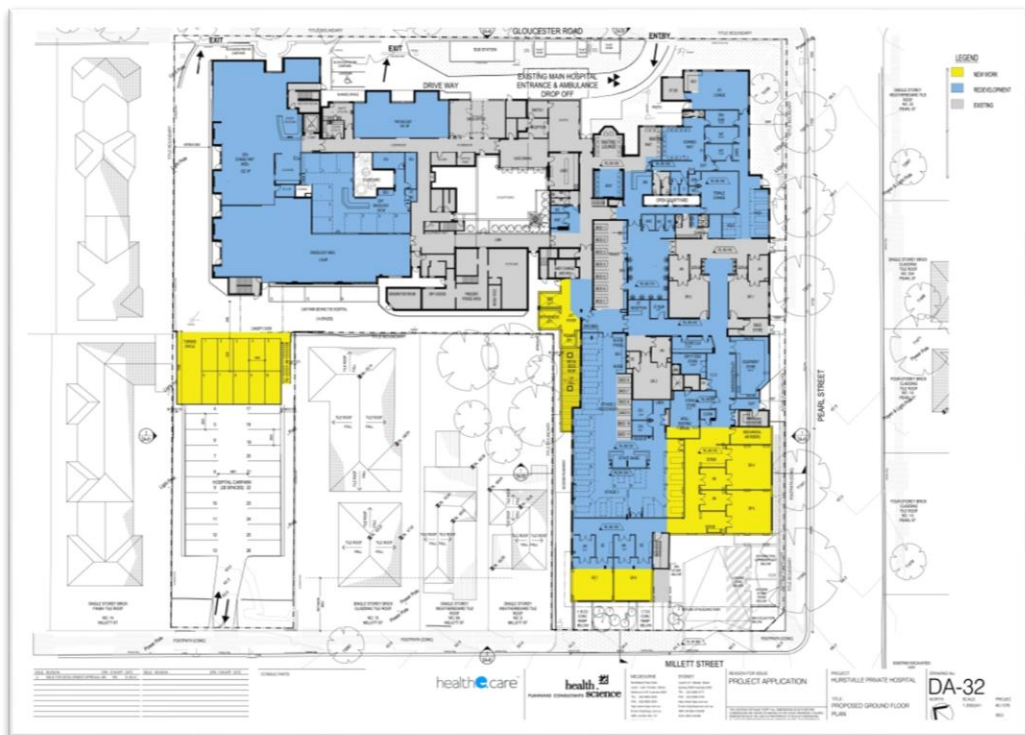


FIGURE 2: GROUND LEVEL PLAN: PROPOSED WORKS

Site Assessment

A site assessment was carried out on 5 June 2012. In conducting the assessment it was noted that the Hospital currently comprises a number of buildings of various designs built over a long period of time.

Front Entrance

The front entrance will be retained in its current form. It meets the CPTED requirements for:

- Natural and passive surveillance of the front entrance
- Adequate lighting and signage
- Delineation of public and private areas
- Opportunities for restricting access after-hours.

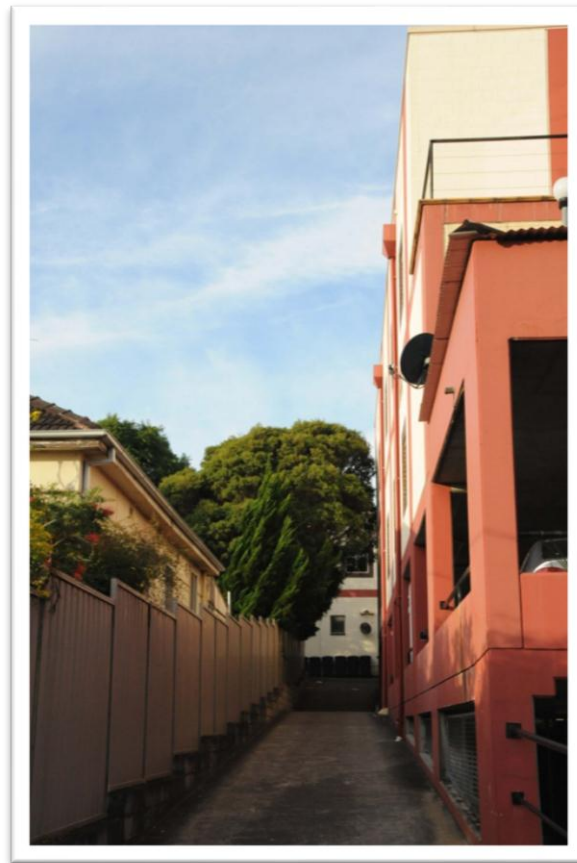


FIGURE 3: FRONT ENTRANCE

Rear Access Laneway

The laneway in its current form is depicted in the following series of photographs.





