

AS 4485.1:2021



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Australia



# Security for healthcare facilities

## Part 1: General requirements

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AS 4485.1:2021

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- Australian Association of Practice Management
- Australian Council of Trade Unions (ACTU)
- Australian Healthcare and Hospitals Association
- Australian Medical Association
- Australian Nursing and Midwifery Federation
- Australian Private Hospitals Association
- Australian Security Industry Association
- CRANaplus
- Justice Health and Forensic Mental Health Network
- NSW Ministry of Health
- Queensland Health
- SA Health
- Security Providers Association of Australia
- The Australian Council on Healthcare Standards

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## Part 1: General requirements

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## Preface

This Standard was prepared by Standards Australia Committee HT-008, Security for Health Care Facilities, to supersede AS 4485.1—1997.

The policies, principles, standards and common practices outlined in this Standard provide a framework for the development and implementation of effective security systems throughout all healthcare facilities.

The major changes in this edition are as follows:

- (a) Content has been restructured.
- (b) Content has been updated to reflect current security technologies and practices.
- (c) Alignment with AS ISO 31000.

This Standard forms part of a series, as follows:

AS 4485.1, *Security for healthcare facilities, Part 1: General requirements* (this Standard)

AS 4485.2, *Security for healthcare facilities, Part 2: Procedures guide*

Part 1 sets out the essential requirements needed to provide a safe and secure environment for workers, patients and visitors in healthcare facilities. Part 2 is a guide to the implementation of security services.

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## Introduction

A high degree of consistency of approach to security throughout the healthcare industry is desirable to assist each facility to best fulfil its security responsibilities. This Standard aims to achieve this by encouraging facilities to adopt, wherever possible, a common approach to security issues.

The risks to be addressed vary from facility to facility. However, the following fundamental principles are applicable to most situations:

- (a) Everyone has a right to be safe and secure at their place of work or residence. Patient safety and worker safety should not be addressed separately but in conjunction with one another.
- (b) Organizations such as healthcare facilities have legal obligations to protect the personal and private information they hold about their workers and patients.
- (c) It is necessary to protect other forms of information as well as valuable and attractive property for which the facility is responsible. It may also be important for insurance reasons to have a sound level of security.
- (d) Often there will be contractual requirements for sound security practices to be in place.
- (e) There may be a moral obligation to have sound security arrangements in place.

This Standard does not provide all the answers to the broad range of security issues which are faced by the wide variety of healthcare facilities that exist. There are likely to be occasions where specialist advice will be required from external agencies or organisations. In many cases it will be necessary to consider other legislation, policy, regulations, rules, or the like, when designing or applying security arrangements. Typically, these could be fire regulations, building codes, and work health and safety legislation.

The following are the most obvious and important outcomes for healthcare facilities:

- (i) Provision of quality healthcare services to clients.
- (ii) Maintenance of credibility with clients, boards of management and financial backers.
- (iii) Financial viability.
- (iv) Lower insurance costs.
- (v) Lower lost work hours.
- (vi) Administrative competency.
- (vii) Reputation.

Factors contributing to an inability to realize outcomes include:

- (A) Unsafe environment(s) for workers, patients and others at the facility.
- (B) Poor safety culture and lack of security awareness.
- (C) Unauthorized release, loss or misuse of —
  - (1) sensitive information dealing with the administration of the facility; and
  - (2) personal and private information about patients, workers and others for whom the facility holds personal details.
- (D) Theft of vital and valuable assets, including drugs.
- (E) Damage (e.g. vandalism) to property or equipment.

- (F) Interruptions to operations due to protests, sit-ins and other acts creating a nuisance or safety concern.
- (G) Unauthorized disruption to vital communications systems/links or utilities (e.g. computer systems/networks, power, gas and water) at the facility.

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# Australian Standard®

## Security for healthcare facilities

### Part 1: General requirements

#### Section 1 Scope and general

##### 1.1 Scope

This Standard sets out the minimum requirements for healthcare facilities in developing policy, principles and procedures for the protection of —

- (a) patients, workers and others required to attend such facilities;
- (b) drugs and other controlled substances;
- (c) information; and
- (d) property owned or controlled by the facility, and the property of patients, workers and others at the facility.

Together, AS 4485.1 and AS 4485.2 provide requirements and guidance for the development and implementation of policy, principles and procedures for all public and private hospitals, facilities in remote locations, primary care facilities, community and residential aged-care facilities, and other locations where healthcare is delivered.

##### 1.2 Application

This Standard is primarily for use by people who have direct responsibility for developing and managing security arrangements at a healthcare facility. It is designed to be used as a framework for developing security policy, systems and practices unique to individual facilities.

Security controls should not be applied discriminatorily. They should harmonize with other operational requirements of the facility and, in some cases, be tailored to specific areas within the facility.

Security procedures shall not impinge on the quality or effectiveness of patient care services.

##### 1.3 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document.

NOTE Documents for informative purposes are listed in the Bibliography.

AS 4811, *Employment screening*

AS 5103, *Vendor credentialing for healthcare facilities*

AS/NZS 1158.3.1, *Lighting for roads and public spaces, Part 3.1: Pedestrian area (Category P) lighting—Performance and design requirements*

AS/NZS 1680.2.1, *Interior and workplace lighting, Part 2.1: Specific applications — Circulation spaces and other general areas*

AS/NZS 1680.2.5, *Interior and workplace lighting, Part 2.5: Hospital and medical tasks*

AS/NZS 1680.3, *Interior and workplace lighting, Part 3: Measurement, calculation and presentation of photometric data*

AS/NZS 1680.4, *Interior and workplace lighting, Part 4: Maintenance of electric lighting systems*