



NOVEMBER 2018

BEST PRACTICES:

HEALTHCARE SUPPLEMENT

WHAT'S INSIDE:

By their nature, healthcare facilities can be a focal point for stress and tension. To keep workers, patients, and visitors safe, a comprehensive workplace violence prevention program focused on spotting and de-escalating potentially violent situations is essential. **Pages 2-3**

Detex

Our world is full of threats. There are steps you can take – some that you may not have considered – to mitigate the threat before it arrives at your front door.

Page 6

Dataminr

Social Media and Alternative Data. Helps Hospitals During Natural Disasters.

Page 4

WORKING TO REDUCE INCIDENTS OF WORKPLACE VIOLENCE

De-escalation is the key to keeping workers safe.



ILLUSTRATION BY ISTOCK

ASIS Content Development Director Scott Briscoe recently spoke with Keith McGlen, CPP, CHPA (Certified Healthcare Protection Administrator) about the acute challenges experienced by healthcare facilities. McGlen has 29 years of healthcare security experience and is a longtime member of the ASIS Healthcare Security Council. The following interview was edited slightly for length and clarity.

In your experience, what is the top challenge faced by security leaders in a healthcare facility?

It has been prevalent for a long time, but workplace-related violence has been getting a lot more attention by security professionals in the last few years. This is especially true at health-care facilities, where the atmosphere is often emotionally charged and where people are often in pain, are suffering, or are experiencing a significant event of some kind. No one going to the emergency room is having a good day.

What types of security issues arise in such an environment?

There is a litany of potential security-related issues within such an environment. When you are overseeing a facility that is serving the public, there

are a lot of interactions with many different personalities, and sometimes these interactions lead to conflict. Healthcare care facilities have to be open to the public to properly service the community. This presents unique challenges for security professionals who must weigh the balance of perceived openness versus measures to ensure the safety of the people who work in the facility. In the emergency department for example, priority is assigned based on clinical triage rather than first-come, first-served. Sometimes that's not an easy concept for people who are suffering, or whose loved one is suffering, to understand. On the other hand you have people who resist treatment and sometimes pose a risk to healthcare workers by their behavior. In healthcare facilities, we're seeing a lot more patients with mental health issues or who are impaired by drugs or alcohol. Often there is spillover from what happened outside the facility, as with gang-related incidents. These situations increase the likelihood of an incident of violence occurring within the facility. There are also instances of targeted violence directed at staff. For instance, I've seen instances where an employee—often these are large facilities with hundreds of employees—and

one of them has a domestic issue where they don't feel safe and have moved out. The abuser may not know where the employee is living, but they do know where they work. These are all very difficult situations for our staff to have to navigate.

What is the job of security in such an environment?

Our nurses, doctors, techs, and other personnel are all trying to do their jobs in the midst of all of this. Simply stated, our job as security professionals is to ensure that our clinical colleagues can go about doing the work of taking care of patients having a sense of security in their work environment. Organizations have to work hard to create and maintain an atmosphere where everyone—patients, visitors, staff—function in an environment free from violence.

How do you do that?

It's essential that the organization develop a robust workplace violence prevention and intervention program. As part of that program, a policy and procedure must be created which articulates the organization's commitment to a violence-free workplace and it must be a top-down

driven plan. The organization's most senior executives have to endorse and actively support the program. Essential elements of the plan include: A clear definition of what behaviors are prohibited, an identified mechanism for how employees can report potential and actual incidents of violence, information on how incidents of potential violence (targeted violence) will be investigated as assessed, and the requirement that all incidents be reported. There also must be a mechanism in place to track incidents to identify trends and adjust procedures as needed. In healthcare, employees should receive initial and ongoing training in aggression management.

How does a workplace violence prevention plan at a healthcare facility differ from one at another place of business?