The laneway in its current form has the following characteristics:

- Some natural surveillance
- Two entry/exit points
- Average user perception of safety
- Limited opportunities for restricting access after-hours.

The laneway will be cut at its 'right-angle' turn point, pictured above, when the Hospital is redeveloped to allow for the development of the new lifts. The laneway will be used to access staff-only parking, and will provide access for loading into the kitchen.

- The safety of the laneway will be increased because access will be restricted at all hours.
 - Both pedestrian entry/exit points for authorised users will be maintained.
 - Lighting, signage and natural surveillance will be increased.
-



FIGURE 7: BASEMENT CAR PARK FROM MILLETT STREET

Basement car park

While the basement car park is visible from the street, in its current configuration it is dark and difficult to see into the recessed interior.

The redevelopment and expansion of the car park should include lighting and CCTV to ensure that there is an increased perception of safety and monitored surveillance is available at all times that the car park is accessible to the public.

Semi-open spaces/hallways

Currently there are a number of hallways and 'semi-open spaces' which have developed over time. However as the Hospital is relatively compact and busy, there is natural surveillance and a perception of user safety. There are limited opportunities for after-hours access.

The proposed redevelopment will improve natural surveillance, eliminate secluded areas, increase restrictions on access after-hours and improve perceptions of safety.



FIGURE 8: EXISTING HALLWAY BETWEEN OPERATING THEATRES

Access Control

Public Access points into the building will be clearly defined using appropriate way-finding signage, building form and landscape design.

There will be restricted access to operational parts of the building such as the operating theatres.

Territorial Reinforcement

The building design clearly defines public areas versus operational areas, including loading and services to the building. The separation of uses, signage and landscape will ensure clear boundary definition and the distinction between the public and private domain.

Space Management

The proposed development will not result in the creation of space that would compromise the safety of users or surrounding residents, in fact it will improve safety, natural and organised surveillance, and territorial reinforcement.

Crime Statistics & Demographic Profile

It is necessary to consider the prevalence and nature of crime within the local area of the proposed development. Australian Bureau of Statistics 2006 Census data has been used to provide a local context of offences and crime rates, whilst 2007 statistics from the Bureau of Crime Statistics and Research (BOCSAR) have been analysed to provide the broader context of crime rates and trends relative to New South Wales. It is difficult however to attribute incident data and trends to events specifically within, or in the immediate surrounds of Hurstville Hospital.

A July 2008 Bureau of Crime, Statistics and Research (BOCSAR) bulletin reported that between 1996 to 2006 police-recorded a 50% increase of assaults on NSW hospital premises from 214 in 1996 to 322 in 2006. A significant majority of victims were hospital health-care workers.

Compared to the Sydney metropolitan area (SMA), Hurstville has an older population, with proportionally more people aged over 55 years. While this group is least likely to be a victim of a personal crime - assault, robbery from a person and sexual assault (BOCSAR, 1999) - they often have the highest levels of fear.

However within the Hurstville Local Government Area, only one assault crime was recorded in 2011 on a health business premises (Australian Bureau of Statistics, abs.gov.au, viewed 10 October, 2012).

The following information is an extract from the Hurstville Community Safety Plan, 2003.

- “Hurstville has a very multicultural population. Residents from all backgrounds may fear people from backgrounds different to their own, impacting on feeling safe in their local area.
- Hurstville is a middle income, predominantly family oriented area.
- Hurstville is likely to have a youth unemployment problem – although in line with other parts of Sydney.
- Hurstville has less crime, on average, compared to other parts of Sydney.

