TJC Workplace Violence Prevention Expectations

A JCR Custom Education Program for:

14th Annual MDCHPC Symposium Mitigating Emerging Threats Through Preparedness

April 11, 2024

Robert N. Neil, MBA-HA, CHFM, CHSP
Principal Consultant/Practice Leader
Joint Commission Resources, Inc.

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- Please place your cell phones & microphones on mute as a courtesy to other participants.

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Program Objectives

Upon completion of this program, participants will be able to:

Understand The Joint Commission Workplace Violence Prevention Expectations

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May 2023 Shooting - Atlanta, Georgia

2 Nurses Assaulted Every Hour

2 nurses assaulted every hour, Press Ganey analysis shows

Erica Carbajal - Thursday, September 8th, 2022

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More than 5,200 nursing personnel were assaulted in the second quarter of 2022, with patients being the largest source of violence, according to newly released data from Press Ganey.

In the second quarter of 2022, an analysis of Press Ganey's National Database of Nursing Quality Indicators showed that on average, two nurses were assaulted every hour. That translates to about 57 assaults per day and 5,217 per quarter, according to findings published Sept. 8. The findings are based on the organization's analysis of 483 U.S. facilities in its national database.

The majority of aggressors are patients, Press Ganey found. Psychiatric units and emergency departments saw the highest number of assaults, while obstetrics and neonatal intensive care units had the lowest number of reported nurse assaults.

"Nurses take an oath to do no harm, and many put their own safety and health at risk to help a patient. However, violence should not be considered 'just part of the job,'" said Jeff Doucette, DNP, RN, chief nursing officer at Press Ganey. "What's especially concerning about these numbers is that they are likely even higher, as assaults generally go underreported by healthcare professionals — and nurses in particular."

Centers for Medicare & Medicaid Services (CMS)

QSO-23-04-Hospitals Workplace Violence

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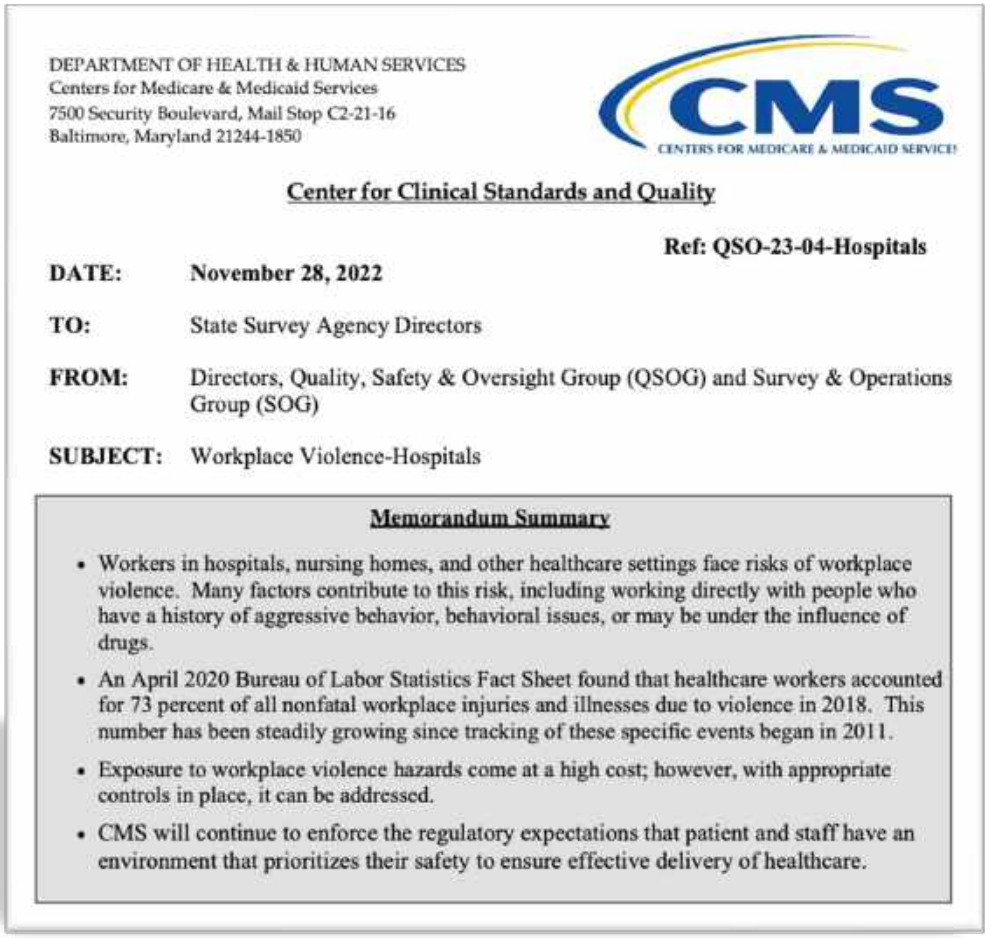
CMS QSO-23-04-Hospitals

