

## Health Care Facility Lockdown – A framework for developing procedures

**Summary** The purpose of this document, Health Care Facility Lockdown – A framework for developing procedures, is to provide a framework to assist NSW Health Agencies to develop plans and execute a lockdown of a healthcare site or building within NSW Health.

**Document type** Information Bulletin

**Document number** IB2017\_047

**Publication date** 23 November 2017

**Author branch** System Management

**Branch contact** (02) 9391 9823

**Review date** 23 November 2022

**Policy manual** Protecting People and Property, NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies

**File number** H17/86805-1

**Status** Active

**Functional group** Clinical/Patient Services - Incident Management  
Corporate Administration - Asset Management, Security  
Personnel/Workforce - Occupational Health and Safety, Security  
Population Health - Disaster management

**Applies to** Board Governed Statutory Health Corporations, Cancer Institute, Chief Executive Governed Statutory Health Corporations, Community Health Centres, Local Health Districts, Ministry of Health, NSW Ambulance Service, NSW Health Pathology, Private Hospitals and day Procedure Centres, Public Health System Support Division, Public Hospitals, Specialty Network Governed Statutory Health Corporations

**Distributed to** Ministry of Health, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Public Health System

**Audience** All facility managers, Security Managers, Risk Managers, Disaster Managers, Clinical Managers, Emergency Departments, Asset Managers

## HEALTH CARE FACILITY LOCKDOWN – A FRAMEWORK FOR DEVELOPING PROCEDURES

### PURPOSE

The purpose of this document, *Health Care Facility Lockdown – A framework for developing procedures* is to:

- provide a framework to assist NSW Health Agencies (NSWH Agencies) to plan and execute a lockdown of a healthcare site or building within NSW Health by:
  - clarification and definition of a lockdown;
  - development of a lockdown profile;
  - best practice associated with lockdown preparation;
  - key issues to be considered at the initiation of a lockdown;
  - detailing lockdown recovery phase
  - enhancing service disaster plans to incorporate lockdown
- complement best practice advice laid out in:
  - Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies – IB 2013\_024: [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2013\\_024.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2013_024.pdf)
  - Hospital Lockdown: A Framework for NHSScotland – Strategic Guidance for NHSScotland (Health Facilities Scotland, Facilities Management, June 2010), and includes consultation with NSW Police Counter Terrorism Command.

This document should be read in conjunction with the mandatory manual for Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies. NSW Health Agencies are defined as Ministry of Health, Local Health Districts, Specialty Networks, Pillars, Shared and Statewide Services.

### KEY INFORMATION

This document has been developed as a framework to enable an immediate response to a potential threat or actual situation. The principles outlined in this document are to be localised to the facility and should be based on risk management principles.

The size of healthcare sites and the level of manpower resources available vary greatly across NSW Health. Health Care Facilities (HCF) are recommended to use this framework to develop lockdown plans appropriate to the size, location, and circumstances of the particular site to which it is being applied. These plans should be developed in collaboration with other local stakeholders and should be exercised regularly to ensure training and education is maintained. The development and exercise of a lockdown plan can contribute to the provision of safe and secure environment for staff, patients, and visitors.

The document's appendices provide a practical resource which managers and planners who are responsible for security can use to ensure all relevant issues are considered during lockdown of a facility.

The lockdown of a site or building which restricts access or egress may be a proportionate response to safeguard staff, patients, visitors, and assets. This framework is not intended to be limited to facilities providing patient care. It should include sites that are administrative or support serviced based. This framework contains principles that can be used to lockdown all or part of a site or building in response to such threats and hazards.

This document does not cover the actions for routine lock down after hours of facilities. However these facilities need to consider the framework in the event of a lockdown event during opening hours.

This Information Bulletin applies to Local Health Districts, Statutory Health Corporations, Specialty Networks, Pillars, Shared and Statewide Services and Public Hospitals.

Any enquiries regarding this Information Bulletin should be directed to NSW Health Emergency Management Unit (HEMU). Only NSW HEMU are to contact the Ministry.

## **ATTACHMENTS**

1. Health Care Facility Lockdown – A framework for developing procedures



# **Health Care Facility Lockdown – A framework for developing procedures**

## Contents

1. Background .....	5
2. Introduction.....	5
Purpose and Scope .....	5
3. Lockdown Definition.....	6
4. Developing a lockdown profile .....	8
Needs Analysis .....	9
Critical asset profile .....	9
Risk Management.....	10
Threat and hazard assessment.....	10
Lockdown threat and hazard identification .....	11
Vulnerability assessment of people, property and assets.....	11
Physical considerations.....	11
Site profile.....	11
Building profile.....	12
Security profile .....	12
Lockdown manpower requirements .....	12
Lockdown risk profile .....	13
Outcome from the development of a lockdown profile .....	13
Additional resources .....	13
5. Preparing a lockdown plan.....	15
Command and control .....	15
Staff roles and responsibilities.....	15
Stakeholder management.....	16
Training and Development.....	17
Stages of Lockdown .....	17
Stage 1 – Lockdown activation .....	17
Stage 2 – Lockdown deployment .....	18
Stage 3 – Lockdown maintenance .....	18
Stage 4 – Lockdown stand-down .....	19
Practical security measures.....	19
Testing .....	20
Table-top exercise .....	20
Live exercise.....	20

6. Response – utilising a lockdown in a major incident .....	21
Authority to call a lockdown .....	21
External communications with stakeholders .....	21
Safe and control zones.....	22
Security .....	22
Cordons .....	22
Traffic management.....	22
Human resources.....	22
Media .....	22
Crowd management and control .....	23
Business continuity during a lockdown .....	23
Evacuation.....	23
7. Recovery.....	24
Appendix 1: Tables.....	25
Table 1 – Critical Asset Profile.....	25
Table 2 – Threat and Hazard Assessment.....	26
Table 3 – Information Considerations for a Lockdown Action Card .....	27
Appendix 2: Checklists.....	28
Checklist 1 – Site Profile .....	28
Checklist 2 – Building Profile .....	29
Checklist 3 – Security Profile .....	30
Checklist 4 – Evaluating a Lockdown: Processes.....	31
Checklist 5 – Evaluating a Lockdown: Security Element.....	32
Appendix 3: Emergency Lockdown Template Guide.....	33
Resources .....	47
References.....	48

**Acknowledgements:** NSW Health would like to acknowledge and thank the Health Facilities Scotland, Facilities Management, for their [Hospital Lockdown: A Framework for NHSScotland – Strategic Guidance for NHSScotland \(June 2010\)](#) which has guided the development of this document.

## 1. Background

Healthcare facilities can be vulnerable to a wide range of threats and hazards. Such threats and hazards include but are not limited to a terrorist incident, an altercation in an Emergency Department, and a suspected infant abduction. On occasion, public health services may recommend amending routine health care facility access arrangements (eg restricting access to certain entry points) in response to a public health threat (under the Public Health Act, 2010).

Such facilities can be either a site with multiple buildings and/or single buildings. They are open to the public and are not limited to providing patient care. Buildings/sites can be administrative or support serviced based.

It is recognised that whilst the facilities are open to the public with an implied licence to enter, facility management have a right to refuse access or remove people.

Anticipated future threats and hazards in healthcare facilities will potentially increase which can have an impact on the health and safety of individuals, including patients, staff and general public. It is recognised that the number of times healthcare facilities enact a full or partial lockdown will increase relative to the threat and hazards.

## 2. Introduction

### Purpose and Scope

The purpose of this document, *Health Care Facility Lockdown – A framework for developing procedures* is to:

- provide a framework to assist NSW Health Agencies (NSWH Agencies) to plan and execute a lockdown of a healthcare site or building within NSW Health by:
  - clarification and definition of a lockdown;
  - development of a lockdown profile;
  - best practice associated with lockdown preparation;
  - key issues to be considered at the initiation of a lockdown;
  - detailing lockdown recovery phase
  - enhancing service disaster plans to incorporate lockdown
- complement best practice advice laid out in:
  - Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies
  - Hospital Lockdown: A Framework for NHSScotland – Strategic Guidance for NHSScotland (Health Facilities Scotland, Facilities Management, June 2010), and includes consultation with NSW Police Counter Terrorism Command.

This document should be read in conjunction with the mandatory manual for Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies. NSW Health Agencies are defined as Ministry of Health, Local Health Districts, Specialty Networks, Pillars, Shared and Statewide Services.



This document has been developed as a framework to enable an immediate response to a potential threat or actual situation. Aspects of the framework may also be used to protect public health. Public Health Units can advise on appropriate measures. The principles outlined in this document are to be localised to the facility and should be based on risk management principles.

The size of healthcare sites and the level of manpower resources available vary greatly across NSW Health. Health Care Facilities (HCF) are recommended to use this framework to develop lockdown plans appropriate to the size, location, and circumstances of the particular site to which it is being applied.

The document's appendices provide a practical resource which managers and planners who are responsible for security can use to ensure all relevant issues are considered during lockdown of a facility.

The lockdown of a site or building which restricts access or egress may be a proportionate response to safeguard staff, patients, visitors, and assets. This framework is not intended to be limited to facilities providing patient care. It should include sites that are administrative or support serviced based. This framework contains principles that can be used to lockdown all or part of a site or building in response to such threats and hazards.

Healthcare facilities within NSW Health should use the information to develop appropriate lockdown plans. These plans should be developed in collaboration with other local stakeholders and should be exercised regularly to ensure training and education is maintained. The development and exercise of a lockdown plan can contribute to the provision of safe and secure environment for staff, patients, and visitors. Exercise templates and examples are located at: <http://internal.health.nsw.gov.au/public-health/cdu/subpages/healthexbank.html>

This document does not cover the actions for routine lock down after hours of facilities. However these facilities need to consider the framework in the event of a lockdown event during opening hours.

