



REQUEST FOR PROPOSALS (COMPETITIVE SEALED PROPOSALS)

Security Services

**RFP No:
HHSC 24-0264**

for

**Hawaii Health Systems Corporation
West Hawaii Region**

Contracts Management Department
Kona Community Hospital
79-1019 Haukapila Street
Kealahou, HI 96750
Telephone (808) 322-9311
Fax (808) 322-4488
<http://www.kch.hhsc.org/Procurement/default.aspx>
An Agency of the State of Hawaii

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SECTION 1 ADMINISTRATION

1.0 INTRODUCTION

This Request for Proposal (hereinafter “RFP”) is issued by the West Hawaii Region, a division of **Hawaii Health Systems Corporation** (hereinafter “HHSC” or “WHR”. This solicitation is governed by the applicable provisions of Hawaii Revised Statutes (“HRS”) and implementing rules. All procedures and processes will be in accordance with applicable HRS Chapters including, but not limited to, 323F. To the extent this solicitation contains any terms or provisions inconsistent with applicable HRS Chapters and implementing policies, the statutes and the policies will control.

Thank you for your interest in submitting a proposal for this solicitation. The rationale for this competitive sealed RFP is to promote and ensure the fairest, most efficient means to obtain the **best value** to HHSC, i.e. the proposal offering the greatest overall combination of service and price. Hereinafter, organizations interested in submitting a proposal in response to this RFP shall be referred to as “OFFEROR”.

In order for HHSC to evaluate OFFEROR’s response in a timely manner, please thoroughly read this RFP and follow instructions as presented.

1.1 RFP TIMETABLE

The timetable as presented represents HHSC's best estimated schedule. If an activity of the timetable, such as "Closing Date for Receipt of Proposals" is delayed, the rest of the timetable dates may be shifted. OFFEROR will be advised, by addendum to the RFP, of any changes to the timetable. Contract start date will be subject to the issuance of a Notice to Proceed.

| No. | Activity | Planned Date |
|-----|---|---|
| 1. | RFP Public Announcement | Friday, February 9, 2024 |
| 1A | Pre-Proposal Conference at Kona Community Hospital and Kohala Hospital Tour of Hospital Facilities. Reservation form (Appendix E) and signed Confidentiality Agreement (Appendix F) must be received no later than Thursday, February 15, 2024 at 12:00 noon See Appendix D for Agenda. | Friday, February 16, 2024 10am-12pm HST |
| 2. | Closing Date for Receipt of Questions | Wednesday, February 21, 2024 2pm HST |
| 3. | Addendum for HHSC Response to OFFERORS' Questions | Wednesday, February 28, 2024 |
| 4. | Closing Date for Receipt of Proposals | Wednesday, March 14, 2024 12 noon, HST |
| 5. | Mandatory Requirements Evaluation | Thursday, March 15, 2024 |
| 6. | Proposal Evaluations | Wednesday, March 27, 2024 |
| 7. | Proposal Discussions (optional) | |
| 8. | Best and Final Offers (optional) | |
| 9. | Contractor Selection/Award Notification (on/about) | Friday, April 5, 2024 |
| 10. | Contract Execution Period | Monday, April 8 – 12, 2024 |
| 11. | Contract Tentative Award Date | Friday, April 12, 2024 |

Figure 1. Procurement Schedule

1.2 AUTHORITY

This RFP is issued under the provisions of the HRS Chapter 323F, and its administrative rules. All OFFERORS are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any OFFEROR shall constitute admission of such knowledge on the part of such OFFEROR.

1.2.1 RFP ORGANIZATION

This RFP is organized into five Sections:

SECTION 1: ADMINISTRATIVE

Provides information regarding administrative requirements.

SECTION 2: SCOPE OF SERVICES

Provides a detailed description of goods and/or services to be

provided and delineates HHSC and CONTRACTOR responsibilities.

SECTION 3: PROPOSALS

Describes the required format and content for submission of a proposal.

SECTION 4: EVALUATION

Describes how proposals will be evaluated and lists the “value weight percentages” of the evaluation categories.

SECTION 5: AWARD OF CONTRACT

Describes procedures for selection and award of contract.

1.3 REGIONAL CHIEF EXECUTIVE OFFICER (RCEO)

The RCEO for HHSC West Hawaii Region, or designee, is authorized to execute any and all Agreements (Contracts), resulting from this RFP.

The RCEO for this RFP is:

Clayton McGhan, Regional Chief Executive Officer
West Hawaii Region
Hawaii Health Systems Corporation
79-1019 Haukapila Street
Kealahou, HI 96750

Figure 2. RCEO – Regional Chief Executive Officer

1.4 DESIGNATED OFFICIALS

The officials identified in the following paragraphs have been designated by the RCEO as HHSC’s procurement officials responsible for execution of this RFP, award of Agreement and coordination of CONTRACTOR’s satisfactory completion of contract requirements.

1.4.1 ISSUING OFFICER

The Issuing Officer is responsible for administering/facilitating all requirements of the RFP solicitation process and is the **sole point of contact** for OFFEROR from date of public announcement of the RFP until the selection of the successful OFFEROR. The Issuing Officer will also serve as the Contract Manager responsible for **contractual actions** throughout the term of the contract. The Issuing Officer is:

Yvonne S. Taylor, Sr. Contracts Manager
West Hawaii Region
Email ytaylor@hhsc.org
Direct (808) 322-4442
Fax (808) 322-4488

or in Yvonne’s absence:

Michelle Gray, Contracts Assistant
Email: mgray@hhsc.org
Direct (808)322-5830

1.5 HHSC ORGANIZATIONAL INFORMATION

1.5.1 CHARTER

HHSC is a public body corporate and politic and an instrumentality and agency of the State of Hawaii. HHSC is administratively attached to the Department of Health, State of Hawaii and was created by the legislature with passage of Act 262, Session Laws of the State of Hawaii 1996. Act 262 affirms the State's commitment to provide quality health care for the people in the State of Hawaii, including those served by small rural facilities.

1.5.2 STRUCTURE AND SERVICES

HHSC oversees the operation of ten public health facilities throughout the Hawaiian Island chain, including Oahu, Kauai and Hawaii. In addition to the twelve HHSC facilities, Hawaii Health Systems Foundation and Alii Community Care are affiliates of HHSC.

HHSC is organized into a corporate office located in Honolulu, Hawaii and four operational regions which are East Hawaii Region, West Hawaii Region (both located on the Big Island of Hawaii), Kauai Region and Oahu Region. HHSC provides a broad range of health care services including acute, long term, rural and ambulatory services. In fiscal year 2020, HHSC's acute discharges for the four regions were 13,599, which accounted for approximately 12% of all acute discharges in the State of Hawaii. In fiscal year 2020, HHSC's emergency department visits for the four regions were 80,288, representing approximately 18.3% of all emergency department visits statewide. Specifically for the Big Island, (East Hawaii and West Hawaii Regions) HHSC facilities cared for 73% of all acute care discharges and 84% of all emergency department visits. HHSC is the largest provider of health care services in the Islands, other than on Oahu.

HHSC West Hawaii Region has two hospitals: Kohala Hospital and Kona Community Hospital.

Kona Community Hospital is a 94-bed full-service acute care hospital with 24-hour emergency services, proudly serving the West Hawaii community for over 100 years. Every year, KCH updates its care to include the newest medical services, allowing KCH to use all of its abilities to serve West Hawaii residents and visitors whenever they are in need. Kona Community Hospital, considers everyone to be O'hana, and as such, KCH strives to be your friend, neighbor, and family in the community.

Kona Community Hospital's staff includes over 400 highly skilled employees and 100 medical staff practitioners, many of whom have been with KCH for over 20 years. Along with our professional and experienced staff, KCH has many volunteers and affiliates that support KCH. KCH is also one of the largest employers in West Hawaii.

Kona Community Hospital is a private, public benefit health care facility accredited by the Joint Commission on Accreditation of Health Care Organizations.

Kohala Hospital is a 25-bed critical access hospital with 24-hour emergency services, proudly serving the North Kohala community for over 100 years. Every year, KOH updates its care to include the newest medical services, allowing KOH to use all of its abilities to serve North Kohala residents and visitors whenever they are in need. Kohala Hospital, considers everyone to be Ohana, and as such, KOH strives to include community to meet its mission with care, commitment, and innovation.

1.5.3 MISSION

The mission of HHSC is to provide and enhance accessible, comprehensive health care services that are quality-driven, customer-focused and cost-effective.

1.6 FACILITY INFORMATION

Detailed information pertaining to HHSC facilities is located at <http://www.hhsc.org>.

1.7 SUBMISSION OF QUESTIONS

Relevant questions must be submitted in writing via electronic mail, facsimile or post mail to the Issuing Officer no later than the "Closing Date for Receipt of Questions", identified in Figure 1 in order to generate an official answer. All written questions will receive an official written response from HHSC and become addenda to the RFP.

***** **IMPORTANT** *****

OFFEROR may request changes and/or propose alternate language to the attached HHSC General Conditions during this phase only. Any OFFEROR terms to be proposed must be submitted during this phase only.

All requests will be presented to the HHSC Legal Department for review. No requests to change the HHSC General Conditions, change the approved vendor terms or additional terms will be considered after the proposals have been submitted or during the contracting process.

OFFEROR must submit with its proposal its terms and conditions.

HHSC reserves the right to reject or deny any request(s) made by OFFEROR.

Responses by HHSC shall be due to the OFFEROR no later than the dates for initial questions and final questions stipulated in Figure 1.

Impromptu, un-written questions are permitted and verbal answers will be provided during pre-proposal conferences and other occasions, but are only intended as general direction and will not represent the official HHSC position. The only official position of HHSC is that which is stated in writing and issued in the RFP as addenda thereto.

No other means of communication, whether oral or written, shall be construed as a formal or official response/statement and may not be relied upon.

Send relevant questions to:

Yvonne S. Taylor, Sr. Contracts Manager
West Hawaii Region
Email ytaylor@hhsc.org
Direct (808) 365-2415

AND:

Michelle Gray, Contracts Assistant
Email: mgray@hhsc.org
Direct (808)322-5830

Figure 3. Contact for Relevant Questions

1.8 SOLICITATION REVIEW

OFFEROR should carefully review this solicitation for defects and questionable or objectionable matter. Comments concerning defects and questionable or objectionable matter, including requests to revise the General or Special Conditions, must be made in writing and should be received by the Issuing Officer, Yvonne Taylor, no later than the "Closing Date for Receipt of Questions" as identified in Figure 1. This will allow issuance of any necessary amendments to the RFP.

1.9 RFP AMENDMENTS

HHSC reserves the right to amend the RFP any time prior to the ending date for the proposal evaluation period. RFP Amendments will be in the form of addenda and posted on the Kona Community Hospital Procurement website.

1.10 CANCELLATION OF RFP

The RFP may be canceled when it is determined to be in the best interests of HHSC.

1.11 GRIEVANCE

It is the policy of the West Hawaii Region to work cooperatively with all vendors to the end of fair and fiscally sound procurement decisions. In the event a vendor or prospective vendor feels that a procurement decision has been made or is about to be made that is not in accordance with applicable law or policies, the vendor is encouraged to proceed as follows:

Request a debriefing in writing by the Issuing Officer.

If the debriefing does not satisfy the vendor, a meeting may be requested with the Issuing Officer who may invite others to participate as needed.

If the Issuing Officer does not resolve the issue, the vendor may request a meeting with the RCEO. The RCEO is the last recourse for disputes relating to procurement decisions and all decisions made by the RCEO shall be final.

A grievance based upon the content of the solicitation shall be submitted in writing within five (5) working days after the aggrieved individual/business knows or should have known of the facts; provided further that the grievance shall not be considered unless it is submitted in writing prior to and not later than the "Closing Date for Receipt of Questions" identified in Figure 1.

Such grievances of an award or proposed award shall be submitted within five (5) working days after the posting of award of the contract. The notice of award, if any, resulting from this solicitation shall be posted on the Kona Community Hospital website:

<http://www.kch.hhsc.org/Procurement/>

Figure 4. Website for all Procurement Activities

SECTION 2 SCOPE OF SERVICES

2.0 OVERVIEW

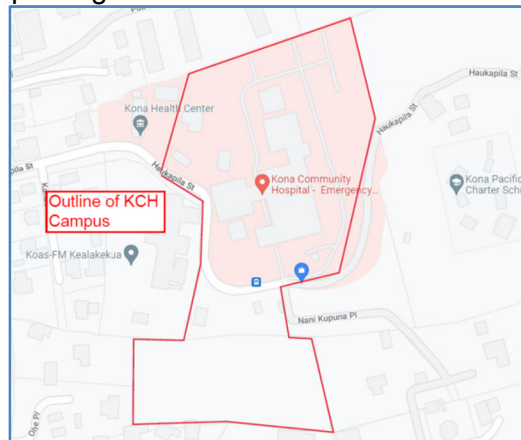
- NOTES:**
1. Unless specifically called out, the Scope of Services applies to both hospitals.
 2. Any reference to The Joint Commission (“TJC”) pertains to Kona Community Hospital

SCOPE OF SERVICES

General

- A. CONTRACTOR will provide security services for the West Hawaii Region (“WHR”), comprised of:

Kona Community Hospital (“KCH”) located at 79-1019 Haukapila Street, Kealahou, HI 96750, one (1) medical clinic, three (3) office cottages and one (1) ancillary gravel parking lot.



AND



Kohala Hospital (“KOH”) located at 54-383 Hospital Road, Kapaau, HI 96755

At any time, throughout the term of the Agreement, any additional buildings and areas on campus may be repurposed for other hospital functions, however they will remain as a part of the Scope of Services. New buildings or areas may be added throughout the term of the Agreement for which an amended fee proposal shall be requested and the contract amended. See below aerial view of the current KCH campus. Security services will consist of the provision of uniformed officers, including supervisory personnel, in accordance with staffing levels approved by WHR, training, reporting, record keeping, and the administration and enforcement of policies and procedures as described below.

- B. The Security Officers shall wear a uniform provided by the CONTRACTOR, which shall include an identification badge that, at a minimum, shall include the Security Officer's first initial and last name, and the name of the CONTRACTOR (e.g., "ABC SECURITY - Officer J. Doe"), and shall be worn throughout the duration of the shift. The uniform to be worn will be specified by the CONTRACTOR and be compatible with the professional standards set by WHR. All Security Officers shall be neat and well-groomed in appearance.
- C. The CONTRACTOR shall meet with WHR regularly for the purpose of discussing relevant issues relating to the performance and administration of the Security Guard Services. The CONTRACTOR'S representative attending these meetings shall be authorized to act on behalf of the CONTRACTOR. WHR will attempt to give adequate notice to the CONTRACTOR of a meeting; with the understanding advance notice may not be possible in emergency situations.
- D. The Security Officer services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS. For this Agreement initial term the Security Officer's hourly pay range will be at the State of Hawaii's Department of Human Resources Development Salary Schedule SR-13 Step TBD level, and the Shift Supervisor will be at SR-15 Step TBD. Any future increases shall be negotiated between both parties. **NOTE: At time of RFP release, the pay rate has not been finalized. RFP Addendum #1 will address this.**
- E. All security officers employed by a security agency shall comply with HRS Chapter 463 and its annual requirements.
- F. Staffing levels will be approved by a facility representative or representatives designated by WHR and may be changed from time to time. Any such changes must be approved by CONTRACTOR prior to implementation. CONTRACTOR shall have a reasonable amount of time to make any changes to staffing levels. CONTRACTOR may provide suggested staffing levels to WHR as part of its assessment of the WHR facilities.

I. Personnel and Screening

A. Personnel

- 1. **Hospital Technical Representative ("HTR")** – Defined as a WHR employee who has administrative responsibility for security. David Duber, Regional Director of Facilities, or his designee, will be the HTR.

CONTRACTOR will provide the HTR with an overall orientation to become familiar with the scope and components of the CONTRACTOR's operation and to meet various personnel involved in the WHR security program. Facility Orders will be provided to the HTR for approval on an annual basis. The HTR will be provided with all original monthly and quarterly reports.

2. **CONTRACTOR Support Staff** – CONTRACTOR will provide administrative and professional support for the security program at WHR. Program development will be the direct responsibility of the HTR with input from CONTRACTOR as requested.

As part of the overall program, **at no additional charge**, the support services include, but are not limited to:

- Consultation with HTR on specific aspects of security on a periodic basis or as determined by Facility.
 - Annual assessment of risks and vulnerabilities associated with each facility location, clientele, and services.
 - No less than monthly Security Management Report for Environment of Care Management Committee.
 - Daily activity report for:
 - Security Incident Reports
 - Security Condition Reports
 - Specific security program consultation.
 - Annual documentation of security program, including performance improvements and program evaluation as applicable for TJC's Security Management plan and as directed for Kohala Hospital.
3. **Shift Supervisor** (equivalent to SO II*) – Defined as a CONTRACTOR working supervisor providing continuous on-site management of the security operations for specified shifts. HTR must approve all shift supervisor assignments.
 4. **Security Officer** (equivalent to SO I*) – Defined as a CONTRACTOR unarmed officer with healthcare specific security training providing security protection services in accordance with facility orders and general duties outlined herein and other related documents.

*Bargaining Unit 14: State Law Enforcement Officers

All CONTRACTOR personnel assigned to WHR will comply with applicable WHR and HHSC policies and procedures.

In the event any CONTRACTOR employee does not perform to expectations WHR will inform CONTRACTOR in writing in a timely manner of the nature of the issue and will allow CONTRACTOR to investigate and discipline such employee.

All security positions at WHR are unarmed.

B. Screening and Assignment of Personnel

CONTRACTOR will screen personnel prior to assignment to WHR.

1. All CONTRACTOR personnel assigned to WHR will:
 - Possess current state license/registration and/or certification, as applicable and appropriate for the service provided to WHR and required by applicable laws, regulations, or accreditation standards.
 - Possess a current and in good standing, "Guard Employee" licensure issued by the State of Hawaii Department of Commerce and Consumer Affairs office.
 - Possess a certificate of training for Handgun safety or equivalent.
 - Meet WHR's conditions of employment and other applicable hiring criteria.
 - Meet minimum hiring profile, which includes:
 - High School Education or GED equivalent
 - Age 18
 - Ability to effectively speak, read, and write the English language
 - Physical ability required by the position
 - Ability to meet each facility and/or regulatory specification
 - Pass a multi-drug screen (5 panel)
 - Pass a Federal criminal background check (or supply one that was performed within six months of starting work).
 - Obtain a Motor Vehicle Record Abstract and valid State Drivers' License.
2. CONTRACTOR will verify the background of each applicant meeting the WHR's minimum hiring requirements by checking:
 - Previous employment history (minimum of seven years or to high school)
 - Achieved education level
 - Criminal background. Persons with any criminal charges pending or with any felony convictions are not eligible to work on the WHR account.

Upon request, CONTRACTOR will provide WHR with an attestation showing any individual CONTRACTOR personnel assigned to WHR has met WHR's minimum Hiring requirements.

CONTRACTOR will not knowingly retain or employ any individual to provide services under this Agreement who is a former WHR employee not eligible for rehire.

3. CONTRACTOR personnel assigned to WHR will have **completed** the process of obtaining the following vaccinations, testing or appropriate declinations and paperwork, **prior** to beginning work at WHR:
 - Flu
 - Tetanus
 - MMR
 - Chicken Pox Varicella (or notification to WHR that person has had Chicken Pox)
 - Hepatitis B (first shot in series of 3-WHR will furnish steps 2&3)
 - COVID-19 vaccine
 - Respiratory Fit Test
 - Tuberculosis Testing (Step 1 and Step 2) and Tuberculosis Screen.
 - Initial Health Evaluation
 - Latex Sensitivity Questionnaire
 - Notification of Camera Surveillance & Image Recording

Additional testing may be requested by WHR.

CONTRACTOR will pay all costs associated with vaccinations and testing listed above. WHR will pay all costs associated with any additional vaccinations or testing that WHR requires after contract start date, i.e. annual Tuberculosis Testing, Respiratory Fit Test and Flu shot.

