

**Alternate Care Site
Security Plan**

SECTION 5: SECURITY

A. Background

Safety and security is the most essential operational requirement of an ACS. Without proper safety and security measures at an ACS, the lives of patients and personnel will be in jeopardy. It is recommended that an ACS be open to the public ONLY IF at a minimum at least two armed guards are present at the time of opening. Security needs and goals at the ACS may require more security than under normal conditions of operations given the nature of the disaster. These include general safety of patients, staff, and visitors, and protection of pharmaceuticals and other assets. However, typical measures to achieve security would be more complex for an ACS due to the following reasons.

1. Since this is a temporary ACS facility; the facility itself and security procedures will be unfamiliar and not yet routine to the security staff. Therefore, protocols will be more difficult to maintain and unusual events will be more difficult to identify
2. ACS personnel will not be known to security staff or to one another, therefore unauthorized persons will be more difficult to identify
3. Mechanical and electronic security controls would be quickly retrofitted onto the ACS structure and may not be of optimal design and function for this facility
4. All personnel, patients, and visitors will be under heightened stress due to the catastrophic event that necessitated opening of the ACS
5. Protestors and demonstrators (for example, animal rights activists) may target the ACS

During an infectious agent or communicable disease epidemic scenario, there are significant additional security concerns and risks beyond those mentioned above. If the ACS is to serve as an isolation/quarantine facility for infectious patients, there could be a strong not-in-my-backyard reaction from the community surrounding the surge facility, generated by fear of the infectious agent. This could cause community members to object and try to prevent the facility from opening and receiving patients, and might lead to disruption of facility operations. If there is widespread perceived risk from the infectious agent, and if vaccinations and medical prevention and treatment are in short supply, there could be aggressive attempts to obtain or steal medications from the surge facility. These are serious and real security risks, and they will be difficult to manage under the conditions of a quickly opened temporary surge facility. The following additional measures should be considered:

1. Providing security for incoming and outgoing vehicles (for roadways between site perimeter and major corridors through the community), in particular those transporting infected patients.
2. Controlling access to the grounds.
3. Heightened access control into and around the building.
4. More stringent identification and tracking of patients, staff, and visitors.

B. Purpose

To establish a process for coordination all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

C. Policy

1. Appointment

- a. The ACS Management Team shall appoint a Security Branch Director under the HICS organization structure for this facility.

D. Procedure

1. Security Plan

- a. The Security Branch Director shall develop a Security Plan with key objectives for security personnel using the HICS Branch Assignment Form 204.
- b. Consider site-specific needs, including:
 - i. Security protocols to be followed and exact parameters of responsibility.
 - ii. Chain of command guidance.
 - iii. Patrol of parking and shipping areas for suspicious activity
 - iv. Traffic Control
 - v. Removing unauthorized persons from restricted areas
 - vi. Need for security personnel to use personal protective equipment

2. Staffing

- a. The Security Branch Director shall determine number and types of security personnel needed to adequately equip the ACS. Consideration should be given to the following:
 - i. Number of security personnel needed and in what timeframe. (It should be readily feasible to get up to 10 security personnel from a private firm within 24 hours.)
 - ii. Level of training needed.
 - iii. Gear and equipment specifications.
 - iv. Number of personnel who need to be armed.
 - v. An estimate of how long the personnel will be needed.
- b. Personnel needs shall be reported to the Labor Pool Unit Leader.

3. Receiving and Organizing Personnel

a. Sign-in

The Security Branch Director shall ensure that all security personnel sign-in with the Labor Pool Unit Leader upon arrival at the ACS.

b. Orientation

The Security Branch Director shall ensure that all security personnel are provided with site-specific training, including any necessary PPE and potential hazardous materials.

c. Assignment of Job Duty

Upon check-in, the Security Branch Director shall provide copies of the Security Branch Assignment – Form 204 to security personnel with position-specific objectives.

d. Access Control Parameters

- i. Control of access to the site and the building would be achieved through security personnel, physical barriers such as fencing and mechanical and electronic devices such as locks, card reader systems on doors, and security cameras. There is a strong interplay between these security methods. As an example, if doorways cannot be locked or secured with electronic card readers, additional security staff will be needed at each doorway.
- ii. The exterior windows, doors, and other structural components of the ACS building should be in place with no breach in the building envelope allowing for building access other than in normal doorway entrances. Locks on doors and windows should be in place and functional. A limited number of building entranceways (approximately a half dozen or fewer) should be established. Exterior doorways should be controlled with locks and if possible electronic card readers. If not, security experts estimate that three to four security personnel would be needed per shift to control building access and monitor the building. If doorways could not be secured via use of such technology, additional security personnel would be needed to control these doorways.
- iii. ACS(s) should have a lockable pharmacy area. Aside from the lockable doors, there should be security personnel and if possible, alarms and cameras. Installation of some of these additional security controls may be needed to protect the pharmacy area under the isolation/quarantine scenario if there is a general shortage of vaccines or preventive or curative medications as described in the introduction.
- iv. A security process should be set up for the following:
 - Ensuring the security of existing inventory and caches by utilizing personnel or security cameras.
 - Controlling access into and within the building area.
 - Identifying and tracking patients, staff, and visitors.
 - Working with local authorities prior to a surge to address heightened security
 - Working with private security entities prior to a surge to address heightened security.
- v. Personnel responsible for access control shall be provided a site diagram indicating the perimeter of ACS operations, as well as authorized entry and exit points for staff, patients, and visitors.

e. Communications Plan (HICS 205)

The Security Branch Director shall work with the Operations Section Chief to identify the methods of communications for security personnel are outlined in the Communications Plan- Form 205. Copies of the Communications Plan- Form 205 shall be provided to security personnel as necessary.

f. Assignment of Equipment

- i. The Security Branch Director shall determine resource needs and make assignment of security equipment, including Keys, Portable Radios, Placards, Caution Tape, etc.
- ii. All assignment of equipment shall be documented, using the Resource Account Record – Form 257.

4. Demobilization of Personnel

The Security Branch Director shall work with the Operations Section Chief to coordinate all demobilization activities of the security personnel.

E. Attachments:

- 1. HICS Branch Assignment – Form 204..... Appendix C
- 2. HICS Communications Plan- Form 205..... Appendix C
- 3. HICS Resource Accounting Record- Form 257..... Appendix C