### **3. Lockdown Definition**

#### **Definition of site/building lockdown**

Defining lockdown:

“Lockdown is the process of controlling the movement and access, both entry and exit, of people (staff, patients, and visitors) around a site or other specific building/area in response to an identified risk, threat, hazard or crime scene preservation that might impact upon the security and safety of patients, staff and assets or, indeed, the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of personnel.”

There are three elements of a lockdown:

- prevention of entry of people to a site/building;

- prevention of exit of people from a site/building;
- prevention of movement of people within a site/building.

These elements result in either exclusion or containment of staff, patients, and visitors.

### **Partial lockdown**

A partial lockdown can exist when a specific part of a site, a specific building, or part of a building is subject to lockdown. A partial lockdown can also exist when entry restrictions are placed on a specific site or building to control the flow of people into it, e.g. via identification checks. Such a scenario is also known as 'controlled access.' An example may occur if there is a threat or risk of child abduction.

### **Portable lockdown**

A portable lockdown can exist when an ongoing lockdown is moved from one location on a site or in a building to another. An example of such a portable lockdown may follow the self-presentation of a victim of gang related violence. Management may call a departmental lockdown. However, an Emergency Department lockdown cannot be sustained indefinitely. The victim may therefore be moved to a secure ward/room where similar lockdown principles can be applied.

### **Progressive lockdown**

A progressive lockdown, which can also be called incremental lockdown, is a step-by-step lockdown of a site or building that is implemented in response to an escalating scenario. A decision may be taken to lockdown a department following the receipt of specific intelligence. Subsequent intelligence updates may require lockdown of other departments to avoid exacerbating the risk. In such a situation, a healthcare facility should be able to systematically expand lockdown across various departments. Ideally, a progressive lockdown should be implemented in an ordered manner. There may be occasions when this may not be possible. While a progressive lockdown will still be a suitable response, the lockdown will be characterised as modular as it occurs at separate and potentially unconnected locations around a site or within a building.

The decision to expand the lockdown should be taken at a senior executive level and should be based upon intelligence relating to the scenario.

### **Full lockdown**

A full lockdown is the prevention of freedom of entry to, and exit from, either an entire site or an entire building.

It is important to note that, regardless of the nature of the lockdown or whether it is a full, partial or progressive, the broad objective is always the same. A lockdown should be used to ensure the safety and security of staff, patients, public, property and assets.

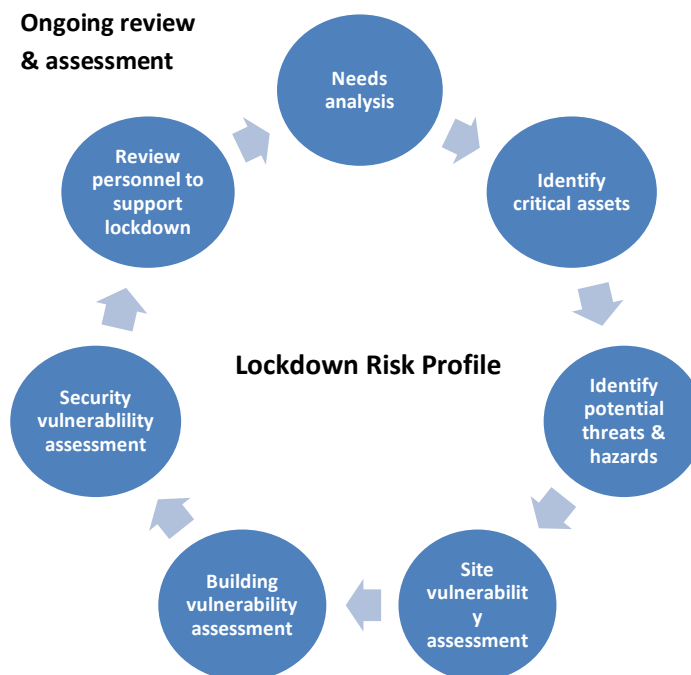
## 4. Developing a lockdown profile

This section of the guidance describes the development of a lockdown risk profile for a site/building. The development of such a profile involves a number of key steps which are:

- Identify the key stakeholders required to develop a lockdown plan;
- Carry out a needs analysis for the organisation;
- Prepare a site-specific risk assessment which should be informed by the local risk register and Local Emergency Management Plans. The risk assessment should also include a threat and hazard assessment and an assessment of the vulnerabilities in relation to the site, buildings, and security.

This information should be used to develop a lockdown profile as illustrated in Diagram 1 below. The diagram shows the cyclical nature of lockdown profile development and is based on IS 31000: 2009 (Risk Management ISO 31000:2009 - Principles and Guidelines on Implementation).

Diagram 1 – The development of a lockdown profile



It is recommended that the lockdown risk profile is developed by a multi-disciplinary team. Without such an approach, it is possible that the plan developed will not be well suited for its purpose. It is recommended that this team consists of at least the following healthcare facility staff and should be chaired by a senior manager or appropriate director:

- A manager familiar with preparing and planning the organisation's response to a major incident, which includes a lockdown incident (generally this is a disaster manager who should oversee the preparation);
- Security Manager/person responsible for security to provide expertise on aspects of security including the capability and functionality of security arrangements;
- Representative from Facilities Management to lead on issues relating to building functionality and resilience;
- Risk Manager / WHS Coordinator to provide advice on the identification of critical assets, risk assessment, and risk minimisation;
- Clinical representative to provide an understanding of asset criticality;
- a representative from Corporate Services and/or Health Share to provide advice on issues such as catering, transport and Pharmacy;
- Fire Safety Officer to provide advice on fire safety and the operation and functionality of fire doors. Liaison with the local fire service may also be necessary at this point;
- Media/Communications Officer to develop suitable messages related to possible threats and hazards for:
  - Staff, patients and visitors,
  - The local community. This is of particular importance since any lockdown of a healthcare site/ building following a major incident will attract interest from both the media and the wider community.

Key external stakeholders should also be consulted. These include representatives from:

- NSW Police Force who need to provide specific information on local threats and hazards and estimate the level of support that may be available during the course of a lockdown;
- Fire Rescue NSW (FRNSW) and NSW Ambulance to identify any impact of a lockdown on their work.

## Needs Analysis

A needs analysis lists the activities that are required to collect the necessary data relating to an organisation's lockdown capability. This data provides a 'picture' of the organisation's capability in relation to lockdown and what resources would be required to support such a lockdown. (Refer to Chapter 1: for Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies.)

## Critical asset profile

There are resources and services in every organisation that will be considered critical assets. Such assets must be protected. On healthcare sites, the critical assets can be both physical (i.e. buildings and facilities) and non-physical (i.e. staff, patients and visitors).

As part of their duty of care obligations as an employer, NSWHealth Agencies must ensure the wellbeing of their most critical asset, their staff. NSWHealth Agencies also have a responsibility to protect the wellbeing of patients and visitors. It is recommended that plans take into consideration:

- Measures already in place to protect these groups from threats and hazards;
- What makes these groups vulnerable in any given scenario;

- What measures can be implemented to address these vulnerabilities.

In order to determine which assets are critical, it is necessary to draw up an inventory of possible assets then consider how critical each asset is to the functioning of the organisation, the service it provides, and the consequence for the organisation if the asset was lost. Other assets that may not relate directly to patient care may also be regarded as critical and may need to be considered.

When undertaking a critical asset profile consideration of business continuity is essential. This is reflected in the organisation's Business Continuity Plans.

## **Risk Management**

NSWHA agencies should carry out site specific risk assessment of their capability to lockdown facilities. Such risk assessments should consider the key risks identified in the Risk Register. The development of lockdown plans that consider National, State and local risks will help ensure that such plans compliment the plans of other agencies. The plans should also consider any audit or review processes to be undertaken such as annual security risk assessments

## **Threat and hazard assessment**

It is recommended that the full range of threats and hazards should be considered during the development of lockdown plans.

A threat refers to a malicious event instigated by a group or individual which has the potential to cause injury or loss or damage to an asset (e.g. terrorist and technological attacks); a hazard is a source of potential danger or adverse condition; or natural hazards are events such as floods, landslides, and storms.

The following questions should be considered during the development of lockdown plans:

- Does the local geography contain any hazards?
- Are there any local industrial sites that store/handle hazardous materials?
- Are hazardous chemicals transported within the geographical vicinity via the local road or railway system?
- Are there people related threats, e.g. are there individuals or groups of individuals whose behaviour may regularly result in departmental lockdown?
- Are there buildings that may be more likely to require lockdown, e.g. buildings with laboratories that contain radio-active materials?

The following sources of information should be consulted during the development of a threat and risk assessment:

- the NSWHA agencies Risk Register;
- the Community Risk Register from the local Emergency Management Committee;
- The local NSW Police's counter terrorism and security advisor.

Table 2 in Appendix 1 provides a chart to help consider possible threats and hazards and their possible consequences. The NSW Health Enterprise – Wide Risk Management Policy and Framework (PD2015\_043) will also assist in the process of risk management.

## Lockdown threat and hazard identification

A wide range of threats and hazards should be considered/identified during the development of a lockdown plan. Some potential threats and hazards can include malicious threats to persons/ buildings, child abduction, active shooter, fire and Chemical, Biological and Radiological incidents.

## Vulnerability assessment of people, property and assets

A risk analysis needs to be carried out on the individual assets (both physical and non-physical) on the critical asset inventory to identify vulnerabilities. It is suggested that the persons responsible for security lead this analysis in consultation with clinical staff.