Violent incidents can happen at any workplace, however healthcare workers face a disproportionate threat of violence. Given the environment I described—the often charged environment—and the variety of ways our workers are potentially exposed to violent activity, the most important component of the plan is employee awareness and aggression management and de-escalation training. Staff members are taught how to effectively respond to lower-level behaviors with the intent of de-escalating a situation that otherwise could lead to physical violence. Staff members are also taught personal protection techniques and strategies to safely disengage and get to safety in the event of a violent episode. Being able to spot situations that are beginning to escalate early on, and employ techniques to try to de-escalate a situation before it turns violent, are critical.

How does de-escalation work? If someone has not done anything threatening, there would not appear to be anything to de-escalate.

De-escalation training is not just about addressing individuals who are causing

a disturbance – yelling etc. De-escalation training is about engaging behaviors proactively throughout the entire spectrum on the road to potential violence. For example, someone in the emergency room who is exhibiting signs of anxiety level behavior – concerned with the wait time for a loved one to be seen by a physician. Perhaps that individual has responded to the triage desk several times asking what is taking so long. The individual's behavior, while not violent at this point, is beginning to escalate with visible signs of stress and irritation. Staff in this instance can be supportive to counteract what is occurring with this person. De-escalation training teaches strategies to effectively address these lower-level behaviors with the goal of preventing an escalation which could result in violence. This training is highly effective when implemented as prescribed.

What else is in the workplace violence prevention plan?

Another important part is just building a culture of respect and trust between the hospital staff interacting with patients and the public and the security staff. You work to build that trust in the trainings and the meetings, so that in the workplace they are communicating with each other and they're working in an environment that is bolstered by mutual respect.

What kind of breakdowns in the plan are most common?

It's easy to get busy and dismiss what signs of escalating behavior. Sometimes staff may not employ the principles of the training program in the field, and the results can be less than optimal. It's important to bring the security staff into a situation when tensions begin to increase. Security staff can attempt to help de-escalate if necessary. Too often, security doesn't get called until someone is yelling and screaming and throwing a chair, and it's too late at that point. And sometimes you do everything right,

and a situation still escalates. In those cases, having followed the process well and there's a still a blow-up, you can at least generally minimize the damage it causes.

Are there technological solutions to aid workplace violence prevention?

Oh sure. Many facilities have cameras. Like with so much else, communication is the key. Security might be monitoring many cameras. Getting a message to the camera monitor that says, "hey, something doesn't feel right," will allow them to be another set of eyes looking for clues of an escalating situation.

Access control is another technological approach. In those places that have the highest security sensitivity—emergency, for example—you want to have access control in place to try to keep people from going where they shouldn't and to give staff places of safety to retreat to. You want to think about design of spaces, and train staff to be thinking about egress from a room just in case they need to get out of harm's way.

Duress alarms are another technology item. Some facilities have certain personnel carry panic devices with geocoding so that security can be notified of a critical emergency and know exactly where the call is coming from.

Any additional thoughts?

We have an obligation to our employees to provide the safest work environment possible. With so much going on at healthcare facilities, and so much of it happening when people are dealing with difficult issues, it's never going to be a risk-free environment. By putting together a well-thought-out plan, getting buy-in on the plan from the very top of the organization through to every employee, regular training, and learning and adapting based on circumstances, then you are fulfilling that obligation.

SOCIAL MEDIA AND ALTERNATIVE DATA

Helps Hospitals During Natural Disasters

Extreme weather and natural disasters are always a concern for healthcare facilities, and in today's world, storms are occurring with greater severity and frequency than ever before. In September, Hurricane Florence brought historic flooding to the Carolinas. The storm caused thousands of patients in hospitals and nursing homes across the states to be evacuated. Florence was just the latest major storm to have serious consequences for healthcare facilities. As another hurricane season comes to a close, past hurricanes, like Florence, offer lessons that can improve hospital response during these inevitable crises.

As Hurricane Florence demonstrated, natural disasters wreak havoc on infrastructure. Early estimates of the damage to homes, businesses and public infrastructure total \$20 billion. During the storm, the Carolinas experienced fires, gas leaks, water disruptions and power outages, all of which could threaten a hospital as well as those receiving treatment inside. This is why hospital security directors and emergency management teams need real-time information about all local breaking events during extreme weather. Police and news supply some of this information, but public social media posts and other alternative public data can be valuable sources of real-time knowledge. Simply put, social posts, often created by eyewitnesses, are the quickest way to learn of events as they happen.