In 2001, the highest number of criminal incidents was as follows:

- All driving offences (4,716 incidents)
- Break and entering a home (848 incidents)
- Malicious damage to property (843 incidents)
- Theft from a motor vehicle (793 incidents)
- Motor vehicle theft (614 incidents)
- Break and enter non-dwelling (383 incidents)
- Assault (377 incidents)
- Fraud (318 incidents)
- Steal from dwelling (194 incidents)
- Steal from person (179 incidents).”

(Hurstville Community Safety Plan. 2003)

The following map indicates that the focus of personal non-domestic violence assaults was the railway stations on the lines which run through the suburbs of Hurstville LGA (abs.gov.au, 2011).

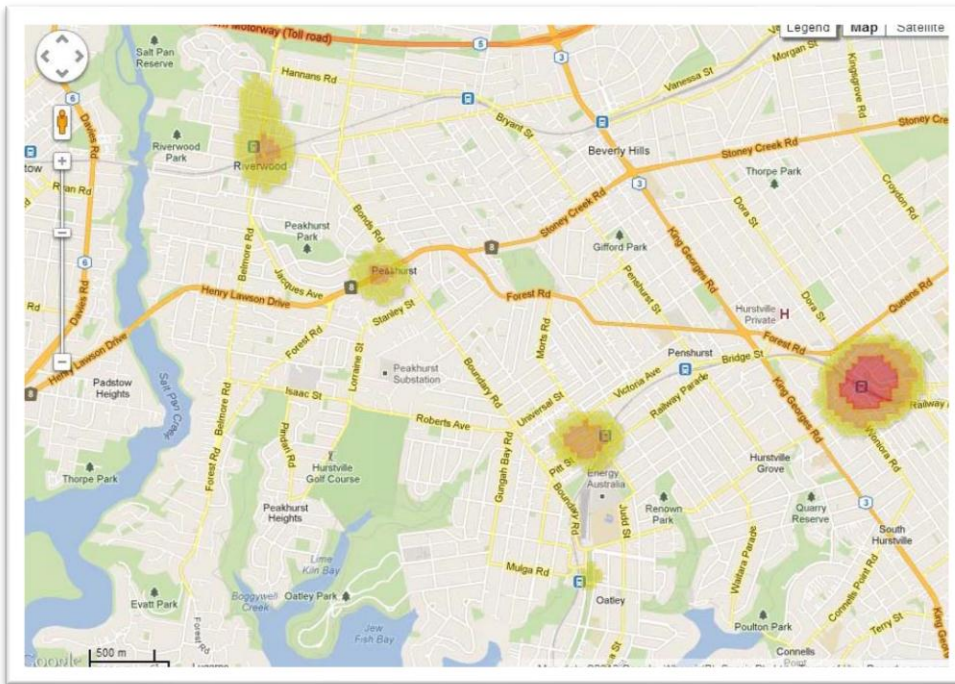


FIGURE 9: MAPPED DATA FOR NON-DOMESTIC VIOLENCE ASSAULTS IN HURSTVILLE LGA, 2011 (SOURCE ABS.GOV.AU)

The main focus or “hot spots” are town centres, railway stations and the Hurstville Rail/Bus Interchange. The following figure charts the proportion of assaults which have occurred on ‘health’ business premises (abs.gov.au, 2011, viewed 10 October 2012).