4. WHR has the right to reject the assignment or request removal of any specific security officer at any time and for any reason. WHR, through the HTR, will notify CONTRACTOR Administration, in writing, of its desire to reject or remove an assigned security officer. A rejected or removed officer will be replaced by CONTRACTOR Administration within a reasonable amount of time depending on the circumstances.
5. WHR will have the opportunity to participate in the evaluation of each individual provided by CONTRACTOR. CONTRACTOR will evaluate each CONTRACTOR employee no less than annually and will intermittently contact WHR for feedback regarding CONTRACTOR employee performance.
6. CONTRACTOR will maintain personnel files to include the following documents as applicable to services provided. A Computerized summary of personnel file information will be readily available to WHR for review upon request.
 - Copy of relevant certifications, registrations, licenses, and picture identification
 - Health Certificate
 - Results of annual competency assessment
 - Infection Control, Universal Precautions, and OSHA Standards for Blood Borne Pathogens In-service Certification as appropriate to services provided
 - PPD results annually
 - Annual Performance Evaluations
 - Criminal Background Checks
 - Motor Vehicle Record Checks
 - Drug/Alcohol Screen
 - Job Description with signature
 - Documentation of WHR orientation
 - All documentation required to satisfy TJC's requirements.

Upon request CONTRACTOR will provide an Attestation confirming that an individual assigned to WHR has been tested and has met all CONTRACTOR screening requirements.

C. Quantity of Officers Required and General Post Location Assignments

1. KCH requires no less than a total of four (4) Security Officers: sixteen (16) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year from 0600-2200 HRS. KCH requires no less than three (3) Security Officers: eight (8) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year from 2200-0600 HRS.

KOH requires no less than one (1) Security Shift Supervisor: twenty-four (24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year

2. As Needed - Provide additional Security Officer services on an “as needed” basis (i.e. for forensic, psychiatric, suicidal, high-risk and/or combative patients as required by WHR). As needed Security Officer services may include, but is not limited to, assistance with traffic flow, special events, and ensuring safety during construction projects. WHR does not anticipate needing “as needed” services.

D. Shift Supervisor Duties and Responsibilities

1. Each shift, 7 days per week, shall have a Shift Supervisor.
2. The Shift Supervisor shall report to the HTR regarding all daily operational activities under this Agreement. Shift Supervisors during the evening and night shifts shall report to the hospital's house supervisor and the HTR.
3. The Shift Supervisor shall be apprised of all performance issues related to the CONTRACTOR's Security Officers, and shall be expected to handle them in a timely manner, and in all cases, no more than seventy-two (72) hours from receiving the complaint. The Shift Supervisor shall provide written documentation to the HTR acknowledging receipt of the complaint as well as written notification of the action taken to correct the issue.
4. The Shift Supervisor shall maintain a line of communication with the HTR, promote teamwork throughout the hospital and Security Officers, and support WHR through collaborative efforts.
5. The Shift Supervisor shall respond to fire alarms and other emergency code unless informed otherwise in writing by the HTR.
6. The Shift Supervisor shall orient and train all new Security Officers assigned to each hospital.
7. The Shift Supervisor shall ensure monthly fire drills are completed during the evening and night shifts, and that said fire drills are documented appropriately, per The Joint Commission requirements.
8. The Shift Supervisor shall require all Security Officers to complete both an incident report and shift log detailing any incidents/events they assisted with during their shift. The incident report and shift log shall be retained by the CONTRACTOR and copies provided to the hospital, if requested.
9. In addition to the duties and responsibilities described above, the Shift Supervisor shall perform, when necessary, all general Duties and Responsibilities described in Section E, below.

E. Security Officer Duties and Responsibilities

1. Provide surveillance of each hospital's buildings, parking lots, and grounds.
2. Accompany staff to their personal vehicle upon request.
3. Assist staff and physicians with argumentative, belligerent and combative individuals, especially where there is imminent danger to staff, physicians, patients and/or visitors.

4. Physically restrain individuals as a last resort, when all other means of de-escalating a situation have been exhausted. Such actions may occur without the authorization of a clinician. A minimum amount of force shall be used in all situations, and only if necessary, to safely bring a situation under control. The Security Officer may request assistance from other Security Officers, when appropriate.
5. Apply restraints at the direction of professional medical or nursing staff.
6. Will not engage in medical, counseling or behavioral health interventions with the patients.
7. Provide assistance in KCH's morgue, including but not limited to:
 - a. Assists clinical and laboratory staff with the placing of or removal of deceased bodies from the morgue.
 - b. Securing in-house deceased belonging in morgue lockers located in the Fire linen closet. Morgue log updated to account for belongings. Case/social workers notified to contact next-of-kin to retrieve belongings.
8. Enforce the hospital's smoking policy and Hawaii Revised Statutes Chapter 328J, with employees, patients and visitors.
10. Assist with transfer of Forensic patients to law enforcement. KCH only.
11. Provide ground aid in KCH's life flight operations (i.e. direct traffic)
12. Assist with duties including, but not limited to, assistance with traffic flow, special events, ensuring safety during construction projects, and/or securing the premises during disasters.
13. Follow, implement, and enforce Health Insurance Portability and Accountability Act (HIPAA) and other federal, state, county, Joint Commission, KCH, KOH and HHSC rules and regulations.
14. Conduct, participate and document (in compliance with Joint Commission standards and guidelines) the following events conducted by WHR, on all shifts, including, but not limited to:
 - a. Emergency preparedness drills
 - b. Fire drills
 - c. Infant abduction drills. KCH only
 - d. Resident elopement drills
 - e. Active Shooter drills
 - f. Code Grey drills
15. Participate in tabletop and live drills regarding emergency preparedness conducted by outside (affiliate, and federal, state, and local government) agencies.
16. Assist with retention/safeguarding of confiscated items, contraband, and weapons.
17. Assist with safeguarding of bulk belongings.

- 2.1.8.4 Perform and appropriately document suicide watch on WHR's behavioral health patients when deemed necessary by the medical or nursing staff.
- 2.1.8.5 Assist with the application of patient restraints at the direction of medical or nursing staff.
- 2.1.8.6 Utilize TEAM® skills as trained by KCH, assist with aggressive, belligerent and combative patients, staff or visitors only when requested to do so by unit staff or if the patient present imminent physical danger to individuals. **NOTE: At time of RFP release, it was unsure if KOH officers will participate. RFP Addendum #1 will address this.**
- 2.1.8.7 Assist with the application of patient restraints at the direction of medical or nursing staff as a last resort, when all other means of managing the situation have been exhausted. A minimum amount of force necessary only to safely bring a situation under control shall be utilized at all times. The Security Officer may request assistance from other Security Officers, as appropriate.
- 2.1.8.8 Not engage in medical counseling or behavioral health interventions with patients.
- 2.1.8.9 Assist with search of patient and patient's belongings for contraband as indicated by the nursing staff.
- 2.1.8.10 Assist with the transport of admitted psychiatric patients to KCH's Behavioral Health unit and combative or restrained patient to procedures such as x-ray.

II. Training

- A. CONTRACTOR shall provide each security officer assigned to WHR with the following training:
 - 1. New employee pre-assignment training
 - 2. CONTRACTOR Mission, Vision & Core Values
 - 3. Facility specific orientation
 - 4. Public relations and communication
 - 5. Focus on Security protection responsibilities
 - 6. Loss control and prevention
 - 7. Courteous enforcement
 - 8. Patrol
 - 9. Liability issues
 - 10. Report writing
 - 11. Use of patient restraints

KCH shall provide the following training:

- 1. KCH orientation in classroom
- 2. Open Eye security camera system
- 3. Helicopter transport vehicle
- 4. Code Pink protocols and drill participation
- 5. ED (Emergency Department) and Visitor Screening
- 6. Techniques for Effective Aggression Management (TEAM®)

KOH shall provide the following training:

1. KOH orientation
2. Open Eye security camera system
3. ED (Emergency Department) and Visitor Screening
4. Techniques for Effective Aggression Management (TEAM®)

- B. CONTRACTOR shall provide ongoing training on an as needed basis throughout the calendar year. Training shall include reviewing and discussing updated hospital policies and facility orders, current security topics and concerns. CONTRACTOR shall maintain records of all training sessions in the officers' personnel files. The HTR may attend the training sessions at his discretion.

III. Program Records/Reports

- A. Facility Orders and Post Orders

It is the responsibility of HTR to approve CONTRACTOR Facility Orders and Post Orders. CONTRACTOR will maintain Facility Orders and Post Orders at each hospital. Facility orders must be approved and signed by the HTR and will define the mission and scope of security activities, policies, and procedures for WHR. Copies of the Facility Orders and Post Orders will be maintained by the HTR and CONTRACTOR. Facility Orders and Post Orders will be continuously updated with a formal review once per year or on an as needed basis conducted with and approved by the HTR.

WHR will work with successful CONTRACTOR to update CONTRACTOR Facility Orders and Post Orders.

- B. Documentation Review

In addition to the documentation described above, a proactive documentation system will be provided by CONTRACTOR which will outline the security program, define the activity of the security staff, and allow for a mechanism to evaluate the effectiveness of the security-related activities. At a minimum, the following shall be included in the system:

- Security Officer Employment Guidelines – available for review upon request.
- Monthly Security Recap Report – distributed monthly to the HTR.
- Security Incident Reports – distributed daily to the HTR.
- Daily Activity Reports – distributed daily to the HTR.

Completed report forms are property of WHR.

- C. Investigations

Investigations (not involving CONTRACTOR personnel) may be authorized in advance by the HTR. The initial investigation and general follow-up of major security incidents is conducted by the HTR or the CONTRACTOR Investigations Division after consultation with and the approval of, the HTR or higher WHR authority. Investigators will conduct inquiries in a manner that complies with WHR policies, and state and federal law, including specifically policies relating to patients' rights and confidentiality.

Recommendations will be made to the HTR following the investigation. The HTR will be responsible for follow-up recommendations as a result of investigations.

Special surveillance and undercover operations will not be considered investigative services. CONTRACTOR will only provide such services upon request of KCH. Both parties will mutually agree upon the rates for these services.

Documentation associated with investigations are the property of WHR.

IV. Staffing/Billing Rate

A. CONTRACTOR will provide the WHR security program at the hourly rates stated below:

- a. Security Officer I (SO I), (SR13 Step TBD), \$TBD
- b. Security Officer II (SO II), (SR15 Step TBD) \$TBD

NOTE: At time of RFP release, the pay rate has not been finalized. RFP Addendum #1 will address this.

These rates are specified in the State of Hawaii Department of Human Resources Development Salary Schedule for BU14 effective 07/01/2023.

An annual budget summary and staffing coverage shall be provided to KCH to be included in the Agreement.

ii. Staffing level shall be in accordance with table below:

Kona Community Hospital ("KCH")

| Officer Roles | Qty. | M | T | W | Th | F | Sa | Su |
|--|------|---|---|---|----|---|----|----|
| | | | | | | | | |
| Shift Supervisor/ Security Officer II | 1 | x | x | x | x | x | x | x |
| | 2 | x | x | x | x | x | x | x |
| | 3 | x | x | x | x | x | x | x |
| | | | | | | | | |
| Day Shift/ Security Officer I | 1 | x | x | x | x | x | x | x |
| | 2 | x | x | x | x | x | x | x |
| | 3 | x | x | x | x | x | x | x |
| | 4 | x | x | x | x | x | x | x |
| | | | | | | | | |
| Evening Shift/ Security Officer I | 1 | x | x | x | x | x | x | x |
| | 2 | x | x | x | x | x | x | x |
| | 3 | x | x | x | x | x | x | x |
| | 4 | x | x | x | x | x | x | x |
| | | | | | | | | |
| Night Shift/ Security Officer I | 1 | x | x | x | x | x | x | x |
| | 2 | x | x | x | x | x | x | x |
| | 3 | x | x | x | x | x | x | x |

Kohala Hospital ("KOH")

| Officer Roles | Qty. | M | T | W | Th | F | Sa | Su |
|------------------------------------|------|---|---|---|----|---|----|----|
| | | | | | | | | |
| Day Shift / Shift Supervisor | 1 | x | x | x | x | x | x | x |
| Evening Shift/ Shift Supervisor | 1 | x | x | x | x | x | x | x |
| Night Shift/ Shift Supervisor | 1 | x | x | x | x | x | x | x |

- C. Overtime will be paid for the following holidays:
New Year's Day, MLK Day, Presidents Day, Memorial Day, July 4th, Labor Day, Columbus Day, Veterans Day, Thanksgiving and Christmas Day.

Overtime will be invoiced at one-and-one-half (1.5) times the standard invoice rate ("Overtime Rate").

- D. Evening and night differentials shall be paid at specific hours at the hourly rate stated below:

- I. 1800-2200 HRS. - \$1.00
- II. 2200-0600 HRS. - \$1.50
- E. Each hospital shall be invoiced for services provided under this Agreement on a bi-weekly or monthly basis. Invoices shall be sent to the HTR electronically and contain the contract number. Invoices that do not include the contract number may be rejected and payment delayed.
- F. If CONTRACTOR offers multiple security related products and services, WHR may purchase additional service from CONTRACTOR under this Agreement.
- G. Recruitment hiring bonus program providing a \$1,000.00 bonus after one (1) year employment, to a \$1,000.00 bonus paid out at 50% after the first six (6) months of employment and the remaining 50% paid out after the second six (6) months. CONTRACTOR shall pay Security Officers directly and shall invoice each hospital as separate line items on CONTRACTOR's regular invoices.
- H. WHR also agrees to reimburse, or credit the Security Officer's State of Hawaii, "Guard Licensure" with the condition that the Security officer remains employed with CONTRACTOR and assigned to WHR for a one-year (365 day) period. CONTRACTOR shall pay Security Officers directly and shall invoice each hospital as separate line items on CONTRACTOR's regular invoices.

V. Hardware and Supplies

i. WHR shall supply:

- 1. KCH or KOH Badge
- 2. Ascom telephone for communication between CONTRACTOR's staff and each hospital's employees. Radios will be provided if/when Ascom telephones go down.
- 3. Office space with phone, furnishings and computer
- 4. Office supplies
- 5. WHR required special gear

ii. CONTRACTOR shall supply:

- 1. Uniforms
- 2. Flashlights
- 3. Safety vests
- 4. Helmets for helicopter landings
- 5. Other items as necessary to perform the duties in the Agreement.

FACILITY (POST) ORDERS

(On Pages Immediately Following This Page)

NOTE: *The following orders are tailored to the current KCH Security Services Contractor.*

After award, within 45 days, the successful Contractor and HHSC shall review the Facility (Post) Orders together and determine which orders are applicable to this Agreement. The decisions shall be made with HHSC's sole discretion. Any substantial changes during the time of performance shall be memorialized in a Supplement Agreement signed by both parties.

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-----------------------------------|-----------|
| FACILITY | Kona Community Hospital | 07/3/2023 |
| SUBJECT | Title Page/Facility Authorization | |

1. The Security Facility Orders describe the basic protection approaches used by SECURITY CONTRACTOR., on behalf of the facility. The Facility Orders delineate duties and responsibilities of the security staff.
2. Best practices developed by SECURITY CONTRACTOR.
3. Selected SECURITY CONTRACTOR. guidelines relating to employment issues.

The Facility Orders appear in two styles--paragraphs and Competency Tasks. When advantageous, the paragraphs and Competency Tasks are mutually exclusive. For clarity, information may appear in both styles.

The paragraphs are organized into twelve topics:

| | | |
|----------------------|----------------------|------------------|
| Alarms and CCTV | General Information | Reports |
| Communications | Legal Considerations | Scheduled Duties |
| Departmental Support | Motorist Assists | |
| Emergency Procedures | Parking Control | |
| Facility Doors | Patrol Activity | |

A list of all Competency Tasks precedes the individual Tasks. SECURITY CONTRACTOR tailor's competency tasks to reflect the most current information from facility orders and hospital policy.

Facility Administration determines the level and extent of its protection program and the services SECURITY CONTRACTOR provides. SECURITY CONTRACTOR tailors the facility's security program to the needs, wants, and philosophies of the facility. The facility's interpretation of the SECURITY CONTRACTOR event reports and periodic management reports, physical location of the facility, criminal activity in the general neighborhood, changes in services provided by the facility, and the physical layout of the facility influences the facility's security program.

Facility Orders evolve dynamically to reflect the constantly changing role of security at the facility. Always refer to up to date site policies for more specifics. The Hospital Technical Representative ("HTR") approves Facility Order changes reflected in the security office copy. When a Facility Order is retyped, the previous Facility Order is discarded. The HTR formally reviews and approves all Facility Orders at least annually. The signatures and dates below reflect the latest approval date and update(s) by the Hospital Technical Representative.

David Duber, Regional Director of Facilities Date Approved

Preliminary 10/01/2013
Updated 04/25/2022

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Alarms and CCTV | |

Electronic security measures are intended to be a component of the overall security program.

SECURITY ALARMS

Duress alarm systems enable the user to issue a silent alarm signal to summon security assistance. These alarms should only be used when it is safe to do so. No action should be taken to generate an alarm that would endanger any person. No action should be taken in responding to an alarm that would endanger any person.

Intrusion alarm systems monitor unoccupied areas remotely. No action should be taken in responding to an alarm that would endanger any person.

ALARM RESPONSE

Each alarm situation requires officer judgment, quick response, and attention to detail. Generally:

- Respond, quickly and safely, to an area near the alarm location; never run; arrive in a composed manner
- Survey alarm location to determine situation and risk to persons; call for backup and remain in a secure position if situation is not under control
- When safe, proceed to alarm location and obtain basic information
- Alert others when appropriate
- Direct actions at the scene
- Secure the scene; reset alarm if appropriate
- Fill out Security Incident report

CCTV (Closed Circuit Television)

CCTV assists in the proper management and investigation of inappropriate conduct and may have a deterrent value.

| Cameras | Location |
|----------------|------------------------------|
| | RIGHT MONITOR |
| Row #1 | |
| 1 | Triage Entrance |
| 2 | ER North Hall |
| 3 | ER Triage |
| 4 | Triage Entrance INT |
| 5 | ER North Nurse Station |
| 6 | Visitor ENT Gift Shop INT |
| 7 | Gift Shop |
| Row #2 | |
| 1 | ER/ICU Elevator Bottom |
| 2 | Ambulance Bay. Morgue |
| 3 | ER.AMB Door INT |
| 4 | ER Nurse Station |
| 5 | ER RM 9 & 10 |
| 6 | ER Bed 11 |
| 7 | ER Meds Room |
| Row #3 | |
| 1 | ER.XR Door |
| 2 | Materials Management |
| 3 | Lab Hallway |
| 4 | Basement Both Elevators |
| 5 | Dietary Stairwell |
| 6 | Loading Dock INT Single Door |
| 7 | Loading Dock INT Double |
| Row #4 | |
| 1 | Loading Dock EXT |
| 2 | Imaging CT Hallway |
| 3 | Nuc-Med Hallway |
| 4 | Patient Access Reception |
| 5 | Imaging Entrance INT |
| 6 | Patient Access Office Hall |
| 7 | ROC & Imaging EXT |
| | |
| Row #5 | |

| Cameras | Location |
|----------------|--|
| 1 | ROC Reception |
| 2 | SSB Main Entrance EXT |
| 3 | Upper SSB Cashier Hall |
| 4 | SSB Main Entrance INT |
| 5 | SSB Main EXT ER parking |
| 6 | SSB Employee Health EXT |
| 7 | SSB Employee Health INT |
| Row #6 | |
| 1 | SSB IT Hall |
| 2 | SSB Cancer Center EXT |
| 3 | SSB Cancer Center INT |
| 4 | Conference Room 3 |
| 5 | SSB Education INT |
| 6 | ER Admitting |
| 7 | ER Main Double doors/Lobby |
| | |
| | LEFT MONITOR |
| Row #1 | |
| 1 | 1 st Floor Entrance EXT |
| 2 | 1 st Floor Entrance INT |
| 3 | CSR Door |
| 4 | CSR Staircase INT |
| 5 | Pharmacy Hallway |
| 6 | Pharmacy MS1 Hall |
| 7 | 1 st Floor Both Elevators |
| Row #2 | |
| 1 | ICU Exit EXT |
| 2 | ICU Hallway |
| 3 | ICU Staircase INT |
| 4 | 1 st Floor Staircase Security |
| 5 | MS1-BHU Door |
| 6 | BHU Waiting Area |
| 7 | BHU Main Entrance EXT |
| Row #3 | |
| 1 | BHU K-2 |
| 2 | BHU K-1 |

| Cameras | Location |
|----------------|--------------------------------------|
| 3 | BHU West Hallway |
| 4 | BHU Courtyard 1st |
| 5 | BHU Rec room |
| 6 | BHU Parking Entrance INT |
| 7 | BHU Parking Entrance EXT |
| Row #4 | |
| 1 | MS1/Security Entrance INT |
| 2 | MS1-MS2 Security Staircase |
| 3 | MS2 RM 209 Staircase Hall |
| 4 | MS2 Staircase Door INT |
| 5 | 2 nd Floor Both Elevators |
| 6 | MS2-OB Doors |
| 7 | OB Staircase Roof |
| Row #5 | |
| 1 | Roof/OB Door EXT |
| 2 | OB-OR Doors |
| 3 | OR Staircase/Elevator |
| 4 | BHU K-2 2nd |
| 5 | BHU Day Room |
| Row #6 | |
| 1 | Morgue Entrance |
| 2 | (Blank) |
| 3 | BHU Courtyard 2nd |
| 4 | OR Staircase INT |

| SECURITY FACILITY ORDERS | | |
|--------------------------|-------------------------|--------|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Communications | Page 1 |

DEVICES

Communications equipment facilitates providing a service, responding to an emergency, and solving an officer safety issue. The most common communications equipment used includes:

Telephone - is the basic means of communication. Use the telephone whenever possible. Greet each telephone caller with "Security, Officer (your last name)." Be sure to determine the name of the calling party.

