Regulations on Plan Development

In developing your plan, you must consider guidelines or standards on violence in health care facilities.

- Federal Occupational Safety and Health Administration (OSHA)
- Centers for Medicare and Medicaid Services (CMS)
- The State of California – Health and Human Services Agency - Department of Public Health
- Division of Occupational Safety and Health, (CalOSHA)
- The Joint Commission (TJC)
- Other regulatory and licensing authorities
Active Shooter Planning

• If your facility has the misfortune of being the site of an active shooter event of any magnitude, lives will be lost unless you have provided staff members with training and tools.

• Active shooter training must focus on rapid recognition of an active shooter event, stress inoculation and decision-making skills for staff, facility-wide communication and an announcement of the event, and the implementation of a safety action plan based on the movements of the offender.
Risk & Vulnerability

• “Like it or not, every organization is vulnerable to workplace violence, regardless the size or type. An incident of workplace violence can be devastating to an organization – to its bottom line, to employee morale, to employee retention and recruitment, and to its reputation and brand.

  “Chubb, “Managing Threats of Violence in the Workplace” 2012

• “Impenetrable hospital security in an open society represents a particular challenge, and zero risk is not achievable.”

  The Joint Commission
Elephant In The Room

- Is running abandonment?
- Is there an ethical or moral obligation to stay?
- Can you require someone NOT to run?
- Helpless patients
  - Operating room
  - Ventilators
  - Non-ambulatory
  - Hearing and visually impaired
  - Delivery of babies
  - Behavioral Health
Active Shooters in Healthcare Environments: Protecting Patients, Staff, and Visitors

Are You Vulnerable?
Risk Assessment

In all probability, each of us completes a Hazard Vulnerability Analysis (HVA) annually as required by standards and regulations.

This is not enough...

An HVA is retrospective.

Conduct a realistic security assessment to determine the organization’s vulnerability to an active shooter attack.

“NO THIN SKINS and KNOWLEDGE IS NOT POWER”
Determining High-Risk Areas
Track and Trend

• Crime or incident data is a good place to start the assessment
• All security departments should be completing and collecting incident reports
• Data sorted by location will determine areas of risk based on a high frequency of incident occurrence
• Statistics from local police on crimes committed around the facility is a good indicator for the potential of risk
• Code Gray – Security required for patients, families and visitors
Organizational Risk Factors

- Lack of facility policies and procedures
- Staff training for recognizing and managing, escalating hostile and assaultive behaviors from patients, clients, visitors, or staff
- Inadequate security staff
- Lack of mental health personnel on site
- Higher employee turnover
- Working understaffed — mealtimes, visiting hours
Organizational Risk Factors

- Long waits for patients or clients
- Overcrowding in waiting rooms
- Uncomfortable waiting rooms
- Unrestricted movement of the public with the facility and clinics
- *Perception violence is tolerated and victims will not be able to report the incident to police and/or press charges*
Patient, Client Risk Factors

- Working directly with people who have a history of violence
- Working alone in the facility
- Poor environmental design – block escape
- Lack of means of communication
- Prevalence of firearms, knives and other weapons among patient and their families and friends
- Working in high crime rate neighborhoods
Frictions and Misunderstandings

- Inherent conflict in every superior-subordinate relationship
- Different goals, priorities and experiences
- Unintended messages from non-verbal communications
- Inter-cultural differences affecting personal space, touch, voice, eye contact
- Generational differences
- Everyone is under the influence of something, whether its romantic/social disappointment, school and/or work pressures, money problems, etc.
- Differences in the way we and others see our selves
Workplace Security/Risk Analysis

• Identify jobs and locations with the greatest risk of violence as well as processes and procedures that put employees at risk of assault, including how often and when

• Analyze your data and note high risk factors – types of patients; physical risk factors related to building layout or design; isolated locations and job activities; lighting; lack of phones and communication devices; areas of easy, unsecured access; and areas with previous security problems.
High Risk and Security Sensitive Areas

- ICUs
- Maternity
- Pediatrics
- The Emergency Department
- Pharmacy
- The Operating Rooms
- Psychiatry
- MRI
- HaZMat Areas – Medical Gases
- Long – Term Care – “Packs” between spouses/family
Special Areas/Topics

Law Enforcement “Need To Knows”

• Hazardous Materials on Site
  – Chemical Storage Areas (Chlorine, Fuels)

• Isolation Rooms
  – Infectious Disease/Quarantine areas

• Specialty care units – NICU/PICU/ICU/MC/OR

• MRI – “The Magnet is Always On”
  – Zones 1-4 = Joint Commission

• Radiation Laboratories and materials

• Medical gases – oxygen, nitrous oxide, carbon dioxide
“Open Door” Policy
Is this a Risk?

• Healthcare facilities are traditionally viewed as a safe refuge from terrorism and violence

• Many of our facilities often lack processes to control who enters our building. Most facilities do not have a system in place to confirm an individual’s purpose and identity, or to ensure that they don’t have weapons. (Best Practice: Drivers license against databases)

• Many organizations have poorly trained volunteers to control staff entrances. These volunteers lack both authority and ability to stop trespassers.
Risk Factors

• Unrestricted movement of the public in clinics, hospitals, long term care facilities, mental health facilities, outpatient services, etc..