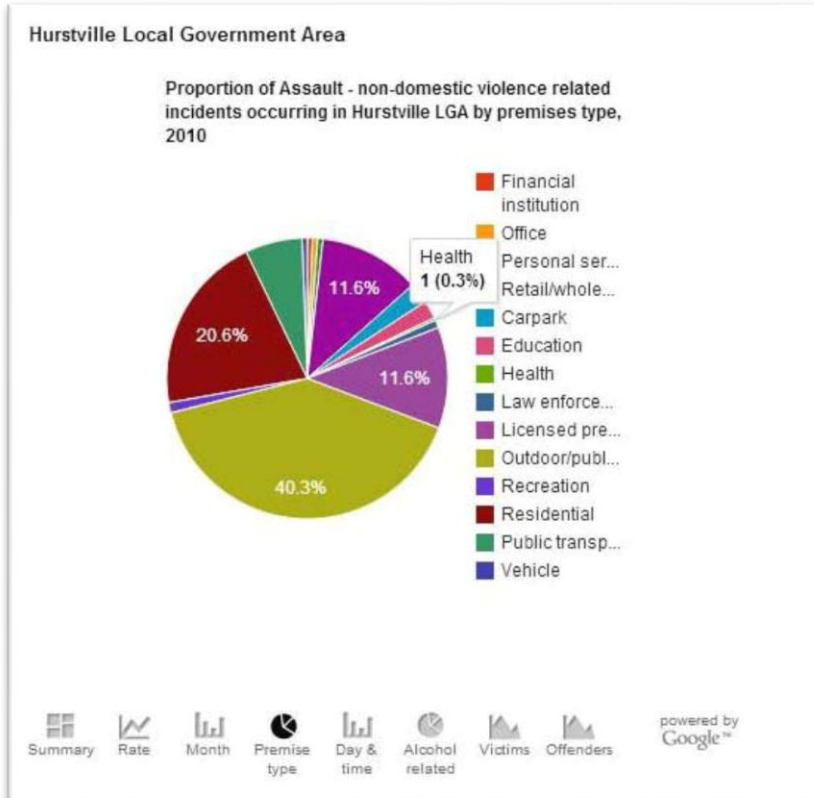


FIGURE 10: GRAPHICAL DATA FOR NON-DOMESTIC VIOLENCE ASSAULTS IN HURSTVILLE LGA BY PREMISE TYPE (SOURCE ABS.GOV.AU)

Building & Development Audit

The following matters will be addressed in the new development to ensure that the CPTED principles are applied. The current operational policies are described in the attached Security Policies and in the Appendix to the Environmental Assessment Report noting all the Operational Policies and Procedures.

- Business identification and visitor access
- Access control
- Vehicle access control
- Property and space identification
- Telephones and alarms
- Security systems including drug safes
- Key and valuables controls
- Pharmaceuticals controls
- Safes
- Personnel security
- Closed Circuit Television
- Information Security
- Security policies
- Fire Security
- Occupational Health and Safety
- Landscaping
- Warning signs:

Warning: these premises are under constant surveillance

Warning: trespassers will be prosecuted

Warning: no large amounts of money kept on premises

Warning: monitored alarm in operation.

Summary findings of the CPTED assessment

The following provides a summary of the findings of this assessment:

Design Issues

Overall, the proposed building and landscape design is considered to be robust and congruent with CPTED principles. The design assessment has considered:

- External design
- Internal design
- Landscape design.

The assessment identified a number of CPTED issues under the following broad characteristics of the proposed design:

- Courtyards and communal areas
- Loading bays and emergency vehicle areas
- Carparks
- Amenities
- Building access points.

Proposed mitigation measures

Broadly, proposed mitigation measures include:

- After hours management measures such as consideration of adequate levels of lighting, CCTV and security patrols at key locations such as building access points, courtyards, loading bays, basements and car park amenities.
- Use of robust materials in finishes to minimise the impact of malicious damage
- Use of clear signage in relation to pedestrian access clearly marking staff only areas
- Installation of clear and prominent signage reminding users not to leave valuables in their cars
- Having staff-only car park areas with restricted access after hours
- Installation of appropriate vandal resistant lighting to Australian Standards to maximise surveillance around amenities, lift lobbies and car parks. This will assist in minimising loitering, increasing formal surveillance and decreasing the likelihood of opportunistic crime and increase the perception of safety for after-hours users.

Additional issues during construction stage

Consideration has also been given to the management of additional issues during the construction works. This includes consideration of:

- Management of vacant premises
 - Pedestrian and user safety
 - Signage for emergency vehicles (NSW Police & NSW Fire Brigades)
 - Storage of waste materials to prevent scavenging.
-

References

Australian Bureau of Statistics, Census Data 2011 for Hurstville Local Government Area

Bureau of Crime Statistics and Research, (BOCSAR) Crime and Justice Bulletin 116 (2008),
Police-recorded assault on hospital premises in New South Wales: 1996-2006

Department of Urban Affairs and Planning, 2001. Crime Prevention and the assessment of
development applications: Guidelines under section 79C of the Environmental Planning
and Assessment Act. NSW Government

Hurstville City Council, Crime Prevention Policy Guidelines

Hurstville Community Safety Plan, 2003

Appendix One: Hurstville Private Hospital Security Policies & Procedures

HURSTVILLE
PRIVATE

SECURITY POLICY

PURPOSE

This policy is developed to ensure that systems are monitored and evaluated through the risk management process to provide safety and security for all staff who

POLICY REFERS TO

All staff

POLICY

It is the policy of Hurstville Private to provide a safe and secure facility to work, visit or stay.