The results from these risk analyses may be categorised for sites/buildings as:

<b>Risk</b>	<b>Full or partial site/building</b>
High	A high-profile site/building which contains a critical asset, either physical or non-physical, and the site/building and security profile is inadequate to facilitate lockdown
Moderate	A moderate-profile site/building which contains an asset that is important but not critical and the building and security profile is marginally adequate but could be improved
Low	Not a high-profile site/building and does not contain a critical asset and the existing building and security profile is adequate

## Physical considerations

The following paragraphs provide guidance on the physical aspects of a healthcare site that need to be considered. Specifically, concentrating on the development of site and building profiles and describes the development of security profiles. These profiles focus on the vulnerabilities in terms of the site, building and existing security arrangements respectively.

The identification of vulnerabilities must consider the physical environment of the site. These vulnerabilities should be included in the site and building profiles.

## Site profile

The development of a site profile concentrates on the physical geography of the healthcare site, e.g. the size of the site, its perimeter, access and egress points, the location and route of pathways and internal roads, the number of buildings on site and the geographic characteristics. It is recommended that up-to-date site maps, floor plans, aerial maps, and live 'walk-through' are used to develop such a profile. Ideally, the lead for the development of a site profile will be a representative from Facilities Management. However, the Security Manager/person responsible for security should also be involved to identify any possible security breaches.

Appendix 2 (Checklist 1) can be used to develop site profiles.

Appendix 2 (Checklist 2) provides a checklist of factors that should be considered in the development of a building profile.

### **Building profile**

NSWHA agencies should review the lockdown capability (partial, progressive, or full) of a building and how such a lockdown would be achieved. This review should reflect on the current Building Code standards and consider the physical layout of the building, location of the site boundaries, the geographic characteristics and specific features, e.g. ventilation system, power supply, etc. The review should also identify access and egress points and which, if any, are integrated with other buildings and building use, e.g. secure mental health services. A workforce description of staffing profiles, roles and responsibilities and general shift patterns is to be included in the building profile.

It is recommended that building profiles should include an inventory of all doors and windows, their location, whether they contain glass, whether they can be locked from both inside and outside, and the means by which they can be locked, e.g. by access control or manually.

It is important that fire doors are reviewed. Particular attention should be given to their location and their release mechanism. For example, are they managed by access control? Or can they be opened manually?

The Facility Fire Safety Officer and FRNSW must be involved in any discussion pertaining to the lockdown of fire doors.

Code of Practice on managing the work environment and facilities is an approved code of practice under section 274 of the Work Health and Safety Act (the WHS Act, 2011). It requires the relevant persons “*ensure that routes to emergency exits from the relevant premises and the exits themselves are kept free from obstruction at all times.*” Healthcare sites are not exempt from this requirement. In the event of a lockdown, fire escapes that are locked to prevent access/egress to/from the premises may constitute a breach of this regulation.

NSWHA agencies’ sites may have multi-occupancy arrangements in place. The development of site and building plans must take into account and liaise with these co-occupants in any lockdown arrangements.

### **Security profile**

The development of a security profile should concentrate on the existing security measures currently in place. The profile should consider:

- whether vulnerabilities exist that may threaten the site/building’s ability to lockdown (fully, partially or progressively);
- Concept of surge plan in increased activity due to the nature of hazard or threat.

### **Lockdown manpower requirements**

Although some lockdowns will be facilitated and supported by physical measures, in reality lockdown can be a labour-intensive exercise. The speed at which a lockdown can be achieved, expanded and moved will, in most cases, be reliant on human activity. It is

therefore essential to consider what human intervention will be needed to support a lockdown at the planning stage.

Identification and intensity of the demand on staff is a core component of the risk management process to be undertaken. The number of staff required will be proportionate to the size of the site/building and the assessed risk situation. The numbers of key staff including management, facilities and clinical should be considered and identified. Details should be maintained in a readily accessible format.

### Lockdown risk profile

The information collected can be assessed to determine the lockdown capability of a site/building (whether full, partial or progressively). The checklist below summarises the information that should be collected.

Lockdown risk profile checklist:

- Identify key stakeholders;
- Complete needs analysis;
- Identify critical assets;
- Identify potential threats and hazards;
- Carry out a site and building vulnerability assessment;
- Review personnel required to support a lockdown.

A lockdown risk profile provides a picture of the site/building's ability to lockdown.

### Outcome from the development of a lockdown profile

The final outcome from the development of a risk profile can be either of the following:

**Adequate lockdown capability:** The capability of the site/building or part of the site/building to lock down partially, fully or progressively is sufficient for the threat and hazard assessment, critical assets profile, and vulnerability assessment.

**Additional resources required:** The threat and hazard assessment, the critical assets profile, and vulnerability assessments have revealed that the site/building or part of the site/building does not have the capability to lockdown partially, fully or progressively and additional resources are needed to facilitate a lockdown. The threat and hazard assessment can be used to determine what resources (equipment and staff) are needed to bolster the lockdown capability of a site or building.

### Additional resources

The outcome from the development of a lockdown profile may show a difference between the desired and actual capability to lockdown. Any such deficiency in the capability to lockdown may be the result of various tangible costs including the purchase of supporting resources and the cost of undertaking a lockdown, e.g. additional staff. Any deficiency should be considered in terms of the level of risk and not the financial cost of improving the lockdown capability. If additional resources are required it may be necessary for Security Managers/those responsible for security to prepare a business case to secure additional resources.



Note: The nature of the lockdown will determine the resources required. The resources required to successfully lockdown a site should always be proportionate to the complexity of the unfolding incident and size of the affected area. If additional resources cannot be obtained, a partial lockdown may be the only viable option available. This is to be considered in the context of the risk rating.

## 5. Preparing a lockdown plan

Development of a lockdown profile can provide management with a picture of the organisation's lockdown capability and capacity. This section describes the issues that need to be considered when preparing a lockdown plan. The issues that need to be considered include:

- Command and control roles;
- Staff roles and responsibilities;
- Stakeholder management;
- Training and development;
- The practical security measures needed to support a lockdown;
- Exercising or testing regime.

### Command and control

Command and control arrangements describe the management framework that a healthcare site will adopt in an emergency situation. Any activation of a lockdown situation should be managed as per the Facilities Emergency Management processes and Security Incident management processes.

The use of such arrangements will dovetail with the external emergency services command structures and aid communications (see Appendix 1, Table 3).

### Staff roles and responsibilities

As an employer, all agencies of NSW Health must ensure the wellbeing of their staff. The roles and responsibilities of staff in a lockdown situation must be consistent with their job description and level of training.

It is staff within an organisation that enable a site/building to lockdown. Such staff must understand their roles and responsibilities within the lockdown and it is recommended that action cards are provided as an aide memoir. These cards should contain information about each staff member's specific lockdown duties, the location of these duties, and any supporting resources they may need. Table 3 (see Appendix 1) provides a lockdown action card template.

Specific staff members should have the responsibility to act as the interface with external agencies. It is recommended that, during a lockdown situation, the Security Manager/person responsible for security acts as the liaison point between the hospital and emergency services.

Lockdown roles and responsibilities can be broken down into four stages:

**Lockdown activation** - This stage considers the role of staff at the initiation of a lockdown, e.g. where they have to report to and what resources they may require for their role.

**Lockdown deployment** - This stage considers the roles staff may be assigned to during a lockdown and how these can be facilitated.

**Lockdown maintenance** - This stage considers the actions that staff should take to maintain a lockdown and how these can be achieved.

**Lockdown stand-down** - This stage considers the roles staff has to facilitate the end of a lockdown.

## Stakeholder management

The decision to lockdown requires significant and immediate decision-making. Hence the development of the lockdown plan of a site/building requires considerable thought. Various internal and external stakeholders should be involved in the development and the preparation. The extent of the involvement in the preparation will depend on the nature of the lockdown.

The key internal stakeholders that form the Incident Management Team (IMT) for a lockdown should include the following:

- HSFAC or equivalent
- Security Manager/Person responsible for Security
- Disaster Manager
- Work, Health and Safety Officer
- Facilities Management
- Risk Manager
- Clinical Lead
- Human Resources
- Corporate Services Management
- Media and Communication Officers

Lockdown situations may require a multi-agency response. It is vital that any lockdown that requires such a response e.g. a full lockdown of a large site has support and participation from the relevant external agencies.

It is important to note that physical support from external agencies cannot be relied upon. The nature of the incident will determine the level of support an organisation can expect to receive from key external stakeholders. A dynamic risk assessment of the incident will determine if or when external stakeholders are called. Some incidents that result in a lockdown can be dealt with internally, e.g. the behaviour of an intoxicated individual in an Emergency Department and some will require the assistance of external agencies, e.g. a CBR incident.

The key external stakeholders that should be involved in preparation of a lockdown include the following:

- NSW Ambulance
- Fire Rescue NSW
- NSW Police Force

## Alternate locations

In the worst case scenario, the NSW Health agencies' executive may decide to move essential activities and support services to alternative temporary locations. Such a response may be necessary if a critical asset such as an Emergency Department becomes contaminated or overwhelmed in terms of patient capacity. In either case, it might be necessary to establish an alternative Emergency Department at another location on-site or

redirect patients to another site. It is recommended that scenarios that may require a fall-back provision are considered during lockdown preparation.

It may be appropriate to formalise agreements with external stakeholders with the use of local memorandums of understanding (MOU), or Service Level Agreements (SLA).

## **Training and Development**

Staff shall receive appropriate training on the various types of lockdown and their own roles and responsibilities within these. It is vital that all staff know what is expected of them during a lockdown (e.g. staff that are assigned to operate radios must be adequately trained in their use). Such training should be subject to regular refresher training on an appropriate basis. Although this guidance is primarily aimed at those staff responsible for security and their training needs and roles and responsibilities are addressed below, many of the general principles outlined in the following paragraphs can also inform the training needs for all members of staff.

Specialist training for staff who support the lockdown process are required to fulfil the training requirements specific to the position. Specific roles are security and traffic management.

### **Security staff training**

Security staff may require training that builds on their existing skills for them to undertake their specific role in lockdown scenarios. This training should cover different scenarios for partial, progressive and full lockdowns.