Ascom - is the primary means of communication. Greet each telephone caller with "Security, Officer (your last name)." Be sure to determine the name of the calling party.

Security Cell Phone: Greet each telephone caller with "Security, Officer (your last name)." Be sure to determine the name of the calling party.

Portable Radio – is part of a two-way radio transmission and reception system. The radio is an important link in the delivery of quality service and an important element for security officer safety. Portable to portable communication may be less reliable than from a base station to portable. Hold the portable away from the body and move a few feet when reception or transmission quality is poor. Radio systems have "dead spots." Become familiar with these locations to minimize communication difficulties. Dead spots commonly occur near x-ray areas, elevators, and tunnels. Always leave the portable on while on-duty. Conserve battery power by using the portable radio only when needed.

RADIO

Radio exchanges should be simple yet efficient. Consistent formatting allows the users to focus on the content rather than the style. Repeating the officer radio name helps ensure the correct officer received the communication. Use the following preferred radio exchange when possible:

Officer calling another officer or supervisor;

(Officer / post name) to (other post name)

(Other post name) by (message)

(Other post name), (acknowledge message)

Officer should conduct frequent radio checks throughout their shift with respective officers and with the other radio holders throughout the facility to ensure that all users are on the same channel.

RADIO CHANNELS

Channel 1: Engineering

Channel 2: Security

An easily understood message is usually a short message. Short messages start with action words like “call, carry, escort, go, lock, meet, push, see, unlock.” For example, “Escort Mary from the main lobby to her car” is much clearer than “Mary called and says she needs an escort to her car from the main lobby.”

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Departmental Support | |

EMERGENCY DEPARTMENT

Specific Duties and Responsibilities of the Emergency Department (ED) Post:

- Performs crowd control in the Emergency Department, its lobby/waiting room and adjacent interior and exterior spaces.
- Performs and appropriately documents suicide watch on behavioral health patients when deemed necessary by the medical or nursing staff.
- Assists with the application of patient restraints at the direction of medical or nursing staff.
- Performs searches for contraband, if and when necessary utilized the hand-held Garret super wand/metal detector in accordance with site's "search for contraband" policy.
- Utilizing the Techniques for Effective Aggression Management (TEAM) skills as trained, officers assist with aggressive, belligerent, and combative patients only when requested to do so by unit manager, charge nurse, or nursing supervisor or if the patient presents imminent physical danger to themselves or others.
- Officer restraint of a patient may be used to assist in clinic staff placing a patient in medical restraint devices or administering chemical restraint. Assistance is at the direction of medical or nursing staff as a last resort, after all other means of managing the situation have been exhausted. A minimum amount of force necessary only to safely bring a situation under control shall be utilized at all times. A medical restraint is a medical treatment using physical or chemical means. Security will control the patient while clinical staff applies restraints. The Security Officer may request assistance from other Security Officers, as appropriate.
- The security officer will notify the charge nurse or nursing supervisor when there is a suspicion of patients and/or visitors possessing contraband and stand by to assist. Refer to the policy on search for contraband.
- Assists with the transfer of admitted psychiatric patients to the unit and combative or restrained patients to procedures such as x-ray or the floor.
- Security will be utilized to watch mental health hold patients or patients deemed by nursing staff to be a harmful to his/herself or others.

The Security Officer shall not engage in medical counseling or behavioral health interventions with patients.

EMERGENCY DEPARTMENT (Screener) – refer to current visitor policy

Specific Duties and Responsibilities of the Emergency Department (Screener) Post:
Security will refer and adhere to current visitor guidelines.

-

- Report any discrepancies as described above to the ED Charge nurse, Triage Nurse, or Nurse manager.
- Provide clear instructions/directions to patients to ensure smooth transition from exterior to triage.
- All other Individuals besides patients will also be greeted in a friendly and Professional Manner.
- Provide all other individuals with direction to appropriate entrances. Answer questions with best of ability.
- The Security Officer may request assistance from other Security Officers, as appropriate.
- The security officer will notify the charge nurse or nursing supervisor when there is a suspicion of patients and/or visitors possessing contraband and stand by to assist. Refer to the policy on search for contraband.
- Utilize the Techniques for Effective Aggression Management (TEAM) skills as trained, officers assist with aggressive, belligerent, and combative patients only when requested to do so by unit manager, charge nurse, or nursing supervisor or if the patient presents imminent physical danger to themselves or others.

The Security Officer shall not engage in medical counseling or behavioral health interventions with patients.

Visitor Entrance (Screener) – refer to current visitor policy

Follow the Approved visitor Guidelines provided.

Specific Duties and Responsibilities for the Visitor Entrance (Screener) post include, but not limited to the following:

- Call the charge nurse for any questions regarding the census.
- Ask the visitor who they are here to visit. Check the census list to be sure the patient is allowed to have visitors.

Note: If the visitor is NOT fully vaccinated or is positive for ANY of the above, he or she cannot visit. Refer to visitor guidelines.

- ***If the visitor is screened and cleared to visit:***

-

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-

-

- Visitor must alert the staff when ready to leave no later than the end of visiting hours.
- Remember to sign out on the visitor's log

BEHAVIORAL HEALTH UNIT (KALANI OLA)

Specific Duties and Responsibilities of the Behavioral Health Unit (Kalani Ola) Post:

- Receives orders and directions from the Nurse Manager or Charge Nurse on

duty, and shall abide by the Behavioral Health Unit's Restraint and Seclusion policy (RI 116.1).

- Utilizing the Techniques for Effective Aggression Management (TEAM) skills as trained, assists with aggressive, belligerent, and combative patients only when requested to do so by unit staff or if the patient presents imminent physical danger to themselves or others.
- Security will assist applying the restraints and will assist in holding the limbs of the patient, while medical staff applies the restraints.
- Assists with the application of patient restraints at the direction of medical or nursing staff as a last resort, after all other means of managing the situation have been exhausted. A minimum amount of force necessary only to safely bring a situation under control shall be utilized at all times. A medical restraint is a medical treatment using physical or chemical means. Security will control the patient while clinical staff applies restraints. The Security Officer may request back up from other officers, as needed.
- Assist with placing patients in seclusion under the supervision of the Nurse Manager or Charge Nurse. The Security Officer shall be trained on the Use of Restraints in the Acute Care Setting policy (RI 116.1).
- Stand by to assist as directed by nursing staff.

Security Officers shall not engage in medical or behavioral health counseling with patients.

AED

There are two AED's and breathing masks in the SSB building. Security will inspect both sets. Make sure light indicator is flashing properly (battery is still okay). Make sure nothing is expired.

FIRE DRILL

Security will test KCH staff on CODE RED procedures. Testing includes but not limited to: RACE, PASS, evacuation routes, nearest fire alarm pull station, nearest fire extinguishers. Security will test Fire pull stations and/or smoke detectors to ensure proper activation of alarm. Refer to KCH Fire management plan and Interim life safety measure policies for more information. Refer to competency tasks for specific procedures. Fill out Fire drill paperwork and turn into Facility Security representative after completion of drill

ELEVATOR SHUT DOWN FOR TESTING

Security will assist maintenance with the locking of the elevator during power shut down/generator tests. Security will ensure elevators are clear of pedestrians before testing starts. Refer to competency tasks and power point training for specific procedures.

FIRE OPERATIONS TO RECALL ELEVATOR RESET

Refer to competency tasks and power point training for specific procedures.

DURESS ALARM TESTING (PANIC BUTTONS)

Security will test all duress alarms on a monthly basis, and will document the outcome on the Engineering work order. The testing will be completed by the last day of the month.

WANDER GUARD

Security will fill out the testing form and retrieve a wander guard sensor. Security will take sensor to each exit, stairwell door, and elevator to ensure exits remain locked and elevator does not work near sensor. The areas that do not lock will be documented on the Engineering work order. The testing will be completed weekly on OB and MS1.

MORGUE DUTIES

Security Officers provide assistance in the hospital's morgue, including but not limited to:

- Unlocking and locking the morgue entrance as necessary to allow access for mortuaries and other authorized personnel.
- Checking the nametag on the deceased to verify that the appropriate body is being removed and only after doing so, co-signing (with mortuary personnel or other authorized individuals) bodies in/out of the morgue.
- Assist clinical and laboratory staff with the placing or removal of deceased bodies from the morgue.
- Check the secondary morgue storage area temperature every two hours, if temperature is above 44 degrees engineering (maintenance) and/or Nursing Supervisor must be notified.

MORGUE BELONGINGS

In-house:

- Nursing staff will make every attempt to have family take home belongings.
- In the event there is still belongings left behind nursing staff will make a belongings list

and bag the items.

- Nursing staff will call security to pick up items (when able).
- Security will place belongings in the morgue locker.
- Security will note belongings bag on morgue tracker in the morgue.
- Give belonging's list to Facility Security Representative.

DOAs:

- Clinical Labs will handle DOA belongings.
- Clinical labs will work with HPD regarding items.
- Use Emergency transport gator to transport bodies to the containers when available.

SMOKING ENFORCEMENT

Security officers will aggressively enforce the hospital's smoking policy and Hawaii Revised Statutes Chapter 328J, with employees, patients and visitors.

1. Note the names of employees in the DAR for forwarding to the Facilities Director/Safety Officer for notification of employee's manager.

FORENSIC PATIENTS

If a forensic patient arrives, Security will discuss with Law Enforcement Officers their role in the event of an emergency. Hospital specific emergency codes will be discussed with Law Enforcement. Please refer to Administrative Policy 122-8-16 Provision of Medical Care to Prisoner.

Metal Detection – refer to Metal detection policy.

Screen patients and visitors through metal detector. Remove all contraband in accordance with KCH Search for contraband policy.

HELICOPTER LANDING PROTOCOL – Refer to KCH policy

Equipment:

Safety/ Traffic Vests, Helmets, Transport vehicle, Radio, ASCOM, Security cell phone.

PROCEDURE:

A. NOTIFICATIONS

Hawaii Life Flight (HLF)

1. Hawaii Life Flight (HLF) will contact **Unit** to notify of a helicopter landing and estimated time of arrival (ETA). At least 30-45 min prior.
2. Unit will notify Nursing Supervisor (NS).
3. NS will notify Security of HLF's ETA.
4. Security will notify NS when Helicopter pad is clear and **is** ready to receive helicopter landing.
5. HLF will call the NS 15-20 min before arrival at Kona Community Hospital (KCH). NS will relay that KCH is ready, helipad is clear and **is** standing by.
6. NS will notify security when HLF is 15 min out.
7. Security will confirm helipad is secured, Traffic Control is set up, and we are prepared to stop traffic.

* If NS can't be reached, HLF will notify KCH operator.

* ***At no time will HLF land at KCH without being cleared.***

County Helicopter/ Emergency Helicopter landing

1. Helicopter will notify **Unit** with ETA.

2. **Unit** and/or NS will notify security.
3. Security will notify NS when helicopter pad is clear and **is** ready to receive helicopter landing.

B. SECURITY RESPONSE TO HELIPAD

1. **Two** Security Officers **are required** for Helicopter missions. One Security Officer (as the “Driver”) will retrieve the emergency transport vehicle. The other Officer will be posted as “Traffic Control”. A hospital staff member may fill in as traffic control point in the absence of a Security Officer.
2. Both Officers will deploy parking barricade signage in the east (Mauka) lot to warn drivers of a helicopter landing. One sign to be deployed in the east lot in front of the 1st floor entrance ramp facing to the south. The other sign is to be deployed further north in the east lot at the intersection of the road heading up to the upper lot and the east lot.
3. Security will remove the barricade/ signage from blocking the helipad.
4. Security will turn on the helipad landing lights. (If there are issues with landing lights, the Administrative Service Officer/Safety Officer and/ or NS will make the call as to whether it is safe to continue the mission.)
5. The Driver will station the transport vehicle at the north traffic control point and await the arrival of the helicopter.
6. The Traffic Officer will position at the south barricade sign and await the arrival of the helicopter. Both Officers are to ensure that no unauthorized personnel go within 100 ft of the helicopter.
7. All traffic will be blocked during helicopter’s approach and departure.

C. HELICOPTER ARRIVAL

1. When the helicopter is sighted, Officers will communicate with each other via radio that the helicopter is approaching and prepare for landing. Vehicle and pedestrian traffic will be stopped at this time.
2. *Helicopter will avoid flying directly over KCH buildings during arrival. Exceptions can be made for emergency situations such as a drastic shift in wind or wildlife.*
3. As the helicopter begins to approach the hospital, the Traffic Officer will assure that no vehicle or pedestrian traffic takes place between the parking barricade signage and the upper lot. Pedestrians and traffic will not be allowed within 100 ft of the helicopter.

D. HELICOPTER LANDING

1. Once the helicopter has landed and the rotor blades have stopped, the Traffic Officer can let traffic resume as normal.
2. The Driver will assist the flight crew with unloading equipment off of the helicopter onto the emergency transport vehicle. The Driver will take flight crew to the ambulance bay. Route will be from the helipad west, down the hill and in front of the loading dock and towards the ambulance bay. Driver will back transport vehicle into the ambulance bay. Driver will then assist

- HLF to access facility.
3. Driver will leave the transport vehicle parked in the ambulance bay until the flight crew is ready to leave. Driver will then assist or escort flight crew as needed.
 4. Traffic Officer will remain in the parking area to assure that the helipad is secure and to keep unauthorized persons away from the helicopter.

E. DEPARTURE

1. When flight crew is ready to depart, Driver will assist flight crew and patient as requested.
2. Driver will notify the traffic officer that they are departing the ambulance bay. (radio)
3. Driver will return to the helipad using the most appropriate route. (North route unless route has been compromised)
4. Traffic Officer will move to the north-east traffic control point and block traffic for the transport vehicle.
5. Driver will position the vehicle up to the helicopter (never going under the blades).
6. Traffic Officer and Driver will assist flight crew as needed to load patient and/or gear.
7. Driver will move the transport vehicle away from the helicopter and set up at the north traffic control point.
8. Traffic Officer will position at the south traffic control point.
9. Once the helicopter engines begin, Officers will stop vehicle and pedestrian traffic.
10. *Helicopter will avoid flying directly over KCH buildings during departure. Exceptions can be made for emergency situations such as a drastic shift in wind or wildlife.*
11. After the helicopter has safely departed, the Traffic Officer will allow vehicle and pedestrian traffic to resume as normal.

F. COMPLETION

1. Driver will turn the helipad lights off
2. Driver will return the helipad barricade signage.
3. Both Officers will place the parking lot barricade signage back into the transport vehicle.
4. Traffic Officer will document all landing and departure times and will complete the helicopter landing flow sheet and input the information in the security incident report system (Tracktik).
5. Driver will ensure all equipment is returned to storage locations, will check transport vehicle for any biohazards and, if necessary, contact housekeeping.
6. Driver will notify NS of helicopter's departure for DAR.
7. Both Officers will resume normal duties.

Additional notes:

Security Officers will be relieved to conduct helicopter missions in the following order (if posted):

1. Standby/ Patient Assist
2. ED Screener

Decisions will be made on a case by case basis by Administrative Service Officer/ Safety Officer or Nursing Supervisor in the absence of Administrative Service Officer/ Safety Officer. If one of the two Security Officers are not able to conduct helicopter duty, the Administrative Service Officer/ Safety Officer or Nursing Supervisor will find and assign stand-in staff for the Traffic Control post. *(Note: Only Security and Facilities Staff are Authorized to drive the patient transport vehicle.)*

Unit = Department patient is transferring from

NS – Nursing Supervisor

HLF – Hawaii Life Flight

ED – Emergency Department

ETA – Estimated Time of Arrival

KCH – Kona Community Hospital

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Emergency Procedures | |

CRITICAL INCIDENT RESPONSE PLAN

- ✓ Proceed to the scene as quickly and safely as possible
- ✓ Arrive in a composed manner; do not arrive out of breath
- ✓ Survey the scene before proceeding cautiously into the area
- ✓ Be prepared to take action
- ✓ Quickly determine if any witness or suspect has left the scene which may require additional action by another officer or the police
- ✓ Assist with any injured persons
- ✓ When required, request police involvement
- ✓ Never take action, which would endanger you or others—observe and document, from a safe place
- ✓ Notify the:
 - On-duty security supervisor
 - Facility administration
 - Facility administration may contact or direct security to contact other administrative staff

FIRE PROCEDURE (CODE RED)

If an officer discovers a fire while on rounds:

Rescue anyone in danger

Alarm - activate the closest fire alarm box and / or dial ***911** to report the fire
(Give your name, location of fire, and the extension from which you are calling)

Contain - close doors and windows

Evacuate the area or extinguish the fire if safe to do so

FIRE CATEGORIES

Classification of fire types include:

A—wood, paper, textile, and rubbish

B—gas, paint, and grease, highly combustible material

C—electrical equipment

D—metal fires

FIRE CONTROL

Firefighting consists of:

- Lowering the temperature of the fuel below the ignition point
- Preventing oxygen from reaching the fuel
- Removing potential ignition sources

Extinguisher types found in most healthcare facilities are:

Pressurized water - (relatively rare) a silver canister, use on Class A fires only, and contains two and one-half gallons of water, up to 30-foot range

Carbon dioxide - a red canister, use on class B and C fires, preferred in cooking and electrical fires, available in 2, 5, 10, 15, and 20-pound units, 8 to 10-foot range

Dry chemical – (more common) various colors, use on all fire classes, 8-foot range

Halon gas - various colors, use on all fire classes in a closed area only, usually not found

in portable units but rather in computer room or kitchen systems, which release automatically

Use the P.A.S.S. method in operating fire extinguishers:

Pull ring pin holding extinguisher upright

Aim at base of fire; stand back about 8 feet

Squeeze lever

Sweep side to side

Each facility has a fire response plan outlining the actions to take during a fire. Always follow the fire plan. Suggest to facility administration that an extinguished, previously unreported, fire be reported to the Fire Department. Security functions in most plans include:

- Unlocking doors to allow Fire Department access
Lock boxes placed around facility hold access devices for Fire department (Fire department issued Keys for boxes)
- Going to the fire scene
- Providing crowd control and general assistance.