Consider a fire in a building near a hospital. Given the unpredictability that accompanies a natural disaster already underway, emergency services may be overwhelmed. There can be gaps in communication and lags in response due to the volume of emergency situations. In these cases, hospitals may remain in the dark about this nearby security threat. However, security teams that use emerging technology to harness insights from



PHOTO ILLUSTRATION BY ISTOCK

public online data aren't beholden to official channels. They can learn of relevant incidents independently and assess risks immediately. This helps security directors decide if they need to close a hospital wing, reroute incoming patients to other facilities, or evacuate.

Perhaps the most obvious threat to a hospital's functionality is a disruption to ambulances. With real-time alerts derived from public social media data, the security director and emergency management team can better understand ground conditions that affect ambulance routes. Details about downed trees, fallen power lines, and roads underwater are regularly posted online. These frequent occurrences are sometimes absent from typical information channels, but are essential to know when battling the elements to get patients through hospital doors.

Similarly, this information is critical to hospital staff because it impacts their ability to get to work. With real-time awareness of these events, hospital communications teams can notify staff of issues as they arise, thereby giving them a chance to alter routes or, if safety dictates, stay in place.

Real time alerts from social posts can also aid in preparing for patients. For example, during Hurricane Harvey, 911 lines were inundated and people needing rescue posted pleas for help online when they could not get through to emergency operators. Hospitals receiving alerts about people needing rescue could anticipate patient arrivals and ready resources to treat them.

Given the hyper-chaotic nature of hurricane coverage, it is easy for details to be overlooked and go unreported by traditional media. That is why social media and alternative information streams are essential datasets. When coupled with AI and machine learning, hospital security directors can distill the relevant facts from the sea of extraneous information. For hospital security professionals responding to a natural disaster, they can quickly identify threats posed to patients, staff and infrastructure in a time of untold discord and confusion. By operating with real-time social media alerts, security, operations and emergency management teams can make the right calls quickly so that their hospitals remain up and running even in the most trying times.

DATAMINR CORPORATION
www.dataminr.com
 646.701.7826
info@dataminr.com





KNOW FIRST. ACT FASTER.

Real-time alerts
help hospital teams
mobilize quicker

OUR WORLD IS FULL OF THREATS

There are steps you can take — some that you may not have considered — to mitigate the threat before it arrives at your front door.



Prevention is the key.

How do you allow authorized staff to move freely through your facility, but still allow egress during an emergency? Are you vulnerable to attacks by staff, patient or stranger?

We give threats little thought until the unthinkable happens and then we scramble to ensure our staff and patients are not exposed to such a threat. Examining security and safety on your campus can help prevent these threats from materializing. Enhance life safety and security measures on your campus with the addition of cutting-edge technology that works in conjunction with your existing systems, such as:

1. Perimeter emergency exit and access control
2. Lockdown systems

1) Perimeter emergency exit and access control Where life safety codes restrict traditional locking of these gates, weatherized delayed egress may be an acceptable application, depending on the authority having jurisdiction. Weatherized delayed egress systems provide staff time to react before the gate unlocks and helps to avoid a dangerous situation, and are tied into a fire alarm override, providing undelayed exit during a fire emergency.

2) Lockdown Systems

One way to lock down your campus that has been overlooked is the use of exit

devices with electric dogging. When installed throughout a facility, electric dogging allows all locking devices to be “energized” by one control switch that can be located in a centralized area.

Put all the right pieces in one place for complete peace of mind.

Ensuring all the pieces of technology will work together is key. Ensure the supplier understands your needs, offers time-tested products, and can support the installation.

For more information, visit www.detex.com/hc

DETEX CORPORATION

www.detex.com/hc
 Kent Nelson • 800.729.3839
gkn@detex.com



CUTTING EDGE

The new quarterly supplement from *Security Management* examines technological solutions to security challenges. *Security Technology* features in-depth articles about revolutionary technologies, case studies, and thought leadership pieces from industry experts.