The intent of the Hurstville Private Security Policy is to ensure the security of the following:

- a) Staff, patients and visitors
- b) Intangibles - such as the facilities reputation
- c) Real estate, buildings
- d) Plant & Machinery
- e) Office Equipment
- f) Payroll
- g) Procedural
- h) Medical & associated equipment
- i) Drug and other dangerous goods
- j) Currency
- k) Supplies and consumables
- l) Intellectual property
- m) Information e.g. – medical records, documents, patient privacy
- n) Keys
- o) After house security

A Hospital wide annual security plan is developed to ensure policies and systems are monitored and evaluated. This plan is evaluated through the Risk Management Committee and policy changes are recommended to the Executive Committee. The security policy is supported by work instructions.

EXPECTED OUTCOMES

- Working with Children Checks are undertaken on all relevant employees.
- Security audits undertaken annually
- Credentialing of all Medical Staff as per policy
- Action taken on all security breaches

Reference:

AS4485.1 – 1997 Security for Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQUIP Guide 3rd Edition Standards 5.1.6
ACHS EQUIP 4 Standard 3.2.5
ACHS EQUIP 5 Standard 3.2.5

HURSTVILLE
PRIVATE

History:

- 07.07 Reviewed and revised to reflect current organisational structure and changes to security systems and referenced to EQUIP 4.
- 02.08 Reviewed and revised to reflect change of ownership, implemented KPI's and referenced to ACHS EQUIP 4.
- 08.09 Reviewed and updated to reflect the changes by Continuum Healthcare
- 09.11 Reviewed and reformatted

Policy Written: J Scotti

Date of Next Review: June 2013

Policy Reviewed by: J Scotti & M Cattell

Policy Date: June 2009

Approved by: L Dodd CEO & Policy Review Committee

Date Implemented: August 2009

Last reviewed: September 2011

HURSTVILLE
PRIVATE

SECURITY PROCEDURES

PURPOSE

To ensure that the organisation and its staff and visitors are provided with a safe and secure environment

POLICY REFERS TO

All staff

POLICY

2.1 Security Procedures "In Hours"

The Hospitality Services Manager shall act in the role of Security Officer / Advisor and alert the CEO to any protective security risks or issues requiring decisions to be taken regarding general administration of the facility.

The security advisor is responsible for but not limited to the following:

- a) Identify, assess and manage security risk for the facility
- b) Develop protective security measure to control the risks to acceptable levels
- c) Manage the protective security functions throughout the facility
- d) Alert the CEO to any protective security aspects of decisions to be taken regarding the general administration of the facility
- e) Monitor protective security arrangements to ensure that they are being applied properly and are proving effective
- f) Raise the awareness of staff and others about protective security matters
- g) Liaise with planning groups on refurbishments and new construction projects
- h) Liaise with other agencies concerned with protective security measures

Security Control Systems

The following security control systems have been installed or implemented to improve security throughout the facility:

- a) Entrance through Main Entrance Gloucester Road
- b) Exit only doors throughout the facility to minimise entry points
- c) Visitors/ contractor sign in register
- d) After hours access control After hours security and After hours access.
- e) Security Patrols @ 21.00hrs and twice randomly After hours security.
- f) Back to base alarm system in Executive Suite
- g) Duress alarm at Main reception and CSSD
- h) Coded locks on Operating Suite change room doors, kitchen storeroom, executive offices/medical records, Figtree Ward clean utility, Delivery Suite clean utility, Maternity ward clean utility and female change room/locker room and the Figtree Treatment room.

2.2 Security Procedures After Hours

Hurstville Private has a contract with an external security company, contact details are continually updated on External contractors list.