FIRE PREVENTION

Knowledge of the nature of combustion is required for protection against fires. Fire prevention efforts attempt to eliminate conditions which cause or support combustion. Combustion is a rapid oxidation of a substance. Before a substance can ignite and burn, three conditions must be present:

- Fuel
- Oxygen
- Temperature high enough to cause the fuel and the oxygen to combine.

FIRE WATCH/INTERIM LIFE SAFETY MEASURES (ILSM)

What is a fire watch?

A fire watch allows the facility (or an area within the facility) to be temporarily occupied when fire protection and/or suppression systems are temporarily out of service for reasons including maintenance, system failures, periodic inspection, renovation or demolition work. The areas that are affected by the outage or malfunction will be covered by the fire watch until the system has been repaired, tested, and placed back into service.

What is the purpose of a fire watch/ILSM?

The purpose of a fire watch is to provide temporary surveillance in a building or premises for the purposes of identifying and controlling fire hazards, detecting early signs of fire, initiating alarms or evacuation procedures, and notifying the fire department.

Who can be assigned to a fire watch?

A fire watch could be performed by security, nursing, facilities, or other personnel who have been trained or approved to conduct the watch.

What are the duties of fire watch personnel?

During the patrol of the area, the fire watch officer should not only be looking for fire, but also making sure that the other fire protection features are in place; for instance, egress routes are clear, proper lighting is available and functioning properly, etc. Personnel assigned to a fire watch will maintain a fire watch log.

Security officer will document Fire Watch on the "INTERIM LIFE SAFETY MEASURES Fire Watch Log".

EVACUATION (CODE TRIAGE)

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

CODE TRIAGE is an event that requires the assistance of one or more members of the administration team, and requires the Administrator-on-Call to be notified of the situation.

MITIGATION: Evacuation of Kona Community Hospital (KCH) shall be accomplished in a safe and orderly manner that minimizes impact on continuum of patient care. The Incident Command Officer may order the horizontal, vertical or complete evacuation of the hospital.

PREPAREDNESS: Evacuation of KCH is outlined in the Emergency Management Plan, (red binder located on all hospital units.) Evacuation of the hospital is covered in all new employee orientation sessions, and at the annual Health and Safety Faire (mandatory in-service).

RESPONSE: A partial evacuation. Patients are moved on the same floor to the next smoke compartment. Each hospital wing is a separate smoke compartment. Vertical Evacuation is a partial evacuation. Patients are moved to a safe area on another floor or outside the building. Full or complete Evacuation is all patients are transferred from Kona Community Hospital to other hospitals or other alternative locations. This effort will be coordinated through the HIC (Hospital Incident Command) and/or Safety Officer. The Emergency Department may be put on diversion status or closed.

If directed to evacuate:

1. Evacuate the most hazardous areas first (those closest to danger or farthest from the exit).
2. Prepare patients for evacuation

- a. Make sure the patient has his/her Identification Armband.
 - b. Place any "old" and clinic chart with current hospital charts
 - c. Place KARDEX on the outside of the patient's hospital chart and secure it to the chart with tape. Assure that all charts remain with the patient.
- 3. Use the nearest or safest appropriate exit. Request additional manpower through the
- 4. HIC labor pool. The sequence of evacuation should be"
 - a. Patients in immediate danger.
 - b. Ambulatory patients.
 - c. Semi-ambulatory patients – use evacuation sleds or Mega Movers, as needed.
 - d. Non-ambulatory patients – use evacuation sleds or Mega Movers, as needed. (Evacuation sleds/Mega Movers are located on 1st and 2nd floors outside main elevator shaft Mauka and Makai; Ambulance Bay in closet and OB/OR corridor Kohala side.)

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

- 5. Close all doors. When a room has been evacuated, mark the door with a large "X" with tape to indicate that the room is empty. Respiratory Care and Maintenance will work together to isolate and close appropriate oxygen zone valves according to Medical Gas Legend in the EOC Manual.
- 6. Do not use elevators during a fire or after a significant seismic event.

RECOVERY: Any decision to reoccupy the facility shall be coordinated through the Incident Command Center.

HAZARDOUS MATERIAL (CODE ORANGE)

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

MITIGATION: Safety Data Sheets (SDS). Available 24 hours a day. 7 days a week. 365 days of the year.

- 1. Toll Free: 1-800-451-8346. Information located of landline telephone.

PREPAREDNESS: Assist injured or contaminated persons by removing them from the contaminated area. Use the nearest emergency eyewash or emergency shower, if needed. Eyewash stations are located in the Emergency Department, Laundry/Housekeeping, Laboratory, Diagnostic Radiology Department, Dietary, Surgical Services and Maintenance Departments. Also, in the following Nursing Units: Med/Surg, SNF, and Chemo/Infusion Center.

RESPONSE: Should there be a spill alert all personnel to avoid the area of the spill. Notify the Facility Safety Officer and/or Nursing Supervisor if after hours. Area should

be contained. Page overhead three times: "CODE ORANGE AND LOCATION" Report all spills on an Event Report Form.

RECOVERY: Work towards eliminating or reducing the number of hazardous materials, and/or quantities of materials that might cause spills. If replacement of materials or kits is required, Storeroom and CSR will assist with procurement.

MEDICAL GAS FAILURE (CODE TRIAGE)

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

PROVIDER:

- When the liquid reservoir declines to a certain level a re-supply is ordered and delivered by GASPRO.

PREPAREDNESS:

- An inventory of compressed medical gas cylinders is maintained. GASPRO restocks oxygen cylinders on Monday, Wednesday and Fridays.
- Any abrupt loss of the bulk oxygen system can initiate Kona Community Hospital Emergency Management Plan.

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

RESPONSE:

- Should the main bulk oxygen system become disrupted for any reason immediately notify Nursing Supervisors, Maintenance Department and Respiratory Therapy Department.
- Respiratory Therapy will perform a rapid assessment of available oxygen gas cylinders. Respiratory Care will deliver oxygen cylinders to patient bedsides, as well as other key areas as they are needed.
- Nursing Supervisors and/or Maintenance Department will be contacted and will determine if the KCH Emergency Management Plan is to be implemented.
- If the KCH Emergency Management Plan is implemented, patients should not be staged within 200 feet of a bulk oxygen tank. All communications will go through the Incident Command Center.

RECOVERY:

- GASPRO maintains a twenty-four hour per day emergency operations plan.
- In emergency situations arrangements will be made for rapid re-supply of medical oxygen gas cylinders. Maintenance, Nursing Supervisors, and/or Respiratory Therapy will interact with GASPRO.

TELEPHONE FAILURE (CODE TRIAGE)

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

MITIGATION: Switchboard operators are present 24/7. The main PBX phone system has a five-hour battery backup. In the event of an interruption to service, report it to the IT Department and/or operator. There is one ISDN, T-1 line providing twenty-four virtual voice lines. Each phone also has a direct line to HawaiianTel, the telephone service provider. KCH has direct phone capabilities, which bypasses internal systems in the event of failure or disruption of the PBX.

PREPAREDNESS: Fax lines are available for most departments and they are not linked to the

PBX. These outside lines may be used in the event of a PBX failure. There are a number of hand-held radios, along with a base station, which is located in the maintenance shop. The radios are used for some internal communications during regular operations, and can be redistributed to key areas during an emergency such as a telephone system failure. The

SATCOM (Satellite Radiotelephone) system is in place to support strategic communications between hospitals statewide and County and Federal (HHS, FBI, DHS, FEMA) emergency agencies. The SATCOM is located in ER/Triage safe room. The base unit is located in admitting office and maintenance shop. Hand-held radios are located in Facilities director's office. These are also both VHF and HF radios for emergency communications.

RESPONSE: If you have trouble with your telephone, go to a working telephone and report the problem to the Information Technology Department (extension 4589). Also notify the nursing supervisor. If all of the regular telephones are not working, report immediately to administration and/or nursing supervisor by radio page. The failure of any major utility, such as the telephone system, may result in activation of the Emergency Management Plan.

RECOVERY: Contact the IT Department. KCH IT will initiate contact with PBX support for all failures. PBX support (Envision Technologies) will work with Hawaiian Telephone Company to resolve external failures.

BOMB THREAT PROCEDURE (CODE GREEN)

Security will assist with egress, redirection, and signage. As directed by Incident command or safety officer.

A bomb threat poses a serious risk to the facility and its occupants. Statistically, most threats are hoaxes or a result of misidentified items which do not contain explosives. However, treat every case as if it were real.

Phone Calls, Letters, Notes

Someone may call or leave a note stating there is a bomb in the facility. If you receive the call, use the Bomb Threat Checklist to record facts. The Checklist contains a list of questions and other details to note that will help authorities either locate the device or identify the caller. Immediately begin a search and coordinate with local law enforcement.

Conducting the Search

Security is responsible for searching the common areas of the hospital, coordinating with law enforcement, and reminding staff of their responsibilities. Follow the systematic plan for searching the premises. Track the areas that have been searched and those areas that have not been searched.

Start with the areas easiest for the public to access, such as lobbies, waiting rooms, restrooms, stairwells, landscaping, and trashcans. Hospital staff should search their own departments because they know best what might be out of place. Remind them of the types of objects to look for and assist in the search if necessary.

If or when a suspicious object is located, turn off all radios, cell phones, or other devices that may emit radio waves. Some explosive devices may contain radio detonation controls. Communicate instead by landline telephones or runners.

Suspicious Packages

A package might be suspicious because of how it looks or where it is located. The following

items should draw special attention:

- Packages that are mislabeled, have excess postage, or are addressed to a title and not a person
- Oily, stained packages or those with an oil or chemical odor
- Appearance of wires, pipes, batteries, or other electronic components
- Packages that are heavier than they appear or sound as if they have loose metal inside (don't move any suspicious package, but do ask if anyone else has handled it)
- Unattended backpacks, bags, briefcases, or luggage
- Packages delivered by a private citizen rather than a courier service or the mail
- Packages that seem "hidden" in trash, behind furniture, in the landscaping, under stairwells, etc.
- Vehicles parked in fire lanes, loading zones, sidewalks, or handicapped spaces without a placard

Clearing the Area

Create a safe space around a suspicious object. At a minimum, clear the room and the rooms above, below, and adjacent. Create a buffer zone to limit casualties from a detonation. Immediately contact local law enforcement and hospital administration, as per the bomb threat policy. Before law enforcement arrives, medical staff will determine if patients are to be moved.

Mark the location in a conspicuous manner so responders (fire, police, or bomb squad) can locate the item easily. You may have to draw a map, sketch, or otherwise describe the location and object. Once law enforcement arrives, they will be responsible for further operations. Work with law enforcement and your hospital administration to minimize risks and provide any necessary information to authorities.

COMBATIVE OR ABUSIVE BEHAVIOR (CODE GRAY)

In the event of a "CODE GRAY" announcement, Security should respond to the location following the Critical Incident Response plan and follow the directions of the staff member in charge. Use the techniques of TEAM to deal with and diffuse aggressive behavior.

- When you or another person feels threatened or intimidated you should immediately;
Call – PBX and announce, "Code Gray (give location)" 3 times.
- The treating RN will be the Team Leader, Security will take direction from the Team Leader.
- When a Code Grey is under control, the initiator will call announce "Code Gray Clear", three times. All necessary reports must then be completed.

MISSING INFANT (CODE PINK)

CODE PINK is announced overhead to alert all staff that an infant/child abduction incident has taken place. In the event of CODE PINK all employees must conduct the following:

- Remain alert and monitor work area, especially emergency exits and elevators
- Security Rover will report to the given location immediately and obtain any additional information as quickly as possible.
 - Start the search and work your way to each floor, to include elevators, stairwells, different departments and parking areas.
 - Be in radio contact with the other security personnel.
 - Contact the administrative supervisor to report status and request status and request additional security personnel as needed.
 - If the other security personnel are on stand-by duty, report directly to the main intersection and direct traffic.
 - Incoming Traffic: Direct all incoming traffic to the appropriate parking lots.
 - Outgoing Traffic: All traffic leaving the property will be stopped and searched. Cleared vehicle's information shall be documented—make, model, color and license number. Cleared vehicles may proceed. All vehicles with infant/child matching the description of the missing infant/child will be detained. Notify the administrative supervisor for appropriate action.
 - Do not discuss situation with anyone, except to personnel on a need to know basis.
 - Upon termination of the code pink status, complete an incident report and write a statement in the WMP memo sheet.
- Emergency Screener Officer
 - Upon receiving the code pink, report directly to the main intersection start to utilize: stop, check, and pass with traffic..
 - Incoming Traffic: Direct all incoming traffic to the appropriate parking lots.
 - Outgoing Traffic: All traffic leaving the property will be stopped and searched. Cleared vehicle's information shall be documented—make, model, color and license number. Cleared vehicles may proceed. All vehicles with infant/child matching the description of

the missing infant/child will be detained. Notify the administrative supervisor for appropriate action.

- Do not discuss situation with anyone, except to personnel on a need to know basis.
 - Upon termination of the code pink status, complete an incident report and write a statement in the WMP memo sheet.
- The security personnel will ensure that appropriate reports are completed and on file. There does not need to be a duplication of reports, but a coordinated report from those security personnel in charge.
- Security personnel or designees will setup roadblocks to check cars leaving the parking lot, as well as checking all of the outside and the parking areas.
- Detain anyone carrying an infant or a package that could conceal an infant
- Detain anyone holding a child and request identification
- Pay attention to the description of the potential abductor
- Wait for "CODE PINK ALL CLEAR" announcement before returning to normal activities.

PERSON WITH WEAPON / HOSTAGE SITUATION (Active Shooter)

Anyone encountering a person carrying or brandishing a weapon should immediately:

- Warn others in the immediate vicinity of the situation
- Contact the local police department by dialing 911
- C and announce situation. Provide with the following information:
 - The location of the incident
 - The type of weapon(s) involved
 - The number of assailants and hostages
 - A description of the assailants
 - The entrance or location of the area
 - Whether the police have been contacted

In the event of a CODE ACTIVE SHOOTER situation Security should respond following the Critical Incident plan. Assist in closing off the area to prevent others from being injured or becoming hostages. Assist responding law enforcement personnel in any way required. If the assailants have already left the facility, assist in securing the area as a potential crime scene.

CODE STAT– Refer to KCH policy

Security will respond immediately and will allow access to the OB unit for team members

Respond immediately to paged code.

Will stay at the OB main doors to allow team member's access to OB as long as is needed. (both doors)

CODE BLUE, MODIFIED TRAUMA, FULL TRAUMA

Security will conduct crowd control. Ensure crowd does not impede on medical treatment. In some cases, remove visitors from the area.

DOMESTIC VIOLENCE

Recognize the hand signal for Domestic Violence.

Separate individual from offender. If offender is not present get a description and be on the lookout. Use trespass notice and HPD as needed. Report to Administrative Service Officer and Nursing supervisor.

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|------------|
| FACILITY | Kona Community Hospital | 01/22/2021 |
| SUBJECT | Facility Doors | PAGE 1 |

Facility doors are controlled as follows:

| DOOR ID | LOCATION | DAYS | LOCK TIME | DAYS | UNLOCK TIME |
|----------------|-------------------------------------|--------------------|------------------------|--------------------------|------------------------|
| | Main Entrance 1 st Floor | All | 24/7 CARD ACCESS | All | 24/7 CARD ACCESS |
| | Basement Storeroom exit doors | All | 24/7 CARD ACCESS | All | 24/7 CARD ACCESS |
| | Loading Dock Single/ Double Doors | All | 24/7 CARD ACCESS | All | 24/7 CARD ACCESS |
| | ER/OR Elevators | All | 24/7 | All | Upon Request |
| | Special Services Building (SSB) | Sa-Su and Holidays | 2300 HRS. | M-F (excluding holidays) | 0700 HRS. |
| | SSB Elevator | All | N/A | All | N/A |
| | Imaging | All | 24/7 CARD ACCESS | All | 24/7 CARD ACCESS |
| | Admitting Single/ Double Door | All | 24/7 CARD ACCESS | All | 24/7 CARD ACCESS |
| | Café Exterior Door | All | 24/7 CARD ACCESS | All | 24/7 CARD ACCESS |
| | ROC | Sa-Su and Holidays | 0800 HRS, | M-F (excluding holidays) | 1600 HRS. |

UNSCHEDULED DOOR UNLOCK

Complete a Security Condition Report each time a door is unlocked. The Security Condition Report must contain the name of the person entering. If an officer does not

know the person seeking access, they should request photo identification. If the person cannot provide such identification, seek authorization from the administrative person on duty. Certain areas may have limited or "Authorized Personnel Only" status which precludes granting entry.

| SECURITY FACILITY ORDERS | | |
|--------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | General Information | |

EMPLOYEE CONTACT

Employees will often contact a security officer and a security officer will often contact an employee. It is the security officer's responsibility to report and regulate an employee's actions to a certain degree. There is a fine line between reprimanding an employee directly and reporting a situation to a facility supervisor or facility administrator. This fine line will be up to the judgment of the officer.

PERSONAL ESCORT

Escort hospital guests and staff to parking lots or other areas on facility grounds twenty-four hours a day. The officer should not proceed further than one block from facility property. Do not use a security or a private vehicle to provide escorts unless approved by a security supervisor.

SAFETY AT WORK

A Costly Mistake

Every year, employees injure themselves on the job, causing needless suffering, injury, and expense both for the employee and the employer. Often these injuries could have been prevented through strict adherence to safety procedures or through better employee understanding of their risks. It is important to recognize and understand the hazards of the job, as well as the hazards of your work environment. Hazards of the job might include exposure to blood borne pathogens, sharp tools or instruments, slips, trips, and falls. Hazards of the work environment might include such things as medical gases, hot and cold water returns, electrical systems, and vehicle and pedestrian traffic.

Training

Many if not most accidents can be avoided if the employees know the risks or the safety procedures to follow. Adequate training BEFORE using mechanical equipment, when dealing with potentially infectious or hazardous waste, responding to an aggressive person or situation, or dangerous chemicals is of key import. NEVER:

- Use machinery you have not been trained to use
- Handle infectious or hazardous waste without learning proper handling techniques or without protective equipment
- Use chemicals without first reading the labels and following safety precautions

Employee Awareness

While employers are obligated to provide a safe working environment, the best safety practices are worthless without employee involvement. When you see a safety hazard, **report it immediately**. If there is immediate risk of injury, stop work activity in the area, lock out or close off the affected area, and report the safety hazard. You should feel comfortable reminding others of their safety obligations; it is a basic expectation of our job as security professionals.

If you see someone else acting in an unsafe manner, don't be afraid to remind them of the proper procedure. All personnel must be aware of the proper actions to take in the event of an emergency such as fire, exposure to hazardous or toxic materials, bomb threats, and other life-threatening situations. In addition, every employee should be aware of the location of emergency equipment and facilities such as fire extinguishers, first-aid kits, emergency showers, and eye wash stations. Every employee should know how to exit the work area and/or building in an emergency. Safety starts with each one of us, without exception.

Common Sense

Many accidents can be avoided with the simple application of a little common sense. For example, one of the most frequent types of workplace injuries are slips, trips, and falls. In other words, employees either slip on or trip over something as they are walking, fall, and are then injured. Many of these injuries can be avoided easily. For example, wear proper shoes (no-slip, well fitted, and properly tied), and use handrails on stairways. Avoid carrying loads that limit your ability to see where you are walking. Walk briskly, but DON'T RUN. Be especially careful on wet ground, cracked pavement or near anything you may trip over.

Assess dangerous situations and take steps to reduce your risk. When dealing with aggressive individuals, refer to your TEAM training. TEAM techniques are an effective way to deal with an aggressive individual. Never try to restrain individuals on your own; always use additional personnel.

Don't try to move carts, vehicles, or equipment you have not been trained to operate. Don't stand on chairs or furniture to reach high items; use a step ladder instead. Finally, if you do suffer an injury on the job, report it to your supervisor right away, no matter how minor the injury may seem. Your supervisor can facilitate getting you the treatment you need. Even if you decline treatment, the injury needs to be documented in case further complications arise.