SECURITY TECHNOLOGY

IT INNOVATIONS DRIVE VIDEO SURVEILLANCE

Big data, the Internet of Things, and other change drivers are transforming the video security market. [p02](#)

THE BENEFITS OF REMOTE MONITORING

Remote surveillance services can cut costs, improve business efficiencies, and enhance security. [p04](#)

REDUCING RISK WITH REGULAR AUDITS

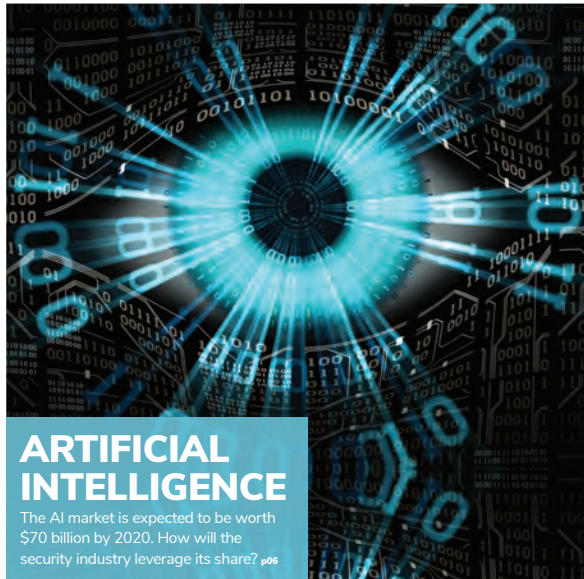
Security departments can save money and meet compliance by regularly conducting self-audits. [p05](#)

MIVATEK SMART CONNECT ENHANCES ELDER CARE

A retirement community in Japan utilizes a hub that connects multiple sensors and a reporting app. [p10](#)

A SUPPLEMENT OF SECURITY MANAGEMENT

SEPTEMBER 2018



ARTIFICIAL INTELLIGENCE

The AI market is expected to be worth \$70 billion by 2020. How will the security industry leverage its share? [p06](#)

Illustration by Shutterstock

Watch for the next issue, bundled
with December's *Security Management*.

SECURITY
MANAGEMENT

ASIS
INTERNATIONAL



Protecting Health & Budgets for a Lifetime



Durable LifeSaver™ Locks ensure a lifetime of advantages for the health of your patients, facility & budget

- **Lifetime Warranted* Life Safety Lock Series** for managed liability, accident prevention and security in behavioral & health care institutions (and correctional facilities)
- **Matching Models for Every Door** – Cylindrical, mortise styles, models & functions available, including electrified units, ideal for buss-in/nurse station applications; plus antimicrobial finishes
- **Saves Budgets** - Typically 40% less cost than competitive products, while exceeding durability standards by as much as 400%
- **Ideal for Retrofit or New Construction** – Easy, aesthetic installation for all popular preps and door constructions
- **Facility-Friendly & Longest Life** – ANSI 156.2 Grade 1; UL 3-Hour Fire Rated
- **Anti-ligature Models** – Ergonomic shape and construction restricts the attachment of lines, laces, etc.



Gurney-Activation Strong

Push/Pull Paddlesets - Superior Strength, Durability & Ease of Use

- **Maximum Durability Over 3.1 Million Cycles.** Exclusive cylindrical chassis (not tubular) - 3X the ANSI Grade 1 Rating (ANSI 156.2)
- **Attractive Stainless Steel** – Neatly retrofits over all existing trims
- **Easiest Hands-Free Entry** with shortened angle and less force required

LifeSaver™
by MARKSUSA®



For a No-Obligation Site Needs-Analysis Contact Marks Today!

1-800-526-0233 • salesinfo@marksusa.com • www.marksusa.com

Lifesaver is a trademark of Marks USA/ Napco Security Technologies. Lifetime Warranty is a lifetime mechanical warranty, see full details online or scan QR code above. For product info #S5 securitymgmt.hotims.com