Training needs to consider the role of the security officer/relevant staff in the four stages of a lockdown. These four stages are activation, deployment, maintenance and stand-down. It is recommended that this training should be backed-up with the provision of action cards.

## **Stages of Lockdown**

The four stages of a lockdown are discussed. Each stage should be considered to include the requirements as suggested below.

### **Stage 1 – Lockdown activation**

As soon as a lockdown has been called, all relevant staff should report to an agreed location to pick up key resources, all of which should be stored in a safe and secure manner. These resources are outlined below.

#### *Action cards*

It is recommended that action cards are provided to staff with specific roles in a lockdown. These cards should be accessible to the designated staff, preferably laminated, including maps and act as a prompt for staff during a lockdown.

#### *Map*

A map of the site/building should either be included on the action card or provided as a separate resource. The map should outline the perimeter of the site and/or buildings and main entrance points. It should also include the specific locations of security officers/relevant personnel around the site/building.

### *Keys*

Security officers/relevant staff will require access to appropriate keys to secure relevant doors, windows and drug cupboards. Where sites utilise electronic locking systems, the ability to access the system should be available.

### *Communications*

Good communications are essential during a lockdown. All security officers/relevant staff should have access to either a radio, mobile or dect phone. If it is via radio an agreed channel is required for communications with the Security Manager/person responsible for security and/or others... A protocol for communications (regardless if it is mobile, radio or dect phone) should be in place.

### *Appropriate visible clothing*

A lockdown may be called at any time of the day, including the hours of darkness, and in all types of weather. Security officers/relevant staff should be provided with appropriate clothing including luminous tabards.

### *Signage and physical barriers*

Signage may be required during a lockdown. Physical barriers may be required to secure a perimeter.

### *Lockdown activation checklist*

A lockdown activation checklist should include the following:

- Activation of the lockdown alert system;
- Collection of lockdown action cards from pre-arranged locations;
- Collection of supporting resources from pre-arranged locations.

## **Stage 2 – Lockdown deployment**

The initial stages of a lockdown should be carried out as quickly as possible to secure the site/building. The time taken from initiation of the alert to lockdown and complete deployment is known as the lead time. Such lead times should be known by management. Lead times can be reduced by use of access controls across the site and by regular practice.

Manual lockdown lead times can be reduced by careful consideration of the order in which doors and windows are secured. This order should be determined through risk assessment. This risk assessment should consider the building use and its visibility and accessibility to the general public. Way-finding principles should also be considered.

### *Lockdown deployment checklist*

A lockdown deployment checklist should contain the following:

- Security personnel deployed to their lockdown locations within an agreed timeframe;
- Risk-assessed sequential lockdown of a site and/or building initiated;
- Supporting resources deployed;
- Call-back system in place that confirms all of the above has been completed.

## **Stage 3 – Lockdown maintenance**

Security Managers/persons responsible for security need to consider how they ensure relevant staff fulfil their objectives during a lockdown. Key to this is a robust communications

system. Consideration should be given to the introduction of a system that involves regular and routine communication with relevant staff. Use of such a system also allows the provision of regular progress updates to those staff directly involved in the lockdown and others.

In the event that the period of lockdown is extended then it should be noted that staff involved in the lockdown may require refreshment and comfort breaks.

#### *Lockdown maintenance checklist*

A lockdown maintenance checklist should contain the following:

- ongoing communication with staff involved in the lockdown;
- ongoing review and documentation of relevant personnel to ensure they are carrying out their designated roles and responsibilities;
- Resilience of staff involved in the lockdown.

#### **Stage 4 – Lockdown stand-down**

The nature and size of the incident will determine if the decision to stand-down is made at a strategic or tactical level. Once the decision to stand down has been taken, the message to stand down should then be relayed from the central command centre to those involved in the lockdown. The stand-down procedure will be dependent on the nature of the incident. Specific doors and windows may need to be opened first and signage removed in a certain order. The order in which doors and windows are opened and signage removed should be determined locally through risk assessment.

#### *Lockdown stand-down checklist*

A lockdown stand-down checklist should contain the following:

- Stand-down alert system initiated;
- Risk-assessed sequential opening of doors and windows;
- Cordons disabled;
- Supporting resources returned/collected e.g. signage, keys, barriers;
- Lockdown debrief arranged.

#### **Practical security measures**

Lockdown can be either undertaken manually or via access controls. An access control system will be quicker. However, manual lockdown can be just as effective. Regular exercise and scenario based drills can reduce the lead time for either type lockdown.

Although an effective lockdown can be achieved either manually or via access controls, investment in supporting technology will reduce the burden on human resources.

#### **Closed circuit television**

Live feed closed circuit television (CCTV) can be used to provide visual and instantaneous updates on internal and external events to personnel responsible for managing the incident. The use of strategically placed CCTV around a site/building can help secure critical assets and support controlled movement in and out of lockdown areas. As defined in *Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies*, where camera surveillance is used as a security risk control,

procedures need to be consistent with relevant legislation including the *Workplace Surveillance Act, 2005*.

## Testing

The importance of exercising major incident plans is stipulated in the NSW Health plan and improves the organisation's ability to lockdown fully, partially, or progressively. Whilst some facilities are routinely locked down after hours, it is suggested that these facilities also undertake testing during opening hours.

A lockdown plan should be tested annually by either:

### Table-top exercise

This type of exercise can be of value as it simulates a real-life situation without risks to service provision; or

### Live exercise

Live exercise can provide staff with real experience of situations. However, care must be taken to ensure that the exercise does adversely affect normal service provision.

As discussed, lockdowns can be partial, progressive, or full and involve either exclusion or containment. The scenario that is chosen for exercise will determine the resource needed. Possible scenarios could include any of the following:

Exercise is necessary to demonstrate the effectiveness of a lockdown plan. NSW Health Emergency Management Unit has developed a NSW Health Exercise Management Toolkit and specific exercise templates (available at: <http://internal.health.nsw.gov.au/public-health/cdu/exercises.html>).

The primary aim of a lockdown plan exercise is the evaluation of the plan's effectiveness to meet its requirement to partially, progressively, or fully lockdown a site/building. Evaluation of the exercise may identify gaps that need to be addressed, eg the building infrastructure may need to be improved. Appendix 2, checklists 4 and 5 contain a number of example questions that can be used to evaluate a lockdown.

## 6. Response – utilising a lockdown in a major incident

The decision to lockdown a site/building should be guided by the following four principles:

- Protection of staff, patients, visitors, and assets;
- Isolation of a threat or hazard;
- Establishment of a safe distance between staff/patients/visitors/assets and a threat or hazard;
- Neutralisation of a threat or hazard.

The decision to lockdown may be taken if any of the conditions above is required. It is the internal/external threat/hazard which determines the resource needed. Different lockdown drivers, e.g. a CBR incident, flooding, the abduction of a child, or a violent patient, may result in different lockdowns in terms of size, duration, and supporting resource needed.

When developing the facility Plan/SOP, at each section of the following refer and link to relevant plans/BCPs/SOPs/Assessments.

### Authority to call a lockdown

The authority to initiate a lockdown will depend on the nature of the incident. It is recommended that action cards in the form of a decision tree are provided to aid such a decision. The action card should outline how the lockdown should be called, the specific access controls that need to be activated, and which third parties need to be informed. It is further recommended that such action cards are kept in the relevant staff station area.

### Internal communications

There are a number of ways to alert staff that a lockdown plan is going to be or is activated. These include:

- Pagers
- Phones
- Text messages (SMS)
- E mail system
- Use of a special signal
- Public Announcement system (eg EWIS)
- Internal switchboard.

Whichever system is used, it should be fast. Since there are risks associated with all of these forms of communication, contingency plans should be in place to provide a back-up in case of failure and/or inaccessibility

### External communications with stakeholders

External communication systems with the police and other emergency services must be robust. The adoption of a command and control system (see Appendix 1, Table 3) can aid robust external communications. Such an approach will identify those within the organisation that the police and emergency services should liaise with on strategic and operational issues. The roles should be as outlined in facility plans to ensure a minimum requirement in the possibility of a lockdown (full or partial)



## Safe and control zones

In the event that a major incident results in a lockdown, it may be appropriate to identify safe zones/control zones. Safe and control zones are rooms or areas which people can occupy or use in the event of an incident. Such zones can also be used for crowd management. People can be siphoned off into these zones for their protection. This can be of particular significance when surges in people are expected on site. The nature of the event will determine the location of these safe zones/control zones, e.g. building construction and proximity to high-risk areas will determine bomb and blast safe zones.

## Shelter in place

In the event that a major incident causes staff and/or public to be isolated it may be preferable to shelter in place and seek safety within the building one already occupies, rather than to evacuate the area or seek a safe zone. All staff should be encouraged to understand Shelter in place.

## Security

Lockdown is a response to a specific threat or hazard. Any resulting security response will be in addition to normal security activities. It may be necessary to undertake extra security patrols to ensure that the lockdown is not breached at particular vulnerable points. The frequency and route of such patrols should be identified and agreed at the lockdown planning stage.

## Cordons

In the event of a major incident, the use of cordons may be used to provide controlled access for self-presenting patients to a site/building. In such circumstances, the controlled access of patients can assist systematic triage. Careful consideration should be given to the location of such cordons and how they can be effectively staffed. Decisions relating to the placement of cordons should be made in collaboration with the police who are the only individuals that can enforce such a cordon.

## Traffic management

Traffic management signage may not be sufficient alone and may need to be supplemented. Staff may still be required to direct traffic to ensure flow through the site or to the appropriate car park. This may include operating boom gates or standing next to car parks. If it is considered that managing traffic flow is required staff required to undertake traffic management duties must be trained. When doing traffic management staff must wear high-visibility clothing.