PATIENT ESCORT

The most common source of violence in the healthcare environment is a patient experiencing mental / emotional challenges, abusing drugs or alcohol, or suffering from a head injury. The behavioral health unit and emergency department treat the majority of these patients. These patients are often "at risk." They may injure themselves, injure others, or attempt to elope. Take necessary precautions when dealing with any at risk patient.

Always contact the appropriate clinical staff member and obtain any necessary instructions before starting the escort. The instructions could include requirements, limitations, and special handling instructions.

Ideally, two or more staff members perform an escort (either on foot or by vehicle). The additional staff member can be another security officer or a hospital staff member. Take appropriate precautions to increase safety and reduce the possibility of allegations of improprieties when an additional staff member is unavailable.

Prepare for the escort by ensuring the patient has adequate clothing and/or outer garments to match the conditions. Know how to operate safely a wheel chair so patient safety is maintained. Be sure to set the parking break when stopped.

Before leaving the treatment area, inform your supervisor, unit charge nurse, or house/hospital supervisor where you are going and when you anticipate returning. This creates a starting 'timestamp' and assists in recreating events should allegations arise. This is also a good safety practice; if a problem occurs during the escort, another person can attempt to locate you and the patient.

Perform the escort on foot unless instructed otherwise. Always keep the patient in sight and walk from a position of safety (typically to the side or slightly behind the patient).

Be mindful of all exits or paths of escape. Position between patient and any exit/path.

Keep your hands free so you can assist the patient and protect yourself. Try to use well-lit or public walkways/corridors for the escort. If possible, use walkways/corridors that are equipped with video surveillance cameras.

Do not engage in inappropriate activity or conversations with the patient. If the patient initiates any inappropriate activity or conversation with you, immediately report the event to your supervisor, charge nurse, or house/hospital supervisor and document it on a security report as specified in your Facility Orders.

Check in with the person you notified about the escort when you end the escort. Note the return time with the dispatcher, your supervisor, charge nurse, or house/hospital supervisor. Make sure to document all appropriate times in your security report.

Escorting a person of the opposite gender has the potential to test the boundaries of ethical behavior. Always hold yourself and others to a standard beyond reproach and always report inappropriate circumstances. During an escort you become a "person of trust," someone who has supervisory or disciplinary authority over a patient. Do not violate this trust by coercing the patient to do something they might otherwise not do.

Always perform security duties and conduct yourself in line with the standards of a professional security officer and a person of trust. Never place yourself in a situation that compromises your authority or the dignity of another person.

A high-risk patient can become aggressive with little warning. Remain alert, aware of your surroundings, and practice verbal de-escalation and physical escape/control techniques when needed.

VALUABLES ESCORT

Security does not perform valuables inventory or release. (admitting)

FACILITY AND SECURITY ADMINISTRATIVE RELATIONSHIP

The facility administration appoints one employee to serve as the Hospital Technical Representative. The Hospital Technical Representative is responsible for security at the facility. Healthcare Security Services appoints a Facility Security Supervisor or Manager to interact with the Facility Security Representative and to oversee the security operation.

Each officer receives direction for security activities, submits suggestions, and asks for clarifications through the Facility Security Supervisor or Manager.

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

EMTALA (a Federal Law) sets standards and guidelines for providing emergency medical treatment and stabilizing care. EMTALA obligates the hospital to conduct a medical screening and provide stabilizing care if necessary, regardless of the person's citizenship, legal status, or ability to pay for services provided.

EMTALA influences your actions when you find an injured person on campus, remove a person from the campus, give a trespass warning, or ban a person from entering the campus. You *must not* refuse entry to the campus when a person is seeking emergency medical care. You also must not remove a person from the property if the person appears to have a medical emergency, even if the person does not request medical services.

EMTALA requires the hospital provide a medical screening to determine if a medical emergency exists. In general, it is the Emergency Room physician or other designated medical provider that will conduct this screening. You must not decide whether a person is experiencing an 'emergency' condition. If you issue a trespass warning, it is important that you notify the individual they may return to the campus to seek medical care. When in doubt, seek hospital administration guidance when prohibiting a person from the campus.

EMTALA covers a woman who presents as being in labor (and she must be treated usually until after the birth occurs). It is up to the medical staff or other authorized medical professional designee to determine if an emergency condition exists. Although you may recognize a person from previous interactions, the person must be allowed to present to the medical care provider. If, after receiving an evaluation, the medical care provider determines no medical treatment is needed, then you should follow hospital policies on removing the person from the campus.

EMTALA establishes a 250-yard sphere from the main building within which EMTALA is triggered. This can include a person arriving at the main entrance seeking emergency medical care, or a person who has an emergency medical condition apparent to the average person, even if they are elsewhere on the campus such as the parking lots or other buildings on the campus that are a part of the medical center. This rule generally does not apply to other businesses that may be located within the 250 yards, or other medical centers such as doctors' offices or clinic that have a separate identity.

HIPAA

Hospitals and health systems are responsible for protecting the privacy and confidentiality of their patients and patient information. The Health Insurance Portability and Accountability Act, establishes guidelines for medical providers or medical insurance, and those with access to Protected Health Information (PHI).

Protected Health Information, or PHI, is any information such as medical condition, status, treatment, or payment, when combined with any patient identifiers. Names, addresses, phone numbers, SSNs, photos or video, patient ID numbers, vehicle license plates, or other identifiers when combined with any description of medical status, condition, or treatment might constitute PHI. PHI in any form (paper or electronic) must be guarded and secured from unauthorized access.

One of the most simple and all-encompassing principles of HIPAA Security and Privacy is the concept of “Need to Know.” To access information, we must have what is commonly referred to as a “need to know.” Just because you may have access to information, does that mean you are authorized to view or use that information. If you are uncertain, you should refer to your supervisor and/or your facility representative or risk management department.

Failing to comply voluntarily with the privacy standards may result in civil monetary penalties or could result in a loss of employment. In addition, certain violations of the Privacy Rule may be subject to criminal prosecution. A good rule of thumb is to protect another people’s information as if it were your own.

PACKAGE INSPECTION AND CONFISCATION OF PROPERTY

An officer should confer with a security supervisor before conducting a package inspection. If the time and extent of the problem does not permit, good officer judgment will prevail.

Write a Security Incident Report including a detailed inventory of any property confiscated and where the property is stored.

There are three basic types of inquiries:

Cause to believe contraband or stolen property is present. Cause to believe occurs when a security officer;

- Receives information that a possible theft has occurred
- Is requested by the facility Administrator or facility department supervisor to inspect a package
- Observes extremely suspicious activity

Observes possible facility property being removed (typewriter, television set, tool, etc.)

Pre-scheduled package inspection is coordinated by the Facility Security Manager or Supervisor and the Hospital Technical Representative.

PATIENT ASSISTANCE

The healthcare setting provides a unique challenge; sometimes the patient causes a security problem. Patients can become disruptive due to their physical illness, medications, fear, or mental condition. Often the medical staff calls on the security department to assist with the patient.

A patient is the direct responsibility of the medical caregivers. The healthcare staff directs all actions regarding a patient.

The security officer will act in an emergency involving a patient when called upon by the

healthcare staff. There might be an emergency endangering the patient where there would not be time to consult the healthcare staff. In these cases, the security officer must act to control the situation and seek staff direction as soon as it is available.

The security uniform may have an adverse effect on a patient. When the uniform excites or antagonizes the patient, minimize involvement with the patient if possible.

The healthcare staff may report a missing patient (CODE SILVER). Make every effort to locate the patient in public areas. Generally, the search should not extend off property. Keep the reporting staff member advised of all actions taken. Encourage the healthcare staff to notify the police if they believe the patient has left the property and is in danger of harm if not returned to the facility. If you are pursuing a departing patient, SECURITY CONTRACTOR and facility policy prohibits chasing the patient beyond the property boundary. Once the patient leaves property ends the pursuit, keep him/her in view as long as possible, notify the Nursing Supervisor and, if directed, call HPD. Give the police any available information including, patient name and address (if permitted), description and last known location and direction of travel.

Occasionally a patient desires to leave before treatment is completed. If called, the officer should try to persuade the patient to stay. If the patient will not stay, try to get the patient to sign an Against Medical Advice (AMA) form if one is used at the facility. Persuading the patient to stay, or signing an AMA form is technically, the responsibility of the doctor or charge nurse, but security may be able to assist. Generally, a patient cannot be detained against his will, however, this varies in individual cases when it has been determined by medical authority the patient is not capable of rendering a rational decision.

Applying a medical restraint device or administering a chemical restraint is a form of medical treatment. A security officer may be asked to help apply a medical restraint device. Follow directions from medical personnel in these cases. Security officers will assist in controlling the patient while restraint devices are applied by staff.

Handcuffs are a LEGAL restraint device NOT provided to the security staff.

Occasionally the medical staff will request the security officer to watch a patient. This may happen when a patient is physically restrained or when the patient is mentally unstable.

Generally, when an officer is requested to watch a patient, the patient is not free to leave without medical staff approval. Always ask the medical staff member, requesting the patient watch, if the patient is free to leave the bed, room, or facility. Remain alert for signs of increased patient discomfort, distress, or aggressive behavior and notify a medical staff member immediately of the change.

Write all involvement about a watch on a Security Incident Report including the:

- Name of the medical staff member initiating the watch
- Time the watch begins
- Patient name or number
- Name(s) of the medical staff member(s) giving direction to the officer during the watch
- Answer(s) to the “free to leave” question(s)
- Verbal or physical contact with the patient including aggressive behavior by the patient
- Type of restraints applied or removed with the officer’s help
- Name of the medical staff members involved in applying or removing physical restraints
- Name of the medical staff member notified of each change in the patient’s condition
- Name of each officer providing relief or assistance during the watch
- Beginning and ending times of relief or assistance
- Name of the medical staff member ending the watch
- Time the watch ends

Temporary or permanent relief officers should continue the initial Security Incident Report by noting the change of officer in the Security Incident Report text.

PERSON NEEDING NON-EMERGENCY POLICE ASSISTANCE

Tell persons desiring police assistance, for non-facility related issues, to call the police themselves, as they are the complainant. The officer should provide a telephone and telephone number, but the complainant should speak directly to the police.

TERRORISM

Defining Terrorism

Terrorism is often defined as *the illegal use of force, or threat to use force against a civilian population or target, by non-governmental agents, to create fear that helps achieve a religious, political, or ideological goal.*

Terrorism can be a threat or it can be actual violence. For example, a bomb threat called against a building, even when there is no bomb might still constitute a terrorist act.

Terrorist organizations may be internationally or domestically based.

Targets

Terrorists choose targets based on three primary criteria. They may seek targets that will have a direct impact on their opposition’s resources, targets that have a high

media value, or targets with a limited ability to protect themselves. Healthcare facilities fall into all three categories.

Hospitals are a community asset, which would be expensive to replace, would be of great public interest if attacked, and have a large number of vulnerable people (patients, visitors, and staff). They generally also have open campuses, with thousands of people entering the property daily with only minimal screening. As such, healthcare facilities fall into the “soft target” category as opposed to an airport, which would be a “hard target.”

Targeting behaviors

Terrorists usually perform surveillance on their targets during the selection and planning phases. Typical surveillance activities include taking video/photographs or drawing sketches of floor plans, entryways, or other points along the property. It may also include trying to gain access to restricted areas, “testing” security to check response times, or questioning staff regarding things such as shift change, security staffing, emergency response, and other security sensitive topics.

Pre-event indicators

Often there are signs a facility is being targeted prior to an attack. Once a target of terrorism has been selected, terrorists often first develop intelligence on the target location by conducting pre-operational surveillance in and around the facility. Pre-operational ‘probing’ techniques may include email correspondence and phone calls by those pretending to be students, visitors, or potential employees. These pre-event indicators may also take the form of threatening letters, probing phone calls, or irate individuals making threats. Graffiti, vandalism (especially when it includes hateful messages), arson, bomb threats, and other similar behaviors may also occur.

PERSON REMOVING PROPERTY

Many persons remove property for valid reasons. Open-view removal generally indicates legitimate removal. The security officer should make tactful inquiry about ownership. The legitimate person will seldom take offense, and the procedure helps solidify the image that the facility is concerned about the protection of its environment. Identify the person removing the property:

Employee - Allow the person to proceed after a list of the property has been prepared and employee identification and work are verified. Obtain the name of the employee authorizing removal.

Non-employee - List the property and contact the employee authorizing the removal. If circumstances allow, verify the authorization before the person leaves with the property.

SECURITY MISSION

The Mission of the Security Department is to provide protection services to all persons and property on the campus through the efficient use of personnel, technology, prevention activities, and response to requests.

The Security Department meets the Mission by conducting preventive patrols, escorting persons, completing property control activities, locking doors, wearing an

easily identified uniform, responding to requests for assistance or critical security situations, and investigating potential or actual breaches of security.

SECURITY SUPERVISOR CONTACT

Contact a security supervisor whenever a question arises about a particular problem (time permitting) or when the problem may have an adverse effect on the facility, the security officer, or Healthcare Security Services.

When unresolved issues arise with a security supervisor, the officer may wish to confer with a Healthcare Security Services Administrator.

VERY IMPORTANT PATIENT

Security officers will assist in protecting persons and reducing disruption to the hospital's mission during a stay by a very important patient (VIP). A VIP, in terms of security, is a patient who requires special protection precautions. Special protection may be required due to the celebrity or political status of the patient or due to information or circumstances that indicate the patient may be in some degree of danger.

A stay by a VIP is likely to generate heightened media activity. Do not make statements on behalf of the hospital or Healthcare Security Services. Refer members of the media to the official spokesperson in accordance with facility administrative policy. Generally, media should be restricted from freely moving throughout the facility.

In general, the protection of celebrity or political patients will be pre-planned. Hospital security will usually coordinate protection activities with the VIP's personal security staff or a public safety agency (i.e., police, secret service, FBI).

A patient may be in danger because of threats to the patient and/or family, patient injury (i.e., gunshot wound, stabbing victim etc.), or being a witness to a major or high-profile crime.

Obtain the name and telephone number of person(s) coordinating security for the VIP, person(s) who can answer questions, and person(s) to contact in an emergency. This contact person may be a family member.

Procedure

It may be necessary to implement some of the following procedures before a VIP arrives to reflect a proactive approach to avoiding or minimizing disruption in the facility:

- Notify hospital administration of the patient requiring VIP security measures
- Notify public safety agencies if deemed appropriate and/or coordinate efforts with these agencies
- When a security officer is posted, assigned a patient room away from elevators and fire stairwells or exits; when a security officer is not posted, assign a room with good visibility from the nursing station
- Substitute "Joe Doman" for the actual patient's name on the telephone directory, front desk, and census reports

- Maintain the patient's chart in the patient's room
- Brief the nursing unit staff of general information or specific action items required of hospital staff
- Determine if any person may visit

VISITOR CONTACT

The security officer will often initiate visitor contact. The officer should be alert for infractions of facility rules, and regulations, especially concerning persons entering and leaving the building or grounds. Parking lots, entrances, corridors, and stairwells are prime locations for inspections. After visiting hours, the officer will question persons entering the campus. An effective initial contact method is to offer assistance.

ANIMAL IN FACILITY

The facility routinely allows a guide animal for the vision or hearing impaired and a service animal for the disabled into public areas of the facility.

A guide animal, service animal, or a family pet may be allowed in restricted areas (CCU, ICU, OR, Newborn Nursery, other critical care or sterile area) with prior authorization from the attending physician or Nursing Supervisor.

Each animal must be well behaved and clean.

Care of the animal inside the building is the responsibility of the owner or department staff members. Security may exercise the animal outside the building when time permits.

Contact a security supervisor or the Nursing Supervisor when an issue arises outside the scope of this policy.

LOST AND FOUND

Personally, (if possible) contact the reporting person and obtain all facts. Inform the owner this is not a police report; note in the report if the owner wanted to notify the police or not; assist a private property owner to contact the police if they desire.

Check the immediate surrounding areas, areas visited by reporting person within 2 hours of loss (if on campus).

Check lost and found and the Laundry (if open).

Fill out inquiry form in Lost and found binder.

Security will maintain lost and found. Refer to KCH policy on LOST AND FOUND for further guidance.

WEAPONS ON MENTAL HEALTH UNITS

Facilities often forbid police or security weapons on psychiatric units. Generally, the Charge Nurse must enforce this policy. In addition, there is generally a gun locker or

other means of securing a weapon on the unit. It is always best to let a police officer secure their weapon. Give officer the key to the lock box. There may be circumstances where the security officer must take temporary custody of the weapon. Keep the weapon safe and undamaged when this occurs.

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Legal Considerations | |

CONFIDENTIALITY

Information, names, and circumstances made available to security personnel during the course of their employment shall be confidential. In particular, information regarding a patient is strictly confidential.

Never provide personal information about an employee or a patient; refer these requests to the facility staff or medical staff.

DETAIN

Detention occurs when a person:

- Is in the officer's presence, and
- Remains through cooperation until a resolution of the situation occurs, and
- May leave when they wish

ARREST

A legal arrest is made when a person:

- Is under the officer's control, and
- It is not in the officer's mind, or the arrested person's mind, a freedom of the person to leave the officer's presence or location, and
- The person has received communication of the arrest by such means as a verbal statement of arrest, the display of uniform, or the officer blocking the exit the subject from leaving.

An arresting officer has several important constraints:

- Use physical force based only on the resistance experienced
- Use deadly force as a last resort only when the person being arrested displays deadly force
- Summon a law enforcement agency immediately after an arrest
- Safely control the arrested party
- Do not give Miranda warnings

ARREST WARRANT

When a Bail Bonds Man (Bounty Hunter) seeks assistance:

- Ask to see credentials and warrant
- If both cannot be produced, escort the person off property and explain the trespass policy
- If both can be produced, call the police and have them confirm the validity of the warrant
- When the warrant is validated for;
 - ✓ An employee, notify Human Resources or Administration and assist them as directed

- ✓ A patient, notify Nursing Administration and assist them as directed
- When a Law Enforcement Officer seeks assistance in serving a warrant:
- Ask to see credentials and warrant
 - If both cannot be produced, contact Administration for guidance
 - If both can be produced, and the warrant is for:
 - ✓ An employee, notify Human Resources or Administration and assist them as directed
 - ✓ A patient, notify Nursing Administration and assist them as directed

CIVIL DISTURBANCE

Security officers will assist in reducing damage and disruption to the hospital's mission during a civil disturbance.

A variety of civil disturbance situations can negatively affect hospital operations. They include riots in the community, demonstrations, labor unrest, and the gathering of large crowds of boisterous persons on the grounds or within the facility.

A civil disturbance is likely to increase media activity. Do not make statements on behalf of the hospital or Healthcare Security Services. Refer members of the media to the official spokesperson in accordance with facility administrative policy. Generally, media should be restricted from freely moving throughout the facility.

Civil disturbances external to the facility may result in large numbers of persons seeking treatment and/or causing malicious destruction of property in parking lots and to buildings or grounds.

There is the potential for civil disturbances to occur within the facility. The areas with the greatest potential for disturbances are the Emergency Department, outpatient treatment area, and the Intensive Care Unit.

Procedure

It may be necessary to implement some of the following steps before an actual disturbance to reflect a proactive approach to avoiding or minimizing the results of an actual disturbance:

External

- ▶ Secure the perimeter by restricting driveways or walkways onto the property
- ▶ Restrict access to the facility property
- ▶ Activate security control posts on assigned priority
- ▶ Establish a secured communication/command post
- ▶ Remove items from the grounds (i.e., hospital vehicles, trashcans, sprinklers)
- ▶ Maintain a high level of security presence on the grounds of the organization
- ▶ Draw curtains or shades over window areas facing the exterior
- ▶ Move persons (including patients) from window areas
- ▶ Set up a media room
- ▶ Maintain on-going coordination with public safety agencies

Internal

- ▶ Seal off area of trouble or potential trouble.
- ▶ Establish a secured communication/command post.
- ▶ Identify leaders and develop a dialogue if possible.
- ▶ Begin clearing the area in as non-confrontational manner possible.
- ▶ Arrest and hold if necessary
- ▶ Maintain on-going coordination with public safety agencies.