The security company provides three patrol's throughout the night Monday – Sunday. The first of these patrols is conducted at 2100 hours with two other patrols at random time throughout the night.

Each visit by the security guard will include but is not limited to the following:

HURSTVILLE

PRIVATE

1. Report to Registered Nurse "In Charge After Hours" to enquire about any disturbances or incidents
2. Conduct an external and internal patrol of the premises checking that each door is secure and that each area is secured.
3. On shift change escort staff to car park if required
4. Sign the log book which is located with the "In Charge After Hours" and complete section required to inform of any incidents, security breaches or maintenance issues with external lighting, function of door locks etc

Each patrol is of approximately twenty minutes duration. The security officer is not armed. The security officer is also available to attend the premises if required for any intrusion or other security related problems.

2.3 Lock up Procedures

Gloucester Road – Main Entrance

The main reception doors are locked at 2000 hours Monday – Friday. The clerical staff are responsible for locking these doors and the security guard will check these doors at each visit through the night.

Procedures to lock automatic doors at main reception:

1. The automatic doors can be locked by turning the key to the "LOCK" position on the control panel located in the main reception office
2. Keys to this door are kept in the locked drawers in the reception office

Gloucester Road – Figtree Ward Entrance

The Figtree entrance doors are locked at all times. This entrance is used after hours only.

The procedure to lock automatic doors at Figtree reception

The control panel for the automatic doors is located on the left hand side of the door panel.

1. Press the ↑ button 3 times
2. Press the ↓ button 3 times
3. Press the ↑ button 3 times
4. A light will now show the mode the door is currently in
5. Use the ↑ ↓ buttons to move the light to the locked position showing a symbol with a locked key. This will automatically lock these doors.

Rear Lane Doors

These doors are locked with a keypad. The security company is responsible for checking these doors at each visit throughout the night.

Pearl Street Entrance

The Pearl Street entrance doors are locked at 1800 hours. The late shift cleaner is responsible for locking these doors. The security company will check these doors at each visit throughout the night.

Procedure to lock automatic doors at Pearl Street Entrance:

The control panels for the automatic door is located on the left hand side of the door panel.

1. Press the ↑ button 3 times
2. Press the ↓ button 3 times
3. Press the ↑ button 3 times
4. A light will now show the mode the door is currently in
5. Use the ↑ ↓ buttons to move the light to the locked position showing a symbol with a locked key. This will automatically lock these doors

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CSSD Basement Level 2

- The maintenance officer is responsible for locking this area at 1630 hours Monday – Friday.
- Any staff working in this area after hours and weekends is responsible for locking this area at the completion of their shift. The keys are located in the CSSD for after hours access or by contacting the “In Charge After Hours” on ext 794.
- The security company will check these doors at each visit.

Procedures for locking CSSD Basement Level 2 (Lower ground Level)

1. The doors from the rear lane into CSSD are key locked using the master key or the CSSD keys located in the Delivery Suite.
2. The automatic door from CSSD into basement level 2 car park is locked by pressing



- the hand once only. This also is the same to unlock
3. The lift is locked using the lift key by turning the key position to “OFF”
 4. The fire stairs are locked using the key pad or by contacting the “In Charge After Hours” on ext 794

NOTE: This door is fitted with a fail safe device and keypad for egress. In case of emergency, break the glass on the control panel using any blunt instrument to automatically override the lock on this door.

Basement Level 1 Car Park Millet Street Entrance

The maintenance officer is responsible for locking this area at 1630 hours Monday – Friday. Any staff working in these areas after hours or weekends is responsible for locking this area. Keys are located in the Delivery Suite.

Procedure for locking Basement Level 1 Car Park

1. The fire stairs door is locked using the master key.

NOTE: This door is fitted with a fail safe device and keypad for egress. In case of emergency, break the glass on the control panel using any blunt instrument to automatically override the lock on this door.

2. The lift is locked using the lift key by turning the key position to “OFF”
3. The delivery trucks entrance is locked using the padlock and chain. Keys to this gate are located with the “In Charge After hours.”
4. The automatic gate is locked by turning the power control to the “ON” position. Then press the after hours exit button on the right hand side wall marked with “after hours exit button” sign.

The gate will automatically close.