## Human resources

Lockdowns can be small, medium, or large-scale depending on the type of incident. The number of staff needed will be dependent on a number of variables relating to the size of the site, number of buildings, access and egress points, and existing security arrangements. NSWHA agencies should assess the number of staff required for different scenarios. Such manpower assessments should be subject to regular review.

## Media

Major incidents that result in a lockdown are likely to be of interest to the media. NSWHA agencies should have a robust media policy in place. This policy should ensure that,

where possible, members of the media are chaperoned to a safe location out of the lockdown area. Staff may be required to keep the media at a safe distance and keep them informed.

### **Crowd management and control**

Members of the public involved in a lockdown may feel anxious when they are either contained within or excluded from a site/building. It is likely that public cooperation will be proportionate to the period of lockdown and their perception of the risk to themselves.

It is recommended that appropriate phrases are developed to assist staff who may be required to provide information to the public involved in a lockdown situation.

### **Business continuity during a lockdown**

A lockdown plan may interface with and support a number of major incident responses, e.g. the management of mass casualties and evacuation procedures. It may also support ongoing business continuity, e.g. the exclusion of contaminated individuals from a site/building may allow ongoing service provision to continue. Similarly, the containment of individuals within a lockdown may prevent the spread of contamination which can also support the NSWHA agencies business continuity arrangements.

### **Evacuation**

Evacuation, relocation and lockdown plans are mutually supportive. If a lockdown continues to the point where the facility can no longer adequately function, then a partial or full evacuation and relocation may be necessary.

## 7. Recovery

A recovery plan should be developed to explain how 'business as usual' will be restored after a lockdown. Facilities should reference the Lockdown Plan to the organisation's Business Continuity Plans where applicable. The following should be considered during the development of such a plan:

- Who is responsible for each aspect of the recovery?
- When and in what order functions need to be restored?
- Where staff and patients are to be relocated if areas of the site/building are not functioning?
- What resources are available for the recovery process?

An operational debrief should be conducted after a lockdown has been implemented and stood-down. This should identify any gaps and recommendations for planning, policy, and response management.

## Appendix 1: Tables

### Table 1 – Critical Asset Profile

A critical asset is an asset for which the financial, business or service level consequences of failure are sufficiently severe to justify proactive inspection and management. Critical assets have a low threshold for action. Critical asset identification is a core component of the risk management process. It is imperative that senior management understand exactly which assets are critical to the functioning of and/or the services provided in the health facility in order to prioritize risk management efforts. Criticality is the quality, state, or degree of being of the highest importance. The importance or degree of asset criticality is based on the consequences of failure.

Facilities may have assets that will be considered critical. Table 1 may help identify these critical assets.

Stakeholders	What are the critical assets?	Rationale used to identify critical assets?	What is the basis for the assets to be prioritised (e.g. is it vital to business, monetary value, easy to replace?)	Where are the critical assets located?	What features of the critical asset may or may not facilitate a lockdown?	Lockdown action point
Who in the organisation needs to be consulted to identify critical assets? Staff? Estates/Facilities management? Security? Clinicians?	Brainstorm a provisional list of critical assets.	How will a consensus be reached on the Importance of each critical asset? What rationale will inform this decision?	A categorisation such as 'high' 'medium,' and 'low' may facilitate this.	Where are the critical assets located on site? Maps are good references to include.	Evaluate the critical assets' lockdown capability.	If resources are inadequate, who needs to be consulted? Does an operational requirement in relation to the security of the critical asset need to be prepared?

## Table 2 – Threat and Hazard Assessment

It is necessary to consider the full spectrum of threats and hazards (e.g. natural, criminal, terrorist, and accidental) when deciding on what circumstances a site/building should be locked down. Table 2 has been developed to facilitate consideration of these potential threats and hazards and their implications for a lockdown.

What are the local threats and hazards?	Have any of the identified threats and hazards occurred?	What would be the consequence of each threat or hazard on the organisation?	For each potential threat or hazard, would the organisation lockdown? If so, what would be the rationale for doing so?	What resources would be needed to lockdown?
Is the threat natural or man-made? Does the location of the site (urban or rural) suggest a threat or hazard? List all threats and hazards.	Have any of these threats and hazards occurred? Do any reports on the effects of these threats and hazards exist? If so, can they be viewed? What were the lessons identified from these past experiences?	How would the threats and hazards affect the organisation? The consequences may be considered as 'critical', 'marginal or 'negligible'.	Would a full, partial or progressive lockdown be an appropriate response? Why?	If a lockdown is appropriate, list the resources (people and equipment, etc) needed to ensure a lockdown could be achieved?

The risk assessments completed are as follows:

<Insert hyperlinked documents to plan>

### Table 3 – Information Considerations for a Lockdown Action Card

Provides a lockdown action card template. Each role should have an Action Card. These action cards should be additional to the IMT roles during any disaster/emergency event. The roles are specific to a lockdown process.

Named role	
<b>Principal role and responsibilities</b>	Role and responsibilities should be in line with strategic, tactical, and operational command. Strategic command takes overall responsibility for the management of the incident in their area of expertise and establishes the policy and tactical framework within which the tactical team will work. Tactical command provides overall management of the response to a major incident. Tactical managers determine priorities in allocating resources, obtain further resources as required, and ensure a coordinated, coherent and integrated response. Finally, operational command manages the immediate 'hands-on' work undertaken during a major incident.
<b>Stage 1 Role and responsibilities during lockdown activation</b>	The following should be considered when deciding staff activities during the lockdown deployment stage. How will staff be alerted and by whom? Who should staff report to? Where are action cards stored? Is operational equipment such as radio, signage needed? If so, where is this equipment stored? Who is responsible for collecting it/setting it up?
<b>Stage 2 Role and responsibilities during lockdown deployment</b>	The following should be considered when deciding staff activities during the lockdown maintenance stage. Where are staff going to be positioned? What is the timescale for staff to be in position? What are staff's initial responsibilities once deployed? How will roles and responsibilities be monitored and by whom?
<b>Stage 3 Role and responsibilities during lockdown maintenance</b>	The following should be considered when deciding staff activities during the lockdown maintenance stage. What are staff responsibilities in maintaining business continuity? Can breaks be provided? Is food provision for staff necessary?
<b>Stage 4 Role and responsibilities during lockdown stand-down</b>	The following should be considered when deciding staff activities during the lockdown stand-down stage. How will staff be alerted? Who is responsible for each aspect of recovery? When and in what order will functions be restored? What resources are available for recovery?

## Appendix 2: Checklists

The following tables/checklists are in the format of posing a series of questions to ensure nothing considered critical has been forgotten or left out of the relevant table in developing the Lockdown document. They are not considered to be fully inclusive as each facility may identify other considerations.

### Checklist 1 – Site Profile

A detailed profile of the site should be collated and referenced with a map of the site. Checklist 1 may help to establish the initial capability to lock down.

Characteristic	Information required	Status
Location	General description of location.	Checked by: Date:
Area	Overall area of site/building.	Checked by: Date:
Site characteristics	Number of buildings on site? Is it a multi-occupancy site?	Checked by: Date:
Landscape summary	General description of the site, shape and slope	Checked by: Date:
Local road access	Description of type of roads and number of them around and onto site	Checked by: Date:
Public transport access	Description of bus routes, frequencies and their route(s) onto site. Are there other public transport systems on-site?	Checked by: Date:
Traffic movement around site	Direction/ movement of traffic around site	Checked by: Date:
Neighbouring land uses	Is it residential? Industrial? Energy supplies?	Checked by: Date:
Car parking facilities	Number of them? Where are they situated? How many access and egress points do they have?	Checked by: Date:
Number of buildings on site	Number of buildings and how they are spread across the site?	Checked by: Date:
Total number of official and unofficial access and egress points on site	Where are the access and egress points?	Checked by: Date:
Map of site	To include all of the above to ensure a quick and easy reference	Checked by: Date:

## Checklist 2 – Building Profile

A detailed profile of the building(s) needs to be collected. This will help to establish initial capability to lock down. Consideration must be given to the use of the building (storage, administration, treatment, etc). A review of both internal and external facilities should be undertaken. The checklist below may help develop this profile.

The checklist below may guide the development of this profile for each individual building.

Characteristic	Information required	Status
Description of building's present use	What is it used for? Is it multi occupancy? Is it an un-zoned area (i.e. unrestricted movement within the building)?	Checked by: Date:
Basic shape	Basic shape of the building, size of it, and space that surrounds it	Checked by: Date:
Height of building, number of floors, and their use	Include what each level of the building is used for	Checked by: Date:
Condition of building	General description of the building	Checked by: Date:
Corridors	How many corridors? How do they interconnect, where do they lead to?	Checked by: Date:
Access and egress points in building(s)	Number of access points into each building and their location Number of egress points from each building and their location	Checked by: Date:
Car parking facilities for building	Number of spaces How close are they to the main buildings?	Checked by: Date:
External and internal doors	How many doors facilitate access and egress of each building or part of a building?	Checked by: Date:
Air conditioning facilities and vents	Does air conditioning exist? If so, where is it controlled from? Who is responsible for maintaining it? How quickly can it be turned off?	Checked by: Date:
How is the building powered?	Where is the power supply located and how is it controlled? Is the power supply secure from tampering? Is uninterrupted power (UPS) supply available?	Checked by: Date:
Who owns the property?	Who owns the property? Is it NSW Health property? Is it privately owned/rented from the NSW Health? If it is a private property, can it be locked down?	Checked by: Date:
Map of building layout	To include all rooms/corridors, and detail of access, egress and which complies with FRNSW	Checked by: Date:



### Checklist 3 – Security Profile

This checklist is seen as additional prompts to the Policy Directive Work Health and Safety Audits - PD2016\_017 and in support of the "NSW Health Emergency Department Security Review Report" by Business Risks International Pty Limited.

This checklist is a systematic way of assessing security and may help develop a security profile.