CRIME SCENE (SUSPECTED OR ACTUAL) PROTECTION

Do not touch anything! The nature of the crime and the type of evidence requires the officer be extremely careful in moving about so as not to damage or otherwise destroy evidence. In general, no one should enter or leave the area pending police arrival.

Request Photo ID's to obtain the names and addresses of possible witnesses, provide this information to the police, and include it in a Security Incident Report. Ask the witnesses to remain until the police arrive, who can then let them leave as the authorities determine.

HOSTAGE SITUATION

Security officers will assist in protecting persons and reducing disruption to the hospital's mission during a hostage situation.

A hostage situation involves one or more persons holding another person(s) against their will in order to obtain notoriety, money, or a change in the hospital's position on an issue. A hostage situation can occur in any part of the interior or exterior of the facility. The situation could occur off campus and then move to the facility as a suspect and victim flee from the police.

A hostage situation is likely to generate heightened media activity. Do not make statements on behalf of the hospital or Healthcare Security Services. Refer members of the media to the official spokesperson in accordance with facility administrative policy. Generally, media should be restricted from freely moving throughout the facility.

Procedure

Follow these guidelines in case of a hostage situation:

- ▶ Establish an inner perimeter, keeping all persons from getting within range of danger
- ▶ Establish an outer perimeter, evacuate all non-essential people from between the inner and outer perimeters
- ▶ Notify public safety agencies
- ▶ Notify hospital administration
- ▶ Set up a communication/command center and establish a media room

Assist the public safety agency as needed including:

- ▶ Describe or diagram the specific area and surrounding area
- ▶ Number, description, and name of suspect

- ▶ Number, description, and name of hostage
- ▶ Number and description of weapon
- ▶ Preliminary demands or intentions of suspect.

LAW ENFORCEMENT AGENCY CONTACT/ASSISTANCE

Do not hold a patient for an agency. The law enforcement agency should supply the labor for this action. An officer should do everything possible to cooperate including notifying the agency when the patient's date and time of discharge is set when appropriate.

The medical staff or a member of the facility's administration shall release patient information.

The personnel department should release facility employee information when appropriate. Consult the nursing supervisor when the personnel office is closed and time is of the essence.

Record, on a Security Incident Report, information received from an agency including the name of the agency and officer giving the information.

Request municipal parking tickets in accordance with facility administrative authorization.

The officer should complete a Security Incident Report and report missing facility property when an item is valued over \$50.00. Complete a Security Incident Report when the item may have been borrowed and leave the decision to file a police report to a security supervisor.

The owner is responsible to file a police report about missing personal property. Inform the owner the Security Incident Report is not a police report. Assist the owner in making a police report if requested. The officer should advise the owner to make a police report after trying to locate the property. Note in the Security Incident Report if the owner declines the officer's advice or states they will make a report later.

After an arrest, file criminal charges with the police. The security officer will sign the arrest complaint as an agent of the facility. Administrative personnel do not need to countersign the complaint. When time permits, the officer should confer with facility administration or a security supervisor concerning an arrest.

Police agencies are not generally interested in a non-injury automobile accident occurring on private property. They may not respond to this type of accident. Involved parties may make a "counter" report at a local station if they wish. The security officer will complete a Security Incident Report if the accident occurred on facility property.

SEARCH

Conduct a search after a legal arrest:

- To provide for the safety of all persons and to discover weapons or fruits of a

- crime
- With or without consent of the person under arrest.

SEIZURE

After seizing property, the officer must:

- Mark property when it may be used as evidence
- Record all information on a Security Incident Report
- Give property to proper authority and note their name and title.

USE OF FORCE

Appropriate force is any single or combination of an officer's:

- Body language
- Speaking volume
- Word use
- Body position
- Personal touch
- Use of a tool such as;
- Flashlight
- Medical or chemical restraint device
- Deadly Force

Compliance is a person's submission to the officer's directives.

An officer uses force to gain compliance. Compliance protects the officer, nearby persons, and the compliant person from danger, allowing security to detain the compliant person for medical or legal authorities.

An officer uses just enough force to gain compliance. Generally, apply an increasing amount of force to gain compliance. A situation may initially require a medium or high level of force to reduce or prevent imminent danger.

The continuum of force ranges from relatively low (body language, speaking volume, word use, body position) to medium (personal touch, medical restraint device) to relatively high (flashlight) to deadly. Deadly force is used only as a last resort. After gaining compliance, reduce force while maintaining compliance.

An officer is subject to a disciplinary action (see Employment Guidelines) and/or legal action for using an inappropriate type or amount of force. Healthcare Security Services reviews each use of force on a case-by-case basis.

DISTURBANCE CONTROL

Each situation requires officer judgment, quick response, and attention to detail.

Generally:

- Respond, quickly and safely, to an area near the disturbance; never run; arrive in a composed manner

- Survey situation to determine risk to persons; call for Supervisor and request backup if situation is beyond officer's possible control
- Separate persons; determine facts from each person involved
- If separation does not work or facts indicate, contact law enforcement
- Write a Security Incident Report; category DISTURBANCE.

WEAPON ON CAMPUS

Each staff member should use good judgment, common sense, and discretion when dealing with a weapon situation.

Contact a security supervisor, Administrative Service officer, or the Nursing Supervisor when an issue arises outside the scope of this policy.

A weapon is any firearm, knife, chemical self-protection agent, or object recognized as a weapon by a reasonable person.

The facility is any building, parking area, or traffic way owned, leased, or operated by the facility.

This task covers sworn public safety officials (PSO) and all other persons (citizen).

All facility services will be provided after a weapons situation is successfully resolved.

Only a PSO may bring a weapon to the facility. A PSO may retain a weapon except when entering the Behavior Health department and as a patient in the Emergency Department.

Give a PSO's weapon to another PSO store it properly in a facility weapon locker.

A citizen or PSO must remove a weapon from the facility, or it must be properly stored in a facility weapon locker. An in-patient's weapon should be stored only as a last resort.

Any suspected illegal weapon will be immediately reported to the local police. The owner is responsible to claim the weapon at the local police station if the police confiscate it.

Treat anyone refusing to abide by this policy as a trespasser.

Assist in securing an in-patient's or PSO's weapon when the patient or PSO cannot personally secure the weapon:

- Move the weapon to a safe and discrete location. Transport the weapon in a bag or box so the public cannot see the weapon
- Security will not unload the firearm; ask the local police for
- Store the weapon in Security Office weapons lock box
- Store any ammunition in the security supervisor's desk in the security office.

Write Security Incident Report including the patient's or PSO's location, weapon storage identification, and ammunition storage location, category INFORMATION ONLY.

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Motorist Assists | |

MOTORIST ASSISTANCE

Security does not provide motorist assists. They will provide phone numbers for various tow companies.

VEHICLE ACCIDENT ON FACILITY PROPERTY

Personally, (if possible) contact the driver(s) and witness(s) and obtain all facts.

Contact 911 if there are injuries.

Inform the driver(s) this is not a police report; explain that the police do not generally respond to non-injury accidents and that each driver should file a "counter" report.

Write Security Incident Report; category AUTO ACCIDENT.

VEHICLE BATTERY JUMP

Security will be provided "Jumper pack" by KCH to maintain/charge. Security will provide "Jumper pack" upon request. Owner of vehicle will operate jumper pack due to liability purposes.

VEHICLE DOOR UNLOCK

This service is not performed at this facility

VEHICLE LIGHTS LEFT ON

Retrieve license, color, make and model of the vehicle. Provide information to admitting section to page overhead.

In quiet hours, annotate vehicle information as mentioned above. Provide information to nurse supervisor.

Note in Tracktik and write Security Incident Report, category MISCELLANEOUS.

VEHICLE RE-PARK

Aid so long as the service does not hinder the protection of the facility; do not attempt to provide any mechanical service.

If a re-park is necessary a vehicle release form is required to be signed by the vehicle owner.

Generally, a re-park is needed because the vehicle is parked in a short-term area and cannot personally move the vehicle.

Re-park the vehicle and return the keys to the requesting person.

Note in Tracktik and write Security Incident Report, category MISCELLANEOUS.

VEHICLE TIRE CHANGE

Service not provided by this facility

VEHICLE USE

Obtain proper authorization for vehicle use; obtain keys and other equipment required.

Inspect exterior and interior of vehicle per inspection checklist; note unusual situation, damage, or inoperative equipment.

Wear seat belt; do not smoke, eat, or drink in vehicle.

Observe all traffic and parking laws; drive defensively and carefully.

Do not transport persons without proper authorization.

Lock vehicle whenever it is unoccupied.

When trip is completed pick up interior; return keys and other equipment.

| SECURITY FACILITY ORDERS | | |
|---------------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Parking Control | |

Security officers will assist the facility in parking control as follows:

- Particular attention should be paid to the physician parking lot, ED parking lot, and cancer center.
- Security will keep the Emergency Room drive way clear to allow vehicles to pass through.
- Security will block off parking staff as needed to assist with maintenance, grounds, and traffic control.

| SECURITY FACILITY ORDERS | | |
|--------------------------|-------------------------|--|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Patrol Activity | |

PATROL

Patrol is the backbone of an effective deterrence program. Patrol does not mean walking down a corridor or strolling through a parking lot. It requires alertness by using your senses to see, hear, smell, and touch.

Always have a purpose for checking each department or area. Stop and think, "What should I be looking for?" This will vary from area to area.

An alert officer does not patrol with clock-like regularity. Vary routes. Check an area and then periodically double back. Revisit an area checked a minute or two earlier. Learn the obvious routines of each department. A change in routine may indicate a security problem.

Being alert prevents many potential problems. Check for:

- Persons needing help including the sick, injured or victims of a crime
- Conservation of water, fuel leaks, unnecessary lights left on, windows left open, and unfamiliar equipment noises
- Safety hazards like moisture on the floor, holes, protruding hazards, or dark areas
- Fire safety problems such as;
 - ▶ Accumulation of combustibles
 - ▶ Blocked exits
 - ▶ An extinguisher out of place or showing evidence of use
 - ▶ A door opening the wrong direction
 - ▶ Sticking or malfunctioning locks
- Unattended property left in a location conducive to theft or tampering (never remove property for the purpose of teaching the owner a lesson)
- Unauthorized persons in a work or break area
- Malicious destruction, horseplay, consumption of intoxicants, and boisterous conduct
- Unsecured doors at an inappropriate time; follow-up with periodic inspections
- Doors leading to unknown areas
- Unfamiliar areas
- Visitors, employees, and patients with questions; escort persons as necessary
- Person needing service, when possible, perform the duty and check afterward for future clarification
- Locker rooms and public washrooms; if there is cause to believe a problem exists in an area reserved for the opposite gender, knock and announce yourself before entering; if possible, ask a staff member to witness the check
- Facility rule violations; it is essential an officer always abide by the rules, as well as by departmental policy; resentment builds quickly when authority is misapplied; treat each person with patience and tact

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CHECKING A CLOSED AREA

Use extreme care when performing this task. Use the “three zones of vision”: eye level, below eye level, and above eye level. Things to look for:

- Open or damaged windows
- Open or damaged doors
- Anything, which appears suspicious

PUBLIC RELATIONS

Patrolling is one of the best public relations tools at your disposal. When you are seen on patrol, you help patients, staff, and visitors to feel safer and more secure while on campus and in the hospital. You also have the opportunity to contact persons seeking directions, information, or medical assistance.

Do not be distracted by natural variations in fulfilling your duties. Assisting someone in the middle of a patrol is the courteous thing to do and it reduces routines of which you may not be aware.

Respect the healing environment and attempt to keep from making unnecessary noise; jingling keys, radio too loud, slamming doors.

PERSONAL SAFETY

Protect yourself by wearing proper clothing and footwear for the conditions. Hold the handrail when using stairs. Use a flashlight when lighting is low. Do not run or take unfamiliar “shortcuts.”

VIGILANCE

Patrolling may appear easier during off-hours, with fewer employees, lack of visitors, and patients sleeping. However, the opposite is true, because of lowered lighting in certain areas and fewer staff to detect suspicious activity. You must be more vigilant than ever to the potential for danger.

| SECURITY FACILITY ORDERS | | |
|--------------------------|-------------------------|--------|
| FACILITY | Kona Community Hospital | |
| SUBJECT | Reports | PAGE 1 |

RECORDS AND REPORTS

Reports are the basis for administrative decisions, court action, and evaluation of an officer's work. Report all incidents objectively.

Specific report types available on Tracktik. The report forms types include but are not limited to:

Security Incident Report, is used to write facts about an unusual event requiring officer attention or information, which may be needed in the future.

Activity Report, Tracktik, is used to relay activity during roving or post. Activities deemed standard and not an incident.

Incident Report – Disturbance, Tracktik, is used to report details pertaining to situations such as CODE GRAY.

Incident Report – Patient Assistance, Tracktik, is used to track information regarding medical standbys or watch of patient by security.

Incident Report – Lift Assist, Tracktik, is used to track information regarding medical standbys or watch of patient by security.

THOROUGH INVESTIGATION

Good report writing begins with a thorough initial investigation. The following questions help in gathering all of the facts needed:

Who is complainant, witness, owner, discoverer, person with access, injured person, suspect including hair and eye color, race, gender, physical build, clothing, age, weight, height, unusual characteristics?

What happened? Identify the type of incident and / or value of what was damaged, stolen or injured.

When did the incident occur, the date and time of its discovery or report?

Where did the incident take place? Include the address, facility building name, parking lot, room number.

How did the incident occur? Include any conditions, circumstances or types of force used.

Why may or may not be a factor. If available information allows, include this in your report.

Action Taken should include interviews conducted, police called, evidence collected, search made, the successful outcome or resolution of the incident if any, and the current status of the report.

Use a pocket note to record information obtained in the field. Do not tear pages out of your notebook. This may look as if you are trying to hide something. Do not throw away your notes. You may have to refer to them months or years later. The notes you take are the basis and foundation for the report you will write.

Ask questions to clarify statements after a person has completed his or her explanation of the events or activity. Repeat the facts provided by the reporting person to verify all the information is correct. (Remember to verify only the information they related to you, not your opinion.)

When speaking with witnesses, practice good communication skills. Listen closely while you take their statements. Read your notes and THEN ask follow up questions. Do not make the mistake of thinking about your next question while your witness is telling you something. The information you miss could turn out to be a critical part of your investigation.

Gather the following information about each person providing information:

- Complete name
- Address
- Home, cell, and work phone numbers

Do not just take a missing property report. Look for missing items in locker room or washroom wastebaskets, lost and found, stairwells, areas previously visited or occupied by the person, and laundry areas. These actions may result in recovery of the property. Describe these actions and the results in the Security Incident Report.

EXCELLENT REPORT WRITING

Good reporting involves observation, detail, accuracy, legibility, and logical sequence. A report must be complete so the reader will have clear knowledge of what event occurred, what actions were taken, and what actions need to be taken.

Do not use abbreviations other than titles such as Mr., Ms., MD, or RN. Print the complete reporting party or witness' name once and then use the last name thereafter. Refer to yourself as "I" or "me." Always spell out the word or phrase. Do not use radio codes or other security-related jargon. Misspelled words, incomplete sentences, and unreadable printing reduce the reader's confidence in the accuracy of the entire report.

Each report must be legible, accurate, and objective. A report should also be impartial and non-judgmental. In addition, use common everyday language. Do not include words or phrases that only hospital personnel use or know. Use an abbreviation only after you define it. Every word you use should describe in detail every event that occurred in the chronological order that it happened. Write the report as if you were writing a movie script. Include as much factual detail as possible.

Complete each report as soon as possible after an event happens. All of the facts need to be written in your report while they are still fresh in your mind. Always finish your reports before leaving the shift.

Before writing the narrative portion of a report, complete all required blanks, checkmarks, and fields of information. Completely filling these areas can reduce the amount writing required in the body of the report.

Use short sentences and limit each paragraph to one subject. Use plain and simple language. Be sure there is no question about who furnished each piece of information. Double-check the spelling of all names.

The first paragraph of the narrative should include how and when you became aware of the incident. This can be a radio call, a person contacting you, or a personal observation.

Example: *On (date), at (time using 24-hour clock), I (your full name) (description of event).*

The description should include what you did, what others did, and the facts you gathered. This includes your observations upon arrival, who you first contacted, any witnesses you talked to, or any possible victims of the incident.

Example: *Upon arrival, I saw (details). Then (details in chronological or logical order).*

Example: *(Name) (description) said (details).*

If some of the facts are unknown, provide a range to describe the facts available.

Example: *Between (date and time) and (date and time), unknown person(s) (description).*

Another important set of facts should describe the exact location where the activity occurred. Directions can help provide the reader with a clear picture of the location. You may need to take measurements from fixed objects to help determine the exact location.

Example: *Suspect(s) entered (area) through (method) and (actions taken).*

Example: *A (size) hole (location) was found (location).*

Make a complete list of property that was stolen, missing, or damaged. Include all of the descriptors, which may be used to identify the item when it is recovered or replaced.

Example: *The (item name) was purchased on (date). It is (size), (color), with a (mark, identification numbers). The original purchase price was (amount).*

Use the P.O.W.E.R. method to write the report:

Preview your notes to insure all facts are available.

Organize the facts in a logical order.

Write a Draft Security Incident Report.

Evaluate the draft and have a fellow officer check it for clarity.

Re-write the report on the Security Incident Report form.

All paper reports are to be hand printed. Use a black or blue ballpoint pen and press hard!

Occasionally an officer may attach an investigator's note to a report. For example, if an officer believes an informant or witness is mentally incompetent, briefly explain the reason for this opinion. This opinion should be on a separate sheet of paper attached to the original copy of the paper report.

All reports are the property of the facility. Officers shall not make additional copies of any report. At no time is a security officer to release a copy of a report without permission of the facility administration.

Each patient assistance Security Incident Report should contain the time the officer began and ended the assistance. Describe any physical contact with the patient or use of restraints.

When more than one officer assists with an incident or when an officer continues an investigation, which another officer started, complete the Security Incident Report in the following manner:

The original officer will complete the heading, the first part of the narrative, and sign the report immediately below the narrative

Each subsequent officer will write additional narrative information and sign following the information

The final officer will write additional narrative information and complete the bottom of the report.