After hours access into this area is limited as a code will need to be entered into the keypad on both the auto gate and the fire stair doors. These codes can be given to staff who require after hours access by their immediate manager.

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2.4 Duress Alarm Main Reception and CSSD

The front reception is fitted with a duress alarm. The purpose of this alarm is for the main reception staff to seek assistance if they are under threat. The alarm is activated by a pressing button using knee or hand under the main reception desk. The alarm is raised on the enunciator system and through the ERT pagers.

If the alarm is raised the police should be called immediately if there is an identified breach of security by calling 0- 000.

Staff should not approach the main reception but ring to ascertain if a security breach has occurred or if staff are at risk.

If it is a false alarm, the alarm is turned off at the desk, at the same point the button was activated

EXPECTED OUTCOMES

Security log book maintained and action taken on incidents

All security incidents recorded and acted upon

Performance Indicators as per service agreement for Security Contractor met.

Reference:

AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements

AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide

ACHS EQuIP Guide 3rd Edition Standards 5.1.6

ACHS EQuIP 4 Standard 3.2.5

ACHS EQuIP 5 Standard 3.2.5

History:

- 07.07 Revised to reflect current after hours security procedures, current organizational structure and also EQuIP 4.
- 02.08 Reviewed and revised to reflect change of ownership, organisational change, policy renamed "Security Procedures" and implemented KPI's.
- 07.08 Reviewed and included 2.4 Main Reception Duress Alarm.
- 08.09 Reviewed and updated to reflect the changes by Continuum Healthcare
- 09.11 Reviewed and reformatted

<p>Policy Written: J Scotti Date of Next Review: June 2013 Policy Reviewed by: J Scotti & M Cattell Policy Date: June 2009 Approved by: L Dodd CEO & Policy Review Committee Date Implemented: August 2009 Last reviewed: September 2011</p>

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AFTER HOURS ACCESS

PURPOSE

To ensure that any person requiring access to the hospital "after hours" does not enter the premises without the prior knowledge and notification to either to the CEO, Operations Manager or the "In Charge " of Hospital After Hours. This will ensure there is no threat or injury to staff or visitors at Hurstville Private.

POLICY REFERS TO

All staff

POLICY

3.1 Access

Access into the hospital after hours is through the Main Reception doors at Gloucester Road or, for Obstetricians, through the rear lane door entrance outside Surgical Ward. These doors are fitted with either a video intercom system or security access code. Where a video intercom is situated the intercom button should be pressed to alert the staff inside.

The following instructions should be followed for the use of the intercom video camera system.

- When door bell is rung, a bell is sounded in Figtree, Birthing Suite and Postnatal.
- Press 'talk' to speak to the person at the intercom.
- When finished speaking, release 'talk' button to enable other person to speak. Press 'talk' button to continue message.
- When conversation is complete, press 'off' button and the system will return to standby.
- By using the camera control monitor, the person on the intercom can be viewed.
- The intercom system has a button to open the doors automatically which should only be used once identification of visitors has been established.

3.2 Sign in and Sign out procedure for after hours visitors

A visitor's book is located at the main reception. Any after hours visitors should report to the Registered Nurse in Charge, sign the visitor's book and wear a visitor's badge for the duration of their visit. Once returning the visitor's badge, the visitor should sign out and report to the Registered Nurse in Charge before leaving the premises. Any keys required for after hours can be allocated by the Registered Nurse in charge. All keys must be returned and signed for prior to leaving the premises to the "in charge" after-hours Registered Nurse. The "In charge After Hours" staff will be notified of any contractors who will be in the hospital after hours.

3.3 After Hours External Lighting

External security lighting is located throughout the hospital grounds. These lights are switched on automatically by day light sensors or automatic time clocks. Any faults or repairs to this lighting should be noted in the after hours in charge report and referred to the Maintenance Officer for rectifications.

External lighting is checked twice annually by the maintenance officer and repairs organised as soon as possible.

The staff car park in Millett Street has security lighting.

3.4 After Hours Security Incidents

In case of any emergency, a crime in progress or a life threatening incident call **0-000** immediately.