Characteristic	Information required	Status
External doors (including fire escapes and other external perimeters of buildings)	How are doors locked? By access control system or manually? Who is responsible for the access control system? How many doors do not have any kind of security arrangements?	Checked by: Date:
Internal doors (building interior)	Where are they located? How are doors locked? By access control system or manually?	Checked by: Date:
Windows	Has a risk assessment been undertaken to identify which windows need to be locked? How can they be secured? What is their locking device? If they are manually locked, who holds the keys? Do they have Screens? Is this CrimSafe	Checked by: Date:
CCTV	Is CCTV in place? Where are the cameras located? Is there a map of their location? What are they trained on? Can they be used to monitor people approaching a site/building in the event of a lockdown?	Checked by: Date:
Security lighting	Which buildings have security alarms? How are they controlled? How are they activated?	Checked by: Date:
Alarms on specific buildings	Which buildings have security alarms? How are they controlled? How are they activated?	Checked by: Date:
Security at car parking sites	Where are the car parks? What size are they? Are car parks staffed? What are the existing security arrangements?	Checked by: Date:
Security staff	Number of security officers during the day/evening and night? Shift patterns? What is the location of them around site? What are their general site duties? How would these duties facilitate a lockdown?	Checked by: Date:

## Checklist 4 – Evaluating a Lockdown: Processes

Provides some questions that can be used to evaluate the process of a lockdown and should be used in conjunction with the Exercise Evaluation Template in the NSW Health Exercise Management Toolkit available at: <http://internal.health.nsw.gov.au/public-health/cdu/subpages/exercisetoolkit.html>.

Question	Yes	No	Action
Did the lockdown alert system work?			
Did the lockdown occur within the agreed timeframe?			
Were all appropriate personnel informed? If so, how long did it take for them to receive information?			
Was the sequence of closing doors/windows correct?			
If appropriate, were cordons set up in the correct order?			
Was communication received quickly enough during the lockdown?			
Were the outcomes achieved during the activation stage?			
Were the outcomes achieved during the deployment stage?			
Were the outcomes achieved during the maintenance stage?			
Were the outcomes achieved during the stand-down stage?			
Were business continuity arrangements satisfactory throughout the lockdown?			
If appropriate was the IMT communications of control and command adequate?			

## Checklist 5 – Evaluating a Lockdown: Security Element

Provides some questions that can be used to evaluate the security element of a lockdown, and should be used in conjunction with the Exercise Evaluation Template in the NSW Health Exercise Management Toolkit available at: <http://internal.health.nsw.gov.au/public-health/cdu/subpages/exercisetoolkit.html>.

Question	Yes	No	Action
Was an alarm system activated at the onset of the lockdown? Did it work effectively?			
Did all of the locks function? Were they all appropriate for the lockdown (i.e. in terms of strength)?			
Where appropriate, did all of the external doors lock?			
Where appropriate, did all of the internal doors lock?			
If appropriate, were any windows locked during the lockdown? If so, how effective were the locks?			
Were all identified access and egress points secured?			
Where appropriate, could corridors be secured?			
If it was a manual lockdown, was the site/building secured?			
If an access control system was used, was the building/site locked down?			
Were there any breaches in the lockdown? If so, where were they? Were they contained?			
Did security lighting support the lockdown? If so, how?			
If appropriate, were the car parking areas secured?			
Were cordons established? If so, were they maintained?			
Were safety and control zones established? If so, were they maintained?			
If appropriate, was the air conditioning system successfully turned off during the lockdown?			

## Appendix 3: Emergency Lockdown Template Guide

This template guide can be amended and populated for the specific arrangements for each building/facility and/or organisation



### **<Facility Name> Emergency Lockdown Procedures and Guidelines**

EXAMPLE

## Contents

1. Purpose
2. Activation, authority to activate and notifications
3. Procedure
4. Post Analysis Report
5. Appendix 1 – Lockdown Procedure Flow Charts
6. Appendix 2 - Site Maps
7. Appendix 3 – Tables of Facility Zone Lockdown
8. Appendix 4 – Tables of staff required to monitor for facility lockdown per zone
9. Appendix 5 - Task Cards

# **Emergency Lockdown**

## **Access into / from the facility needs to be controlled or restricted**

### **Purpose:**

Lockdown is activated in the event that access into or exit from a healthcare facility must be controlled and / or restricted. Lockdown involves a response plan to ensure a safe and secure environment for staff, patients, residents, clients and visitors within the facility. If an event occurs that threatens the security of the facility, a series of lockdown phases will be implemented.

The Goal is to reduce or restrict the movement of people into and out of the facility.

### **Activation:**

Any staff member of NSW Health who becomes aware of a potential threat or actual situation can take appropriate actions to enact a lockdown. Any such situation requiring an immediate response, the staff member can enact Lockdown and:

- Contact Security Services (if on site), “Phase 1 Lock Down / Location, initiated.” Provide as much detail is possible (i.e. unit, department or area).
- Notify the Supervisor / person in charge in their area.
- Security Services/ Supervisor of affected area if Security Services not on site providing notification to Switchboard Operator to announce “ Initiate Phase 2 - Lockdown Procedures / Location” (three times) via the overhead paging system where available or via other predetermined communication method (i.e. P.A. System, telephone, pager, fire alarms and / or other multimedia device).
- Contact the Site Administrator or Admin On-call.

The order in which notification occurs will depend on the degree of danger and the particular circumstances of the situation.

### **Procedure:**

1. The concept of response to incidents that lead to Lockdown of a facility in order to protect everybody is based on a series of escalating phases of Lockdown.

#### **Phase 1: Lockdown of the Area Impacted**

- Control / restriction of people in and out of the area immediately involved.

#### **Phase 2: Lockdown of a (Fire) Zone**

- Horizontal control / restriction of people to and from the unit or department within the fire zone on the same floor as the immediate area involved.

#### **Phase 3: Lockdown of the Floor**

- Control / restriction of people to and from the floor of the area immediately involved.

#### **Phase 4: Lockdown of the Building**

- Control / restriction of people in and out of the building.

### **Phase 5: Lockdown of the Site**

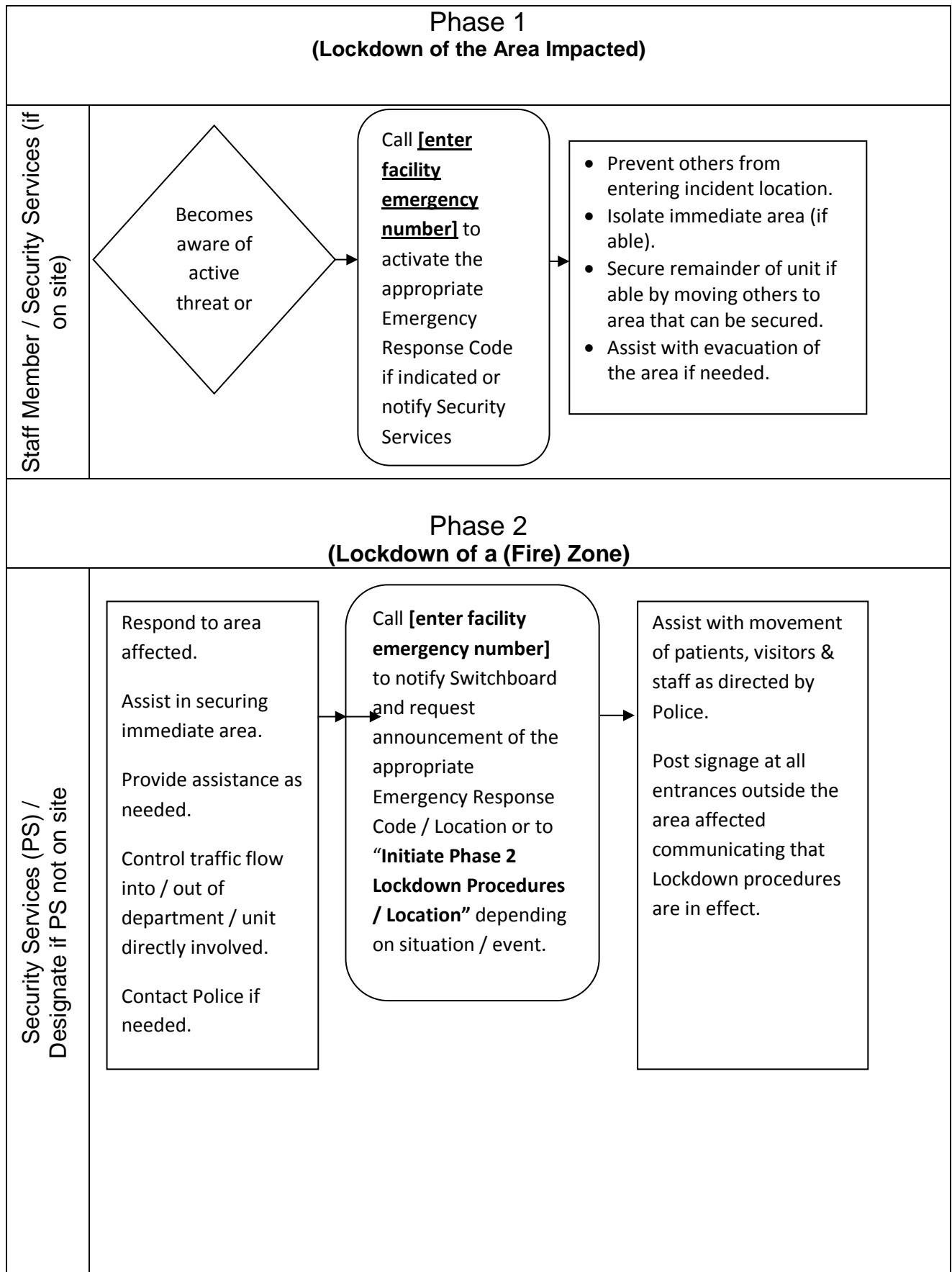
- Control / restriction of people to and from the site, surrounding campus and parking areas.
2. Lockdown of a facility will be announced via overhead paging or through other arrangements developed by the HCF at **Phase two and above**, with identification of the location (i.e. unit, department or area) and the Phase number.
  3. A Lockdown of a facility may follow these escalating phases of traffic control / restriction. However the Lockdown may escalate rapidly to any Phase of Lockdown depending on the incident, degree of danger and urgency of actions.
  4. Phases of Lockdown may be accomplished by means of:
    - Card access modifications / restrictions.
    - Manual key lock.
    - Manning of entrances / exits by personnel as designated.
    - Perimeter control / restriction.
    - Any combination of the above depending upon site resources and time of day.
  5. The decision to activate and / or escalate phases of Lockdown will be determined by the following:
    - Phase 1 - Staff members discovering the initial danger will activate Phase 1 and initiate response.
    - Phase 2 – The decision to further escalate the Lockdown will be made through consultation by the Supervisor of the affected area with Security Services (if on site) / Designate or the Site Manager or Admin On-call.
    - Phases 3 to 5 – The decision to activate further Lockdown will be made through consultation by the Site Administrator or Admin On-call / Fire Warden or Designate / Security Services (if on site) / Police.