INCIDENT CLASSIFICATIONS AND DEFINITIONS

Categorize each Security Incident Report in one of the following classifications:

ALARM-ENVIRONMENT—non-fire and non-security system monitored by or responded to by security

ACTUAL—detection of possible or actual event

DRILL—pre-planned test of equipment, procedure, or staff knowledge

MALFUNCTION—mechanical or electrical problem

USER ERROR—human activity not related to an actual event or drill

ALARM-FIRE—detection of possible or actual heat, fire, smoke, extinguisher, or water flow

ACTUAL

ARSON—intentional attempt to burn or actual burning

DRILL

MALFUNCTION

USER ERROR

ALARM-SECURITY—a security system monitored by or responded to by security

ACTUAL

DRILL

MALFUNCTION

USER ERROR

ASSAULT;

AGGRAVATED—assault of a person with a weapon or where severe bodily injury occurs
TO EMPLOYEE
TO PATIENT
TO VISITOR

RAPE—forcible and unwanted carnal knowledge of a person
OF EMPLOYEE
OF PATIENT
OF VISITOR

SEXUAL—any sexual assault other than rape
TO EMPLOYEE
TO PATIENT
TO VISITOR

SIMPLE—non-aggravated, non-rape, and non-sexual
TO EMPLOYEE
TO PATIENT
TO VISITOR

AUTO ACCIDENT—vehicle or property damage or personal injury from a moving vehicle
PERSONAL INJURY
PROPERTY DAMAGE

BURGLARY—unlawful entry, with or without force to commit a crime
TO BUILDING
TO VENDING MACHINE
TO VEHICLE

CHEMICAL EVENT—spill or exposure to chemical or fumes which could or causes injury or damage

CODE ASSISTANCE—possible or actual emergency or disaster requiring security involvement
EXTERNAL—generated by event off campus
ACTUAL
DRILL

INTERNAL—generated by event on campus
ACTUAL
DRILL

DISTURBANCE—behavior (not covered in another category) requiring staff or security involvement
BY EMPLOYEE
BY VISITOR

DRUG ABUSE—possible or actual misuse of any drug
BY EMPLOYEE
BY PATIENT
BY VISITOR

FOUND PROPERTY—property recovered by or turned over to security

INFORMATION ONLY—information about a possible or actual event occurring off property (i.e. doctor receives threatening telephone call at home); activity requiring security time or effort to investigate not covered by any other category (i.e. employee's spouse reports the employee has not arrived home from work); suspected criminal or suspicious activity (i.e. vehicle slows and honks at pedestrian)

MISSING PROPERTY—missing or unaccounted for item

LOST;

FACILITY PROPERTY

PERSONAL PROPERTY

WHOLE VEHICLE

STOLEN;

FACILITY PROPERTY

PERSONAL PROPERTY

WHOLE VEHICLE

UNKNOWN;

FACILITY PROPERTY

PERSONAL PROPERTY

WHOLE VEHICLE

MURDER—willful killing of a human being

OF EMPLOYEE

OF PATIENT

OF VISITOR

PATIENT ASSISTANCE—control or transport of a patient or patient property; search for a missing patient; an Against Medical Advice discharge

BEHAVIOR HEALTH

ER;

MEDICAL

PSYCHIATRIC

OTHER;

MEDICAL

PSYCHIATRIC

ROBBERY—physical taking of property from a person

ARMED—by threat or use of a weapon

OF EMPLOYEE

OF PATIENT

OF VISITOR

UNARMED—without threat or use of a weapon

OF EMPLOYEE

OF PATIENT

OF VISITOR

SLIP OR FALL—event which could or causes injury to a person

TO EMPLOYEE

TO PATIENT

TO VISITOR

SUICIDE—attempt or actual taking of one's own life

OF EMPLOYEE

OF PATIENT

OF VISITOR

SUSPICIOUS PERSON—person not appearing to have business at the facility or acting strangely

CONTACTED

NOT CONTACTED

THREAT—verbal or written expression to hurt, destroy, punish, or intimidate

TO EMPLOYEE

TO FACILITY
TO PATIENT
TO VISITOR

TRESPASSING—person refusing to leave the property after being advised verbally or in writing

VANDALISM—intentionally causing property damage

FACILITY PROPERTY
PERSONAL PROPERTY
VEHICLE

WEATHER ----adverse weather conditions that could affect the facility

CONDITION CLASSIFICATIONS AND DEFINITIONS

Categorize each Security Condition Report in one of the following classifications:

CHOPPER LANDING—assistance to helicopter crew while landing or taking off

LIGHT OFF—a light needing repair or a timer needing adjustment

LIGHT ON—neglect by an occupant or a timer needing adjustment

MALFUNCTIONING LOCK/KEY—a lock needing repair or a worn/broken key

MISCELLANEOUS—any other condition not covered by a category

OPEN DOOR/WINDOW—an unsecured door or window

UNLOCK REQUEST—an unscheduled request to unlock a door

UNSAFE CONDITION—any safety problem such as spilled liquid, fire hazard, or weather-related hazard

[Other category defined by the facility].

FACILITY (POST) ORDERS

(On Pages Immediately Following This Page)

SECTION 3 PROPOSALS

3.0 INTRODUCTION

One of the objectives of the RFP is to make proposal preparation easy and efficient, while giving OFFEROR ample opportunity to highlight their proposal. When an OFFEROR submits a proposal, it shall be considered a complete plan for accomplishing the requirements described in this RFP.

3.1 PROPOSAL PREPARATION

OFFEROR shall prepare a written proposal in accordance with requirements of this Section.

Proposals shall include all data and information requested to qualify proposals for evaluation and consideration for award. Non-compliance may be deemed sufficient cause for disqualification of a proposal.

The development of overly elaborate proposals and presentation material, not required and/or related to RFP requirements, is highly discouraged. Loose bound 3 ring binders or binder clips are preferred.

3.1.1 MANDATORY PROPOSAL TABS

The following tabs must be used in the OFFEROR's proposal:

| | Mandatory Tabs |
|---|---|
| 1 | PROPOSAL TRANSMITTAL COVER LETTER |
| 2 | TECHNICAL |
| | SUMMARY |
| | MANDATORY QUESTIONS, which include: |
| | BACKGROUND, QUALIFICATIONS AND EXPERIENCE |
| | PERSONNEL ORGANIZATION AND STAFFING |
| | MANAGEMENT AND CONTROL |
| | AMOUNT AND TYPE OF CHANGES TO THE HHSC GENERAL CONDITIONS |
| 3 | PRICE |
| | OFFER SUMMARY |
| | OFFER DETAILS |
| | REQUIREMENTS (SEE SECTION 3.8.2) |
| 4 | COMPLIANCE DOCUMENTS |
| | W-9 |
| | STATE OF HAWAII VENDOR COMPLIANCE (print from website) |
| | GENERAL EXCISE TAX CERTIFICATE (copy) |
| | VENDOR TERMS AND CONDITIONS (IF ANY) |
| 5 | PROPOSAL CHECKLIST |

Figure 5. Mandatory Proposal Tabs

Relevant material should be placed in the appropriate tabbed area (Figure 6). Greyed in areas in the Mandatory Proposal Tabs indicate category titles and the sections contained in the tabs are listed directly below the category title. Inapplicable material or material placed in the incorrect tabbed area may not be evaluated.

3.2 COSTS FOR PROPOSAL PREPARATION

Any and all costs incurred in the development of proposals, i.e. preparing and submitting, on-site product/service demonstrations, on-site visits, oral presentations, travel and lodging, etc. shall be the sole responsibility of OFFEROR.

3.3 DISQUALIFICATION OF PROPOSALS

HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in the RFP and which demonstrate an understanding of the Scope of Services. HHSC reserves the right to ask for clarification of any item in the proposal.

An OFFEROR will be disqualified and the proposal automatically rejected for any one or more of the following reasons:

Proof of collusion among OFFERORs, in which case all proposals involved in the collusive action will be rejected.

The OFFEROR's lack of responsibility and cooperation as shown by past work or services.

The proposal shows any noncompliance with applicable law.

The proposal is conditional, incomplete, or irregular in such a way as to make the proposal incomplete, indefinite, or ambiguous as to its meaning.

The proposal has any provision reserving the right to accept or reject award, or to enter into a contract pursuant to an award, or provisions contrary to those required in the solicitation.

Proof of exclusion from participation in federal health care programs, as defined in the Social Security Act (Section 1128 and 1128A), and other federal laws and regulations relating to health care.

3.4 SUBMISSION OF PROPOSALS

Each OFFEROR may submit only one (1) proposal (which includes a technical and a price section). Alternate proposals will not be accepted. The Issuing Officer must receive one (1) original, three (3) copies (**preferred - one copy in electronic format**) of the proposal no later than the "Closing Date for Receipt of Proposals", identified in Figure 1. **Proposals received after this time/date may be rejected.** The original shall be clearly marked "ORIGINAL" and copies shall be clearly marked "COPY". All items submitted must be clearly labeled, marked or titled with the following information at a minimum:

| |
|---|
| RFP # HHSC 24-0264 Your Company Name Response Package |
|---|

Figure 6. Mandatory Proposal Item Identification

Mail or deliver proposals to the following address:

Michelle Gray, Sr. Contracts Manager
West Hawaii Region
Hawaii Health Systems Corporation
79-1019 Haukapila Street
Kealahou, HI 96750

Figure 7. Address for Proposal Submittals

The outside cover of the package containing the proposal should be marked, as follows:

Proposal Submitted in Response to
RFP # 24-0264

Figure 8. Mandatory Proposal Package Marking

If submitting an electronic proposal, the subject line must be marked, as follows:

Your Company Name - Proposal Submitted in Response to RFP # 24-0264

3.5 PROPOSAL TRANSMITTAL COVER LETTER

OFFEROR is required to submit their proposal with a *transmittal cover letter* (sample is supplied for your use if you choose). The transmittal cover letter must be on the OFFEROR's official business letterhead; signed by an individual authorized to legally bind the OFFEROR; and minimally include information, as written/requested, on the "sample" letter in APPENDIX A.

3.6 PUBLIC INSPECTION

Proposals shall not be opened publicly, but shall be opened in the presence of at least one WHR procurement official and one WHR employee. The register of proposals and OFFERORs' proposals shall be open to public inspection after the contract is executed by all parties, subject to the nondisclosure provisions of HRS Chapter 92F.

OFFEROR shall request in writing the nondisclosure of designated trade secrets or other proprietary data to be confidential. Such data shall accompany the proposal and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal. The proposals are subject to disclosure rules set forth in Chapter 92F, H.R.S. The OFFEROR bears the burden of establishing that the designated data is exempted from the disclosure requirements set forth in Chapter 92F.

All proposals and other material submitted by OFFEROR become the property of HHSC and may be returned only at HHSC's option.

3.7 TECHNICAL SECTION

Any proposal offering a significantly non-compliant Technical Section may be disqualified without further notice.

The technical proposal shall include the following categories:

3.7.1 TECHNICAL SUMMARY

Clearly, concisely and briefly summarize and highlight the contents of the technical proposal in such a way to provide HHSC with a broad understanding and the unique, most promising aspects of the proposal. Summary should not exceed 1 page in length.

3.7.2 MANDATORY QUESTIONS

1. Past Experience

- a. Has OFFEROR completed other similar assignments in the past 3 years? If yes, provide details of applicable assignments.
- b. Has OFFEROR had previous experience working with Healthcare facilities in the past 3 years? If yes, provide details of applicable assignments.

2. OFFEROR Assumption

- a. In order to execute the assignment as detailed above, what will the OFFEROR require of HHSC? What are HHSC's responsibilities?

3. Minimize Performance Risks

- a. What steps does the OFFEROR propose to take to execute the assignment in a cost-effective, efficient and timely manner?
- b. How familiar is OFFEROR with special requirements for Hospital work? State the concerns applicable to this assignment and how OFFEROR proposes to minimize risk associated with the concerns.
- c. What potential project risks or issues are anticipated and how will they be addressed in order to minimize risk?

4. Project Management

- a. Briefly define the Project Management Plan which covers how the assignment will be managed to ensure cost-effective, efficient and timely performance of all assignment tasks?
- b. Define all components of the assignment team and state qualifications of account lead and HHSC's main point of contact.

The project management capability proposal shall include the following categories:

3.7.3 BACKGROUND, QUALIFICATIONS AND EXPERIENCE

Provide details on the following:

- A. Brief description of OFFEROR's qualifications to perform Scope of Services requirements.
- B. Provide explicit details on OFFEROR's background, qualifications and experience relative to performing requirements set forth in the Scope of Services, including but not limited to:
 - a. Background of OFFER's company ("Company"), i.e. services offered, size, resources, years in business, location(s), State of Hawaii, state of incorporation, etc.
 - b. Total number of current HOSPITAL clients: 1) nationwide, 2) in Hawaii and 3) on the Island of Hawaii.

- c. A list of clients in Hawaii with similar needs using similar services.
- C. Provide contact name and telephone number of three (3) references who can discuss Company's qualifications, experience and performance with regard to performance of the Scope of Services requirements. OFFERORS should inform all reference contacts that HHSC may contact them between the Proposal Evaluation Date and Contractor Selection/Award Notification dates stated in Figure 1.
- D. Identification of litigation currently impacting the Company, if any. State "NONE", if none.
- E. Identification of any fines or violations received in the past 3 years relative to safety and environmental issues. State "NONE", if none.

3.7.4 PERSONNEL ORGANIZATION AND STAFFING

Provide details on the Company's personnel organization and staffing relative to performing requirements set forth in the Scope of Services, as follows:

1. Key personnel identified to perform services, including:
 - a. Name
 - b. Years of experience
 - c. Years with the company
 - d. Qualifications
2. Number of people currently employed in the State of Hawaii with the number of employees residing on the Island of Hawaii. Identify which personnel can support WHR and in what capacity.

3.7.5 MANAGEMENT AND CONTROL

Provide a detailed summary of the methodology relative to performing requirements set forth in the Scope of Services, as follows:

- A. Assignment and management of personnel to the WHR account.
- B. Coordination of requirements with HHSC personnel.
- C. Problems anticipated, if any, and possible solutions.

3.7.6 REQUIRED DOCUMENTATION

In addition to the requirements outlined in this RFP, OFFEROR must submit the following documentation with response:

3. VENDOR TERMS AND CONDITIONS (IF ANY)
4. W9
5. GET CLEARANCE
6. STATE OF HAWAII VENDOR COMPLIANCE (print from website)

3.8 PROPOSAL

All pricing proposals must clearly state that the price proposal shall remain valid for ninety (90) days.

3.8.1 PRICE

Along with a summary page, provide a detailed, line-item list of any and all prices representing the dollar amount offered to perform Scope of Service requirements of this RFP. Appendix G table can be used as your pricing page or you may choose to use your own format as long as it is clear and concise.

After contract award, WHR will not issue any change orders involving increased cost as a result of an OFFEROR error or oversight on their submitted proposal.

A further breakdown of price related information may be requested during proposal review and evaluation. Worksheets and supporting documentation in determining the Offer may be provided with the proposal to verify validity of computations and determine if prices are “fair & reasonable”.

3.8.2 REQUIREMENTS

- A. **Non Applicable Requirements.** Excluding HHSC General and Special Terms and Conditions, and any objectionable or defective RFP matters, if any proposal requirement, as described in this Section, is not applicable to the OFFEROR and therefore will not/cannot be provided, list what the requirement(s) are and why the requirement(s) are not applicable.
- B. **Non Acceptance of any RFP Requirement.** If any RFP requirement, as describe in this RFP, is not acceptable to the OFFEROR, list what the requirement(s) are why the requirement(s) are not acceptable. Should OFFEROR have an alternate solution submit those alternate solutions in OFFEROR’s proposal.
- C. **HHSC Furnished Items.** If the OFFEROR’s proposal requires any goods, services, equipment, third-party vendor support, or anything of value to be provided by HHSC, these items must be clearly detailed and stated in the OFFEROR’s proposal.

HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in the RFP.

3.9 PROPOSAL SUBMISSION CHECKLIST

The proposal submission checklist is provided by HHSC and is designed to be used as a tool to ensure that all required documents and information are being submitted with OFFEROR’s proposal. HHSC recommends the OFFEROR go through the checklist before submitting the response. The proposal submission checklist is in APPENDIX B.

SECTION 4 EVALUATIONS

4.0 INTRODUCTION

The evaluation of proposals shall be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.1 PROPOSAL EVALUATION COMMITTEE

An evaluation committee of a minimum of three (3) evaluators will be selected from HHSC to perform all evaluation requirements. The committee will be composed of individuals with experience in, knowledge of, and program responsibility for the requirements identified in the RFP. HHSC reserves the right to request information from OFFEROR to clarify the OFFEROR's proposal.

4.2 EVALUATION PHASES

Evaluation phases will be conducted as follows:

| Phase | Phase Description |
|---------|--|
| Phase 1 | Evaluation of Mandatory Requirements |
| Phase 2 | Technical and Value Sections Evaluation |
| Phase 3 | Determination of Short List of Offerors (optional) |
| Phase 4 | Proposal Discussions by Short-List (optional) |
| Phase 5 | Best and Final Offers by Short List (optional) |
| Phase 6 | Recommendation for Contract Award |

Figure 9. Proposal Evaluation Phases

4.2.1 PHASE 1 EVALUATION OF MANDATORY REQUIREMENTS

The evaluation of the mandatory requirements, as listed below, shall be based upon a "Pass/ No Pass" basis. The purpose of this phase is to determine whether an OFFEROR's proposal is sufficiently responsible and responsive to RFP requirements to permit a complete evaluation, i.e. responsible in terms of "Does the OFFEROR have the capability to perform fully the Scope of Services requirements"; and, "Were proposal documents received by HHSC and do they contain the required information?" Failure to meet any mandatory requirement will be grounds for deeming the proposal non-responsible, non-responsive or both and disqualification ("No Pass") thereof.

4.2.2 PHASE 2 TECHNICAL AND VALUE SECTIONS EVALUATION

Evaluation of OFFEROR's technical section shall be conducted using the technical section categories and the value weight percentages identified in Paragraph 4.3 and the evaluation scoring system identified in Paragraph 4.4.

Evaluation of the value section shall be conducted using the value section category and the value weight percentages identified in Paragraph 4.3 and the evaluation scoring system identified in Paragraph 4.4. The Value Section will be evaluated as a whole in terms of best value taking into consideration all items in the Value Section. For example, the lowest priced proposal may not get the best score for value if the OFFEROR has taken exception to many generally accepted requirements, has a poorly documented proposal, or has pricing which indicates a lack of understanding of the RFP.

4.2.3 PHASE 3 DETERMINATION OF SHORT-LISTED OFFERORS (OPTIONAL)

At its discretion, following Phase 1 and 2, HHSC may develop a Short List of OFFERORS based on the evaluation of OFFERORS' Technical and Value sections

4.2.4 PHASE 4 PROPOSAL DISCUSSIONS WITH SHORT-LISTED OFFERORS (OPTIONAL)

The OFFERORS on the Short List of OFFERORS may be asked to conduct discussions either in person or over the telephone with HHSC. OFFEROR's proposal may be accepted without discussions. In the event that HHSC elects to hold discussions, HHSC shall inform Short-Listed OFFERORS of specific discussion topics and issues; and schedule the discussion.

4.2.5 PHASE 5 BEST AND FINAL OFFERS (OPTIONAL)

OFFEROR may be requested to submit a Best and Final offer. Best and Final offers shall be evaluated and scoring of the OFFEROR's proposal adjusted, accordingly. If a Best and Final offer is requested but not submitted, the original submittal shall be accepted as the Best and Final offer.

4.2.6 PHASE 6 RECOMMENDATION FOR CONTRACT AWARD

The Evaluation Committee shall prepare a report summarizing proposal evaluation findings/rankings and provide recommendation for award of contract to the RCEO.

4.3 EVALUATION CATEGORIES AND VALUE WEIGHT PERCENTAGES

The following Evaluation Categories and Value Weight Percentages shall be used:

| Value Weight Percentages | Points | Evaluation Category |
|--------------------------|--------|--|
| Pass/No Pass | N/A | MANDATORY REQUIREMENTS. Category includes: |
| | | PROPOSAL TRANSMITTAL COVER LETTER |
| | | TECHNICAL SECTION |
| | | VALUE SECTION |
| 15% | 15 | TECHNICAL APPROACH. Category includes: |
| | | TECHNICAL SECTION |
| | | TECHNICAL PROPOSAL MANDATORY QUESTIONS |
| 35% | 35 | PROJECT MANAGEMENT CAPABILITY. Category includes: |
| | | TECHNICAL PROPOSAL BACKGROUND, QUALIFICATIONS AND EXPERIENCE |
| | | TECHNICAL PROPOSAL PERSONNEL ORGANIZATION AND STAFFING |
| | | TECHNICAL PROPOSAL MANAGEMENT AND CONTROL |
| 40% | 40 | VALUE. Category includes: |
| | | VALUE SUMMARY |
| | | VALUE DETAILED OFFER |
| | | HHSC FURNISHED ITEMS |
| 10% | 10 | COMPLIANCE WITH REQUIREMENTS. Category includes: |
| | | NON APPLICABLE PROPOSAL REQUIREMENT |
| | | NON ACCEPTANCE OF ANY RFP REQUIREMENT |

Figure 10. Evaluation Categories and Value Weight Percentages

4.4 EVALUATION SCORING SYSTEM

The maximum number of points available for scoring is one hundred (100) per evaluator. The proposal receiving the highest number of points is considered statistically the best proposal and the **best value** to HHSC; and, will be recommended for award of contract, unless otherwise determined and justified by the evaluation committee.