- Ask for Police emergency
- Give your name, address and telephone number
- Tell the operator what is happening

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- Give the exact location of the incident including nearest cross street
- Description of any people involved
- Description of any motor vehicle involved
- Description of any weapons involved
- Wait until operator is finished and follow instructions given to you by the operator

Alternatively if the security incident is not an emergency the *Hurstville Police Station number is 9375 8599* or the *security company number is 9893 8866*.

Procedures for any emergency can be found on the Emergency Procedure Chart which is located in every office, nurse's stations and near the switchboard. If you do not have an emergency procedure chart in your area, please advise you manager immediately.

EXPECTED OUTCOMES

Nil incidents of unauthorised access to facility.

Reference:

AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements

AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide

ACHS EQUIP Guide 3rd Edition Standards 5.1.6

ACHS EQUIP 4 Standard 3.2.5

ACHS EQUIP 5 Standard 3.2.5

History:

02.08 Reviewed and revised to reflect change of ownership.

07.09 Reviewed and updated to reflect the changes by Continuum Healthcare

09.11 Reviewed and reformatted

Policy Written: J Scotti

Date of Next Review: June 2013

Policy Reviewed by: J Scotti & M Cattell

Policy Date: June 2009

Approved by: L Dodd CEO & Policy Review Committee

Date Implemented: August 2009

Last reviewed: September 2011

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REPORTING A SECURITY INCIDENT

PURPOSE

To provide notification to the appropriate person to monitor and manage any security incidents that may arise

POLICY REFERS TO

All Staff

POLICY

The hospital Emergency chart describes the process for reporting/ alerting emergency incidents. A security incident at any time should be reported to the Person in Charge.

In the event of a security breach/incident, staff members involved will complete a Riskman incident report. The Operations Manager will coordinate the investigation of the event with the person "in charge" at the time.

The Risk Management Committee will review and evaluate action taken and make recommendation to the Hospital Executive on policy changes or further action to be taken.

EXPECTED OUTCOMES

Risk Management review and evaluation of security incidents
Annual review of Hospital wide security plan

Reference:

AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQuIP Guide 3rd Edition Standards 5.1.6
ACHS EQuIP 4 Standard 3.2.5
ACHS EQuIP 5 Standard 3.2.5

History:

07.07 Revised to reflect current organisational structure, current procedures and referenced to ACHS EQuIP 4 Standard 3.2.5.
02.08 Reviewed and revised to reflect change of ownership and implement KPI's.
08.09 Reviewed and updated to reflect changes by Continuum Healthcare
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KEY MANAGEMENT & CONTROL

PURPOSE

To ensure the security of the hospital and its staff, visitors and patients through the provision of a key system with controlled access to all areas.

POLICY REFERS TO

Chief Executive Officer
Operations Manager

POLICY

The purpose of this policy is to ensure security of the building is maintained and access is by authorised personnel only.

The Hospital has a master key system with controlled access to areas as deemed appropriate by the Hospital Executive. Staff are issued with keys as relevant to their area of work. A key register is maintained by the CEO and all keys issued are recorded on the register. A key form is to be completed for all keys issued. Upon resignation of employment keys are to be returned to the CEO.

This policy applies to tenants of the Medical Centre.

The Registered Nurse "in Charge" after hours of the Hospital holds a master key and is authorized to access areas of the hospital as relevant to duty at any time. The master key is **not** to be issued to non-staff. The Registered Nurse in Charge is to record issuing the master key to staff in the After hours log book.

Lost or stolen keys are to be reported to the Person in Charge immediately.

EXPECTED OUTCOMES

Master Key Register
Reported incidents of lost or stolen keys

Reference:

AS4485.1 – 1997 Security For Health Care Facilities Part 1 General Requirements
AS4485.2 – 1997 Security for Health Care Facilities Part 2 Procedures Guide
ACHS EQUIP4 Standard 3.2.5
ACGS EQUIP5 Standard 3.2.5

History:

02.08	New policy
02.09	Reviewed and update to reflect the changes by Continuum Healthcare
09.11	Reviewed and reformatted

<p>Policy Written: J Scotti Date of Next Review: June 2013 Policy Reviewed by: J Scotti Policy Date: June 2009 Approved by: L Dodd CEO & Policy Review Committee Date Implemented: August 2009 Last reviewed: September 2011</p>