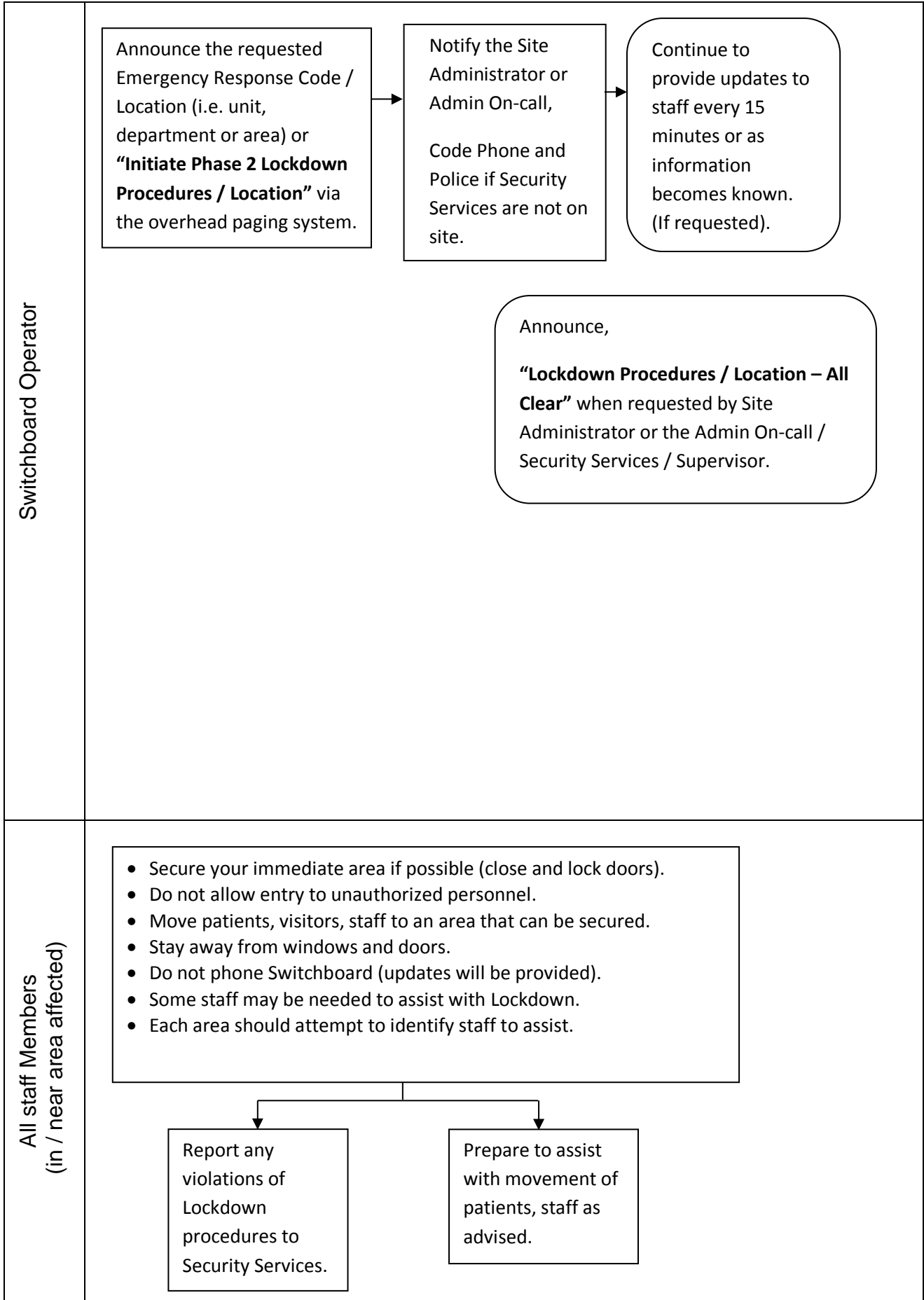
In the event of a threat to the safety or security of any persons at [enter facility name], appendix 1 provides flowcharts on the procedures that should be followed.

## **Post Analysis Report:**

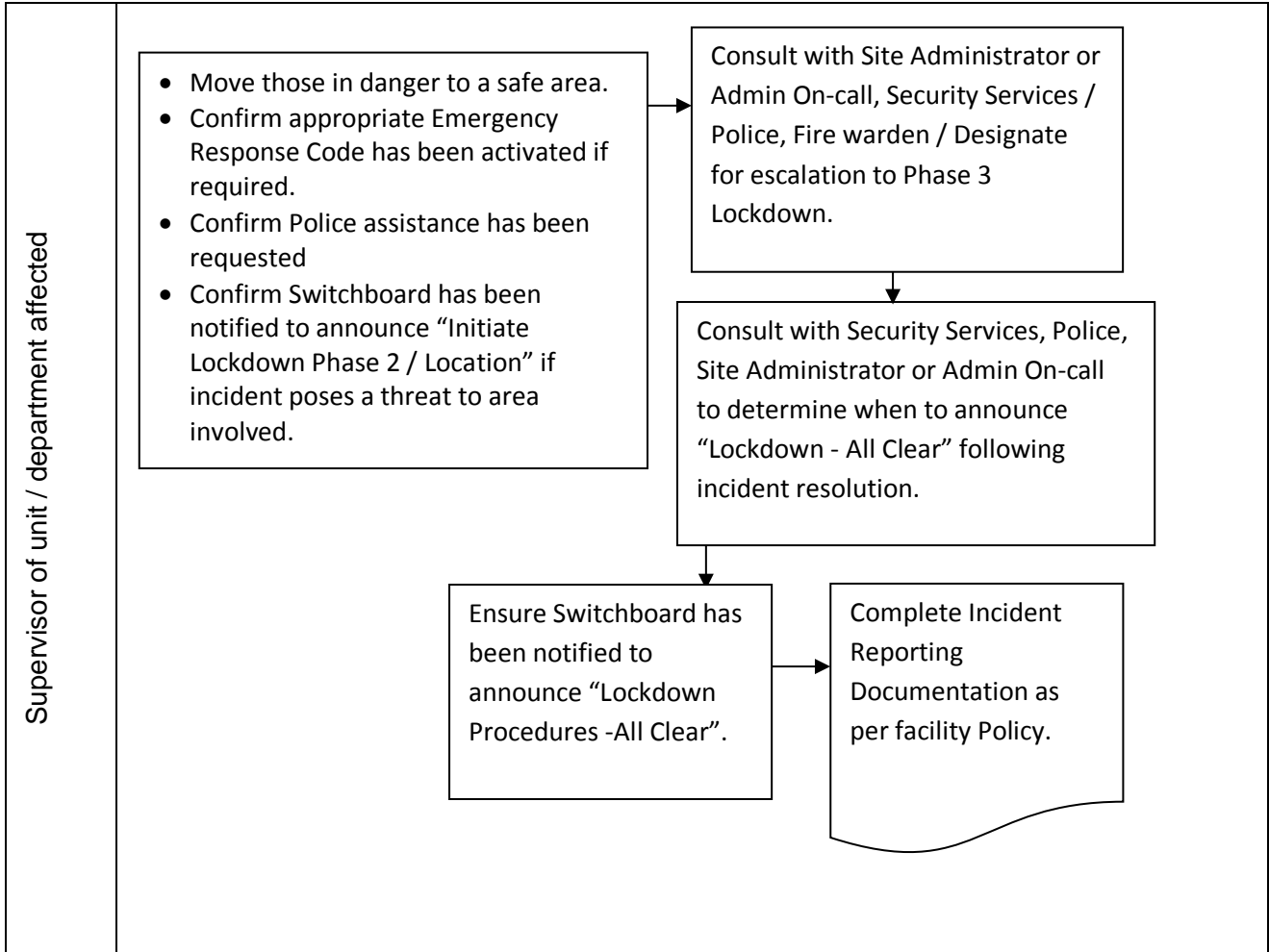
1. The Supervisor in charge of the impacted area(s) is to ensure incident documentation is completed by following the incident reporting process:
  - a. Reportable on the Incident Information Management System (IIMS) which is managed by NSW Health. The IIMS site can be accessed at: <https://iims.health.nsw.gov.au/switchboard.asp>
  - b. Urgent Notification of the emergency lockdown to the LHD Health Service Functional Area Coordinator (LHDHSFAC) on call 24 hours.
  - c. Other Site specific documentation as appropriate.
2. Advice on document completion may be sought from the Local Disaster Manager (insert local contact details), or the NSW Health Emergency Management Unit (02 8396 5019 – 24 hours). Health Emergency/Disaster Management staff may also be contacted for assistance in facilitating the post incident debrief.