Each Evaluation Committee Member shall review OFFEROR proposals that pass Phase 1 Evaluation of Mandatory Requirements. The Evaluation Committee Members shall determine the score for each Evaluation Category for each OFFEROR in accordance with Figure 11. The OFFEROR's total score will be the sum of all scores by all evaluators.

SECTION 5 AWARD OF CONTRACT

5.0 AWARD OF CONTRACT

Award of contract shall be made to the most responsible and responsive OFFEROR whose proposal is determined by the Evaluation Committee to provide the best value to HHSC, considering all evaluation reviews and results.

5.1 CONTRACT AWARD NOTIFICATION

The notice of award, if any, resulting from this solicitation shall be posted on the Kona Community Hospital website: <http://www.kch.hhsc.org/Procurement/>. This will serve as the official notification to all OFFERORs. In addition, the Issuing Officer will inform the successful OFFEROR of contract award selection by an official “notice of award” letter.

At its discretion and as a courtesy to the OFFEROR the Issuing Officer may issue a “Notice of Posting of Award” to the unsuccessful OFFERORs. However a delay in issuing the notice or the inadvertent omission of such courtesy notice will not extend the protest filing time.

5.2 CONTRACT AWARD DEBRIEFING

If requested, HHSC shall provide a contract award debriefing. The purpose of a debriefing is to inform the non-selected OFFEROR of the basis for the source selection decision and contract award. A written request to the Issuing Officer for a debriefing shall be made within three (3) working days after receipt of non-award letter from HHSC and/or posting of the award of the contract.

5.2.1 CONTRACT DOCUMENT

The contract will be awarded by executing an “Agreement for Goods or Services Based Upon Competitive Sealed Proposals” (hereinafter “CONTRACT”) by HHSC and the successful OFFEROR (hereinafter “CONTRACTOR”). This document will serve as the official, legal contractual instrument between both parties. This document will incorporate (by attachments or reference) the RFP, with any and all addendums; GENERAL CONDITIONS and any SPECIAL CONDITIONS; and the CONTRACTOR’s accepted proposal, with any and all addendums, changes, negotiated agreements, all of which becomes part and whole of the CONTRACT.

A “sample” CONTRACT is located at APPENDIX C. **DO NOT complete or execute the “sample” CONTRACT.**

5.2.2 GENERAL EXCISE/USE TAX

Work to be performed under this solicitation is a business activity taxable under Chapter 237, Hawaii Revised Statutes (HRS), and Chapter 238, HRS, where applicable. Both out-of-state and Hawaii CONTRACTOR are advised that the gross receipts derived from this solicitation are subject to the general excise tax imposed by Chapter 237, HRS, and where applicable to tangible property imported into the State of Hawaii for resale, subject to the use tax imposed by Chapter 28, HRS.

Pursuant to Section 237-9, HRS, the CONTRACTOR is required to obtain and/or possess a valid General Excise Tax License from the Hawaii State Department of Taxation (DOTAX) prior to executing a contractual agreement with a State Agency.

The General Excise Tax License shall be obtained from the DOTAX offices in the State of Hawaii or the DOTAX Web Site and by mail or FAX.

5.3 CONTRACT EXECUTION

Upon receipt of the CONTRACT document, the CONTRACTOR shall have five (5) business days to execute and return the CONTRACT to the Issuing Officer. A copy of the fully executed CONTRACT will be provided the CONTRACTOR within five (5) business days of CONTRACT execution.

Award of CONTRACT may be withdrawn if the CONTRACTOR is unable to meet CONTRACT execution requirements.

5.4 CONTRACT COMMENCEMENT DATE

No work is to be undertaken by the CONTRACTOR prior to the commencement date specified in the **Fully Executed** Contract. HHSC is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the CONTRACTOR prior to the official, notice to proceed "Commencement" date stated in the **Fully Executed** Contract.

APPENDIX A

SAMPLE PROPOSAL TRANSMITTAL COVER LETTER

Dear Mr. McGhan:

(Name of Business) proposes to provide any and all goods and services as set forth in the "Request for Proposals for Competitive Sealed Proposals" to provide "**Kona Community Hospital – Security Services RFP # 24-0264** for which fees/costs have been set. The fees/costs offered herein shall apply for (Please insert applicable period of time).

It is understood and agreed that (Name of Business) have read HHSC's Scope of Services described in the RFP and that this proposal is made in accordance with the provisions of such Scope of Services. By signing this proposal, (Name of Business) guarantees and certifies that all items included in this proposal meet or exceed any and all such Scope of Services.

(Name of Business) agrees, if awarded the contract, to provide the goods and services set forth in the RFP; and comply with all terms and conditions indicated in the RFP; and at the fees/costs set forth in this proposal. The following individual(s) may be contacted regarding this proposal:

Other information:

| | | | |
|-------------------|--|-----------------------|--|
| Business Phone #: | | Federal Tax ID #: | |
| Facsimile #: | | Hawaii GET Lic. ID #: | |
| E-mail address: | | | |

(Name of Business) is a: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Joint Venture Other (Specify) _____

State of Incorporation is: (Specify) _____

The exact legal name of the business under which the contract, if awarded, shall be executed is: _____

(Authorized Bidder's Signature, Printed Name/Title)

APPENDIX B

PROPOSAL SUBMISSION CHECKLIST

*IF SPECIFIC ITEM(S) IS NOT APPLICABLE, MARK WITH "N/A" ---DO NOT LEAVE BLANK.

PLEASE CHECK OFF:

| OFFEROR Shall Check Off Submitted | Proposal Items | HHSC Internal Use ONLY |
|--------------------------------------|---|---------------------------|
| | Proposal Received "On-Time" | <input type="checkbox"/> |
| <input type="checkbox"/> | One (1) Original & three (3) Copies of Proposals | <input type="checkbox"/> |
| <input type="checkbox"/> | Proposal Transmittal Cover Letter: | <input type="checkbox"/> |
| <input type="checkbox"/> | • Official Business Letterhead | <input type="checkbox"/> |
| <input type="checkbox"/> | • Authorized Signature | <input type="checkbox"/> |
| <input type="checkbox"/> | • Required Information | <input type="checkbox"/> |
| <input type="checkbox"/> | Technical Proposal | <input type="checkbox"/> |
| <input type="checkbox"/> | • Summary | <input type="checkbox"/> |
| <input type="checkbox"/> | • Mandatory Requirements | <input type="checkbox"/> |
| <input type="checkbox"/> | • Background, Qualifications and Experience | <input type="checkbox"/> |
| <input type="checkbox"/> | • Personnel Organization and Staffing | <input type="checkbox"/> |
| <input type="checkbox"/> | • Management and Control | <input type="checkbox"/> |
| <input type="checkbox"/> | Price Proposal | <input type="checkbox"/> |
| <input type="checkbox"/> | • Summary | <input type="checkbox"/> |
| <input type="checkbox"/> | • Summary Offer | <input type="checkbox"/> |
| <input type="checkbox"/> | Non Applicable Proposal Requirement(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | Non Acceptance of any RFP Requirement(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | HHSC Furnished Items | <input type="checkbox"/> |
| <input type="checkbox"/> | State of Hawaii Vendor Compliance | <input type="checkbox"/> |
| <input type="checkbox"/> | W-9 & General Excise License | <input type="checkbox"/> |
| <input type="checkbox"/> | HHSC Approved Vendor's Terms and Conditions (if applicable) | <input type="checkbox"/> |
| <input type="checkbox"/> | Proposal Submission Checklist | <input type="checkbox"/> |
| <input type="checkbox"/> | | <input type="checkbox"/> |

APPENDIX C

****SAMPLE ONLY****

HAWAII HEALTH SYSTEMS CORPORATION AGREEMENT FOR GOODS OR SERVICES BASED UPON COMPETITIVE SEALED PROPOSALS

AGREEMENT #: xx-xxxx
(project name)

THIS AGREEMENT, executed on the respective dates of the signatures of the parties shown hereafter, is effective as of **xxx**, between the West Hawaii Region, a division of **Hawaii Health Systems Corporation** (hereinafter "HHSC"), by its West Hawaii Regional Chief Executive Officer, (hereinafter "CEO"), whose address is 79-1019 Haukapila Street, Kealahou, HI 96750, and **[__CONTRACTOR NAME__]** (hereinafter "CONTRACTOR"), a **[__BUSINESS STRUCTURE__]**, under the laws of the State of **Hawaii**, whose business address is **[__CONTRACTOR ADDRESS__]** and FEIN No **[__CONTRACTOR FEIN__]**.

RECITALS

- A.** The HHSC is in need of the goods or services, or both, described in this Agreement and its attachments.
- B.** The HHSC has issued a request for competitive proposals, and has received and reviewed proposals submitted in response to the request.
- C.** The CONTRACTOR has been identified as the responsible and responsive OFFEROR whose proposal is the most advantageous for the HHSC, taking into consideration price and the evaluation factors set forth in the request.

D. The HHSC desires to retain and engage the CONTRACTOR to provide the goods or services, or both, as the case may be, and the CONTRACTOR is agreeable to providing said goods or services, or both.

NOW, THEREFORE, in consideration of the promises contained in this Agreement, the HHSC and the CONTRACTOR agree as follows:

1. **SCOPE OF SERVICES.** The CONTRACTOR shall, in a proper and satisfactory manner as determined by the HHSC, provide all the goods set forth in **Attachment 1 Scope of Services.**
2. **TIME OF PERFORMANCE.** The performance required of the CONTRACTOR under this Agreement shall be executed in accordance with the time period set forth in the **Attachment 2 Time of Performance**, which is made a part of this Agreement.
3. **COMPENSATION.** The CONTRACTOR shall be compensated for services performed under this Agreement pursuant to the provisions as set forth in **Attachment 3 Compensation**, which is hereby made a part of this Agreement.
4. **BONDS.** The CONTRACTOR ☐ (is) or ☒ (is not) required to provide a performance bond.
5. **STANDARDS OF CONDUCT DECLARATION.** The Standards of Conduct Declaration of the CONTRACTOR is attached and is made a part of this Agreement.
6. **OTHER TERMS AND CONDITIONS.** The General Conditions and any Special Conditions are attached hereto and made a part of this Agreement (or, Any Special Conditions are attached hereto and made a part of this Agreement). In the event of a conflict between the General Conditions and the Special Conditions, the Special

Conditions shall control. In the event of a conflict among the documents, the order of precedence shall be as follows: (1) Agreement, including all attachments and addenda; (2) Request, including all attachments and addenda; and (3) Proposal.

7. **LIQUIDATED DAMAGES.** Liquidated damages are applicable.

8. **TECHNICAL REPRESENTATIVE.** The Technical Representative shall have the right to oversee the successful completion of contract requirements, including monitoring, coordinating and assessing performance; and, approving completed work/services with verification of same on invoices. The Technical Representative also serves as the point of contact for the CONTRACTOR for "Technical" matters (non-contractual) from award to contract completion. The Technical Representative is:

Mr. David Frazier, Information Systems Manager
Kona Community Hospital
79-1019 Haukapila Street
Kealahakua, HI 96750
Telephone 808-322-5887 Email: dfrazier@hhsc.org

9. **NOTICES.** Any written notice required to be given by any party to this Agreement shall be (a) delivered personally, or (b) sent by United States first class mail, postage prepaid. Notice required to be given to the CEO shall be sent to: **Kona Community Hospital, 79-1019 Haukapila Street, Kealahakua, HI 96750.** Notice to the CONTRACTOR shall be sent to the CONTRACTOR'S address as indicated in this Agreement. A notice shall be deemed to have been received three (3) days after mailing or at the time of actual receipt, whichever is earlier. The CONTRACTOR is responsible for notifying the HHSC in writing of any change of address.

IN VIEW OF THE ABOVE, the parties execute this Agreement by their signatures,
on the dates below, to be effective as of the date first above written.

HHSC

SIGNATURE: _____

PRINTED NAME: Clayton R. McGhan

TITLE: Regional CEO, West Hawaii
Region

DATE: _____

CONTRACTOR* [__ CONTRACTOR NAME__]

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty percent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State or HHSC, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges.

On behalf of [CONTRACTOR NAME], CONTRACTOR, the undersigned does declare, under penalty of perjury, as follows:

1. CONTRACTOR ☐ IS or ☐ IS NOT a legislator or an employee or a business in which a legislator or an employee has a controlling interest.*
2. CONTRACTOR has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Agreement and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of the Agreement, if the legislator or employee had been involved in the development or award of the Agreement.
3. CONTRACTOR has not been assisted or represented for a fee or other compensation in the award of this Agreement by a State or HHSC employee or, in the case of the Legislature, by a legislator.
4. CONTRACTOR has not been represented or assisted personally on matters related to the Agreement by a person who has been an employee of the State or HHSC within the preceding two (2) years and who participated while in state office or employment on the matter with which the Agreement is directly concerned.
5. CONTRACTOR has not been represented or assisted on matters related to this Agreement, for a fee or other consideration by an individual who, within the past twelve (12) months, has been a State or HHSC employee, or in the case of the Legislature, a legislator.
6. CONTRACTOR has not been represented or assisted in the award of this Agreement for a fee or other consideration by an individual who, 1) within the past twelve (12) months, served as a State or HHSC employee or in the case of the Legislature, a legislator, and b) participated while an employee or legislator on matters related to this Agreement.

CONTRACTOR understands that the Agreement to which this document is attached is voidable on behalf of the State or HHSC if this Agreement was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the State or HHSC.

CONTRACTOR

SIGNATURE: _____

Print Name: _____

Title: _____

Date: _____

ATTACHMENT 1

PROJECT PARAMETERS and SCOPE OF SERVICES

Final Scope of Services will be included in the contract.

SAMPLE ONLY

ATTACHMENT 2

TIME OF PERFORMANCE

1. The CONTRACTOR shall provide the services required under this Agreement for a period from **XX** to and including **XX**, unless sooner terminated or extended as provided.

-OPTIONAL-

2. **OPTION TO EXTEND:** The TIME OF PERFORMANCE of this Agreement may be extended for XX () additional XX () month intervals, subject to mutual written agreement between HHSC and the CONTRACTOR, prior to the end of the current contract period. A Supplemental Agreement will be executed by the CONTRACTOR and HHSC to exercise extensions.

ATTACHMENT 3

COMPENSATION AND PAYMENT SCHEDULE

In full consideration for the services to be performed by the CONTRACTOR under this Agreement, the HHSC agrees, subject to appropriation and allotments, to pay to the CONTRACTOR a total sum of money not to exceed **XXX AND NO/100 DOLLARS (\$XXX.00)** including all applicable taxes and expenses incurred, and in accordance with the following:

A. Total Contract Award. This Total Sum shall include any and all taxes, shipping and handling and other miscellaneous costs to complete the work required in the Scope of Services.

B. Invoicing Schedule. Contractor shall invoice Hospital in accordance with the following:

1. This is a Fixed Price Agreement.
2. Travel costs are not allowable.
3. If the not-to-exceed value is insufficient, Hospital may, at its sole discretion, issue a supplement agreement in accordance with its procurement policies.

C. Payment Guidelines

4. Company shall provide W-9 and Certificate of Insurance upon Contract Award.
5. **The Contract Number (xx-xxxx) and Payment Milestone Number must appear on every Invoice.**
6. The "Invoice To" must be "Kona Community Hospital" and "Kohala Hospital".
7. The "Remit To" name on your invoice must match your company name as you are registered with the State of Hawaii and the name stated in Contract.
8. If the "Remit To" address on the invoice is different from the address stated on the face of the Contract, we must state the "Remit To" address in Contract.

Invoice shall be transmitted to: Technical Representative,
dduber@hhsc.org

****** If your invoice does not contain your contract number, it may be rejected and payment delayed. ******

ATTACHMENT 4

HHSC GENERAL CONDITIONS

(Immediately following this page).

SAMPLE ONLY

APPENDIX D

AGENDA FOR PRE-PROPOSAL CONFERENCE WITH TOUR OF HOSPITAL FACILITIES

| General Information | | |
|---|--|---|
| Date | Friday, February 16, 2024 | |
| Location | <p>Kona Community Hospital Meet in front of Special Services Building, near Security Officers. Get a Visitor's Badge. 79-1019 Haukapila Street Kealahou, HI 96750</p> <p>Due to limited parking, you may want to arrive early in order to secure a parking spot.</p> <p>Kohala Hospital Meet in front near Security Officer. Get a Visitor's Badge. 54-0383 Hospital Road Kapaa, HI 96755</p> | |
| Points of Contact | <p>Hospital Technical Representative David Duber Regional Director of Facilities Email: dduber@hhsc.org Office 808 322-4495</p> | <p>Contracts Management Yvonne S. Taylor, Sr. Contracts Manager West Hawaii Region Email ytaylor@hhsc.org Direct (808) 322-4442 <i>AND</i></p> <p>Michelle Gray, Contracts Assistant II Email: mgray@hhsc.org Direct: (808) 322-5830</p> |
| <i>Agenda – Kona Community Hospital</i> | | |
| 8:45 am – 9:00 am | Check In at Officers' Stand for Visitor Badges. Vendors must have a signed confidentiality agreement, either already submitted or brought to the meeting. | |
| 9:00 am – 9:15 am | Briefing in front of hospital | |
| 9:15 am – 9:45 am | Hospital Tour | |
| 9:45 am – 10:30 am | If needed, Questions and Answers (In Conference Room) | |
| <i>Agenda – Kohala Hospital</i> | | |
| 12:45pm – 1:00 pm | Check In at Officers' Stand for Visitor Badges. | |
| 1:00 pm – 1:15 pm | Briefing in front of hospital | |
| 1:15 pm – 1:45 am | Hospital Tour | |
| 1:45 pm – 2:30 pm | If needed, Questions and Answers (In Conference Room) | |

APPENDIX E

RFP CONFERENCE RESERVATION FORM

Submit completed forms to Issuing Officer by the date shown in Figure 1 of the solicitation.

| Conference Information | |
|------------------------|-----------------------|
| RFP No: | 24-0264 |
| RFP Title: | WHR Security Services |

| OFFEROR Information | | |
|---------------------|--|----------|
| Business Name | | |
| Street Address | | |
| City | | |
| State | | Zip code |

| Priority | Attendee Name, Title | Email Address | Role in RFP Process | Will Attend Meeting & Hospital Tour |
|----------|----------------------|---------------|---------------------|-------------------------------------|
| 1 | | | | <input type="checkbox"/> |
| 2 | | | | <input type="checkbox"/> |

Due to space constraints and to avoid disruption to Hospital operations, it is necessary to limit the number of attendees to two per company. Please limit Hospital Tour participants to those individuals that have a need to view the work areas in order to prepare the OFFEROR's proposal. This will be your only time to view the jobsite unless, due to demand, a subsequent site visit is scheduled for all participating OFFERORs.

An executed Confidentiality Agreement (Appendix F) from each attendee is necessary to participate in the RFP Conference.

APPENDIX F

MANDATORY HOSPITAL TOUR CONFIDENTIALITY AGREEMENT

I understand that while attending the hospital tour, I may hear patients discussing their health information and I may see someone I know. I understand that I cannot disclose this confidential information to friends, relatives, co-workers or anyone else.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at Kona Community Hospital and Kohala Hospital. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

OFFEROR

Signature: _____

Company: _____

Name: _____

Title: _____

Date: _____

[THE REMAINDER OF THIS PAGE IS LEFT BLANK INTENTIONALLY.]

APPENDIX G

PRICING SUMMARY TEMPLATE

NOTE: OFFEROR MAY PROVIDE ITS OWN PRICING FORMAT – MUST BE CONCISE AND EASY TO UNDERSTAND

COMPANY:

| Item | Billing Rate Per Hour | Total Billing Per Week | Total Billing Annualized |
|--|--------------------------|---------------------------|-----------------------------|
| Shift Supervisor | | | |
| Security Officer | | | |
| Shift Differential (evenings) | | | |
| Shift Differential (nights) | | | |
| Shift Supervisor (OT) | | | |
| Security Officer (OT) | | | |
| <i>Blank lines if Offeror wants to add items</i> | | | |
| | | | |
| | | | |

APPENDIX H

CONTRACTOR GUIDELINES HANDBOOK

(immediately following this page)