• Long waits in emergency or clinic areas can lead to patient/client frustration over an inability to obtain prompt services

• Low staffing during times of increased activity, such as mealtimes, visiting times and when staff are transporting patients

• Night shift staff greatest risk of workplace violence, but not active shooters
Health Care Provider Associated Risks

- Dealing with medically compromised family members
- Delivering negative outcome information
- Emergency Department and urgent care clinics, some of our more in more dangerous areas
- Lack of staff training in recognizing or managing hostile or assaultive behavior or sounds of gunshots
- Reduced budget which impacts personnel, security systems, and training
- Resource Restrictions
Mental Health
A Risk for Providers Today:

• Increasing acute and chronic mentally ill patients released without follow-up care

• These patients have a right to refuse medication, medical treatment or being hospitalized involuntarily unless they pose an immediate threat to themselves or others

• Mental Health Issues
  ✓ Psych Units or services may or may not be part of the hospital
  ✓ Undiagnosed Psych Patients presenting for services
  ✓ Co morbidity, where one is behavioral health
Risk Factors to Consider

- Violent incidents committed on healthcare providers by patients with drug and alcohol problems are increasing.
- Availability of drugs or money at hospitals, clinics, pharmacies, making them likely targets.
- Increased use of hospitals by law enforcement for criminal holds, care of acutely disturbed, and violent individuals.
- Prevalence of handguns and weapons among patients, families or friends.
- Increased gang member presence (300+ CA).
Mitigation Strategies

- Adequate number of accessible panic buttons
- Optimal lighting
- Defined emergency escape routes
- Declaratory gun-free signage
- Curtailment of point of ingress and egress
- Authentication of visit destinations
- Off duty police officers
- Provider based police department
- Handheld magnatometers
- Walk thru metal detectors
Mitigation Strategies
Management Support

• Conducting formal workplace violence risk assessment
• Increasing security – admin. & eng. Controls-manned closed circuit television
• Developing contingency plans
• Developing crisis and media communications plans
• Reviewing insurance coverage and verifying coverage's and exclusions
• Identifying a defensive strategy
Mitigation Strategies
Management Support

- Encouraging employees to report threats or violent behavior
- Establishing termination policies
- Providing post termination counseling
- Training all employees in the warning signs of aggressive or violent behavior
- Training management in threat assessment and de-escalation techniques
Sansum Clinic
Active Shooter Mitigation Program

Michael Yee, RN,
Director of Nursing/Safety Officer, Sansum Clinic
Physical Plant Measures – Secure Non-Public Buildings and Doors

Combination locks

... or Key Card Access
Physical Plant Measures for Patient Areas (Cannot be locked during Business Hours)

The Sleeve (outward opening doors)

The Door Bars & Stops (Inward Opening Doors)
Social Engineering Security Measures

Consultants Hired to Do “Penetration Studies”

- “Tailgating” after staff
- False Pretense Entries (posing as auditors, repairmen)
- Entering Buildings with Fake IDs
- Photographing of Building Layouts
Three Levels of Mitigation Program

• **Corporate Level** – Develop “Code Silver – Active Shooter Response Policy” and incorporate into the “Emergency Response Binder”, to be distributed to all 23 sites

• **Site Manager Level** – Develop site specific Response Plans and Tactics

• **Staff Level** – Personally participate in Training, Site Orientation and Walkthroughs/Drills
Goals of Mitigation Program – Beyond Learning Tactics

• Engender “Buy-In” at all levels:
  – Corporate – for financial support
  – Management – employee time commitment
  – Staff – Personal investment
• Initiate “Two-Way Communication between management and staff
• Remove sense of self-helplessness
• Promote self discovery of strengths and limitations
Santa Barbara County Public Health Department
Security Assessment

Marc Goldsmith, Safety Officer
Security Assessment:

Goals of Assessment:

➤ Promote Health & Safety of PHD staff through:
  ❖ Engineering controls
    ▪ Physical barriers
    ▪ walls,
    ▪ bullet resistant glass
    ▪ electronic locks
    ▪ etc.
  ❖ Administrative controls
    ▪ Policies / Procedures / Training

➤ Identify Vulnerabilities:
  ❖ Common areas where staff and public interact
    ▪ HCC patient admissions
    ▪ Front desks at
      ▪ Animal Services,
      ▪ Environmental Health Services
      ▪ WIC
  ❖ Limiting public access to entire buildings
Security Assessment

After the Assessment:

- **Analyze Proposed Corrective Actions:**
  - Discuss at PHD Safety Committee
  - Form a subcommittee to prioritize
  - Set timeframe for completion

- **Implement Corrective Actions:**
  - Engineering Controls
  - Administrative Controls
Lanyards and Emergency Color Codes:

- **Lanyards:**
  - Issued to PHD Employees
    - Break in 3 sections
    - Prevent entrapment
    - Prevent choking

- **Emergency Color Codes:**
  - Overhead paging
    - Features Active Shooter ‘Code Silver’
    - Most buildings feature overhead paging or telephone zone page systems
    - Developing coordinated responses to each code
    - Training provided to employees
    - Will begin drilling soon