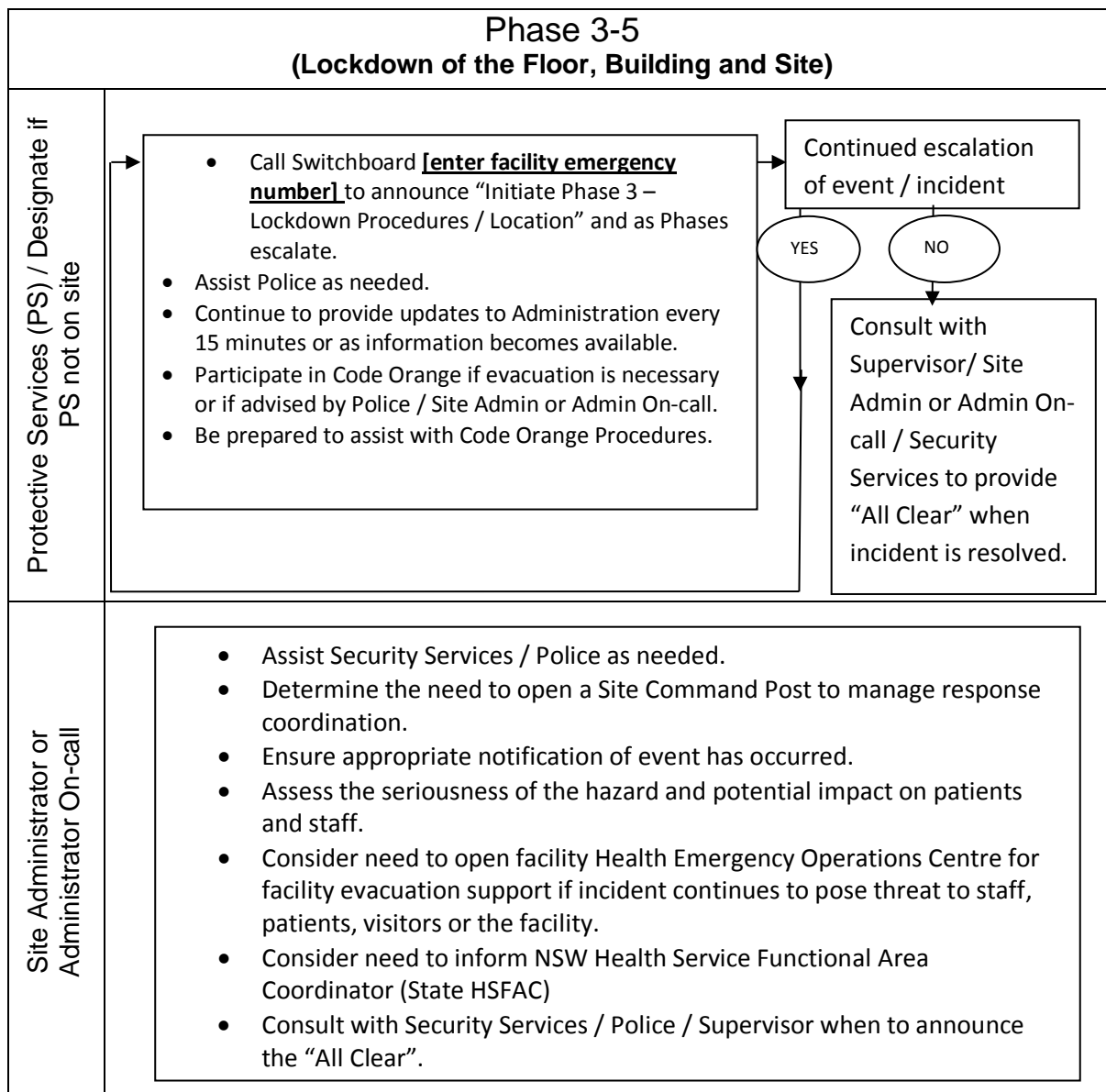






Announce,  
**“Lockdown Procedures / Location – All Clear”** when requested by Site Administrator or the Admin On-call / Security Services / Supervisor.





## Appendix 2 - Site Maps

Insert maps

**Appendix 3 – Tables of Facility Zone Lockdown**

<b>Locking System</b>	<b>Door Description</b>	<b>Number</b>	<b>Block</b>	<b>Over ride</b>



## **Appendix 5 - Action Cards**

- 1. Security Officers**
- 2. Switchboard operator**
- 3. Facility Administrator**
- 4. Supervisor of unit (department affected)**
- 5. All staff members (in or near the affected area)**
- 6. Others**



**KIT - ACTION CARD and CONTENTS**

**Role Name:**

The role of the <Insert role name> is to \_\_\_\_\_ in the event of a lockdown.

**Requirements for the <Role> are:**

<i>Populate with qualifications and/or competencies required to support the role</i>	

**The team consists of:**

<i>If the role is a team of people detail the position holders' role names.</i>	

**The <Role Name> will:**

<i>Populate with the exact actions in descending order of actions</i>

**Lists, Maps, Documents:**

Detail names of supporting documentation. In the ACTION CARD Kit all of the documents are to be supplied	Provide link of documents to enable role holder to retrieve if mislaid

## Resources

This Section Includes useful information resources that may help plan and implement a hospital lockdown.

First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter

Incidents <https://www.dhs.gov/sites/default/files/publications/First%20Responder%20Guidance%20June%202015%20FINAL%202.pdf>

Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty

Incidents [https://www.usfa.fema.gov/downloads/pdf/publications/active\\_shooter\\_guide.pdf](https://www.usfa.fema.gov/downloads/pdf/publications/active_shooter_guide.pdf)

Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and

EMS <http://www.interagencyboard.org/sites/default/files/publications/External%20IAB%20Active%20Shooter%20Summit%20Report.pdf>

A Study of Active Shooter Incidents in the United States Between 2000 and

2013 <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/a-study-of-active-shooter-incidents-in-the-u.s.-2000-2013>

Active Shooter Study: Quick Reference Guide <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/active-shooter-study-quick-reference-guide>

### **Hemorrhage Control (Early care saves lives)**

See Something, Do Something: Improving Survival – Strategies to Enhance Survival in Active Shooter and Intentional Mass Casualty Events: A

Compendium <https://www.facs.org/~media/files/publications/bulletin/hartford%20consensus%20compendium.ashx>

An Evidence-Based Prehospital Guideline for External Hemorrhage Control: American College of Surgeons Committee on

Trauma <https://www.facs.org/~media/files/quality%20programs/trauma/education/acscot%20evidencebased%20prehospital%20guidelines%20for%20external%20hemorrhage%20control.ashx>

### **Prevailing Response Models and Concepts:**

Advanced Law Enforcement Rapid Response Training <http://alerrt.org/About>

Rescue Task Force <http://www.jems.com/articles/print/volume-34/issue-12/major-incidents/arlington-county-va-task-force.html>

Committee on Tactical Emergency Casualty Care <http://www.c-tecc.org/guidelines>

Improving Active Shooter/Hostile Event Response: Best Practices and Recommendations for Integrating Law Enforcement, Fire, and

EMS <http://www.interagencyboard.org/sites/default/files/publications/External%20IAB%20Active%20Shooter%20Summit%20Report.pdf>

## **Bystander Preparedness and Response:**

Stop the Bleed (DHS) <https://www.dhs.gov/stopthebleed>

Bleeding Control for the Injured (B-Con) <http://www.naemt.org/education/B-Con/B-Con.aspx>

## **Healthcare System Preparedness**

Health Facilities Scotland, (2010) Hospital Lockdown: A Framework for NHSScotland, Strategic Guidance for NHSScotland, National Health Services Scotland available at: <http://www.sehd.scot.nhs.uk/EmergencyPlanning/Documents/FinalLockdownGuidanceforweb.pdf>

Incorporating Active Shooter Planning into Health Care Facility Emergency Operations Plans <http://www.phe.gov/preparedness/planning/Documents/active-shooter-planning-eop2014.pdf>

Active Shooter Planning and Response in a Healthcare Setting <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/active-shooter-planning-and-response-in-a-healthcare-setting>

Hospital Incident Command System - Active Shooter Planning Guide <http://www.emsa.ca.gov/media/default/HICS/IPG/Active%20Shooter%20IPG.pdf>

Hospital Incident Command System – Active Shooter Response Guide <http://www.emsa.ca.gov/Media/Default/HICS/IRG/Active%20Shooter%20IRG.pdf>

Hospital-based shootings in the United States: 2000 to 2011 <http://www.ncbi.nlm.nih.gov/pubmed/22998757>

## **Other Resources:**

Federal Bureau of Investigation – Active Shooter Incidents <https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents>

## **References**

Business Risks International™ Pty Limited, (2016), NSW Health Emergency Department, Security Review Report, available at [https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0003/344424/NSW\\_Health\\_ED\\_Security\\_Audit\\_Final\\_15\\_Aug\\_2016\\_-\\_MOH.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0003/344424/NSW_Health_ED_Security_Audit_Final_15_Aug_2016_-_MOH.pdf)

Health Facilities Scotland, (2010) Hospital Lockdown: A Framework for NHSScotland, Strategic Guidance for NHSScotland, National Health Services Scotland available at: <http://www.sehd.scot.nhs.uk/EmergencyPlanning/Documents/FinalLockdownGuidanceforweb.pdf>

NSW Health, (2013), Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies, available at <http://www.health.nsw.gov.au/policies/manuals/Documents/prot-people-prop.pdf>

Workplace Surveillance Act (2005), available  
at <https://www.legislation.nsw.gov.au/inforce/cda3e2c0-0fd3-6065-e243-e81a43c4fdb2/2005-47.pdf>