- CMS sent a Quality, Safety & Oversight memo to State Survey Agency Directors regarding workplace violence in hospitals on November 28, 2022.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Ref: QSO-23-04-Hospitals

DATE: **November 28, 2022**

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Workplace Violence-Hospitals

Memorandum Summary

- Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs.
- An April 2020 Bureau of Labor Statistics Fact Sheet found that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking of these specific events began in 2011.
- Exposure to workplace violence hazards come at a high cost; however, with appropriate controls in place, it can be addressed.
- CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare.

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CMS cited an April 2020 Bureau of Labor Statistics Fact Sheet that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence

CMS and TJC have both increased focus

Joint Commission Resources

CMS QSO-23-04-Hospitals

- The memo reiterates that hospitals have a regulatory obligation under the Medicare Conditions of Participation to care for patients in "an environment that a reasonable person would consider safe" including following "current standards of practice for patient environmental safety, infection control, and security."

CMS QSO-23-04-Hospitals

- The memo includes several items hospitals must implement including:
  - Identifying patients at risk for intentional harm to self or others, identifying environmental safety risks for such patients, and providing education and training for staff and volunteers;
  - Implementing a patient risk assessment strategy tailored to individual department needs;
  - Having an emergency preparedness plan based on a documented, facility-based and community-based risk assessment; and
  - Requiring hospitals to train staff and to have policies and procedures aimed at protecting both their workforce and their patients
- CMS notes examples of hospitals previously cited for these violations which placed both patients and staff at risk.

Workplace Violence Prevention

Examples of Noncompliance

- No annual worksite analysis
- Inadequate worksite analysis
- Failure to designate a leader
- Lack of multidisciplinary team
- Lack of Governing Body reporting
- Inadequate training
- Staff unfamiliar with their role
- Inadequate reporting process
- Known issues/risks unaddressed

Impact of Noncompliance

- Staff feel unsupported/undervalued
- Increased number of incidents
- Organizations unaware of the true hazards and risks present
- No path or direction for program
- Actions taken don’t represent all hazards and disciplines
- Governing Body not equipped to help address issues

Conflicting Priorities

- Easy access for family and visitors versus restricted single points of entry
- Desire for open welcoming spaces versus adding institution style security hardware such as metal detectors, doors and turn styles.
- Having adequate security measures such and cameras coupled with the resources to monitor

Workplace Violence Prevention
Program Dashboard

Workplace Violence Prevention Program Dashboard

Designated Leader:
Director, Public Safety

Multidisciplinary Threat Assessment Team:

- Safety Officer
- Risk Management
- Security
- Human Resources
- Team Member Health
- Quality and Patient Safety
- Nursing
- Education

As of:
May 2023

Annual Worksite Analysis (Last Completed):

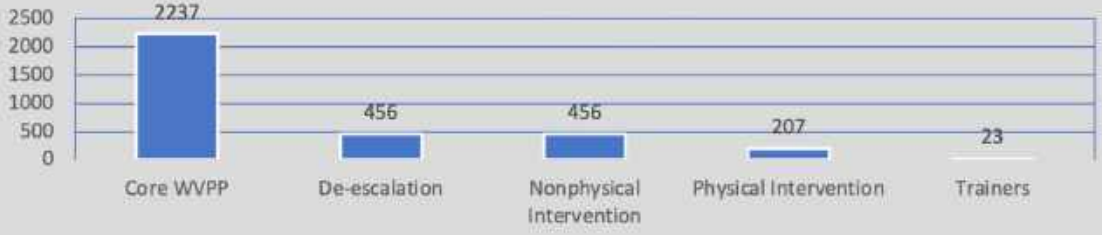
- Hospital A (February 2023)
- Hospital B (May 2023)

Actions taken to mitigate risks documented on Action Log.

Report to Governing Body (Last Completed):

- Quality and Patient Safety (May 2023)

Training and Education:



Workplace Violence Incidents (YTD Listed by NIOSH Type):

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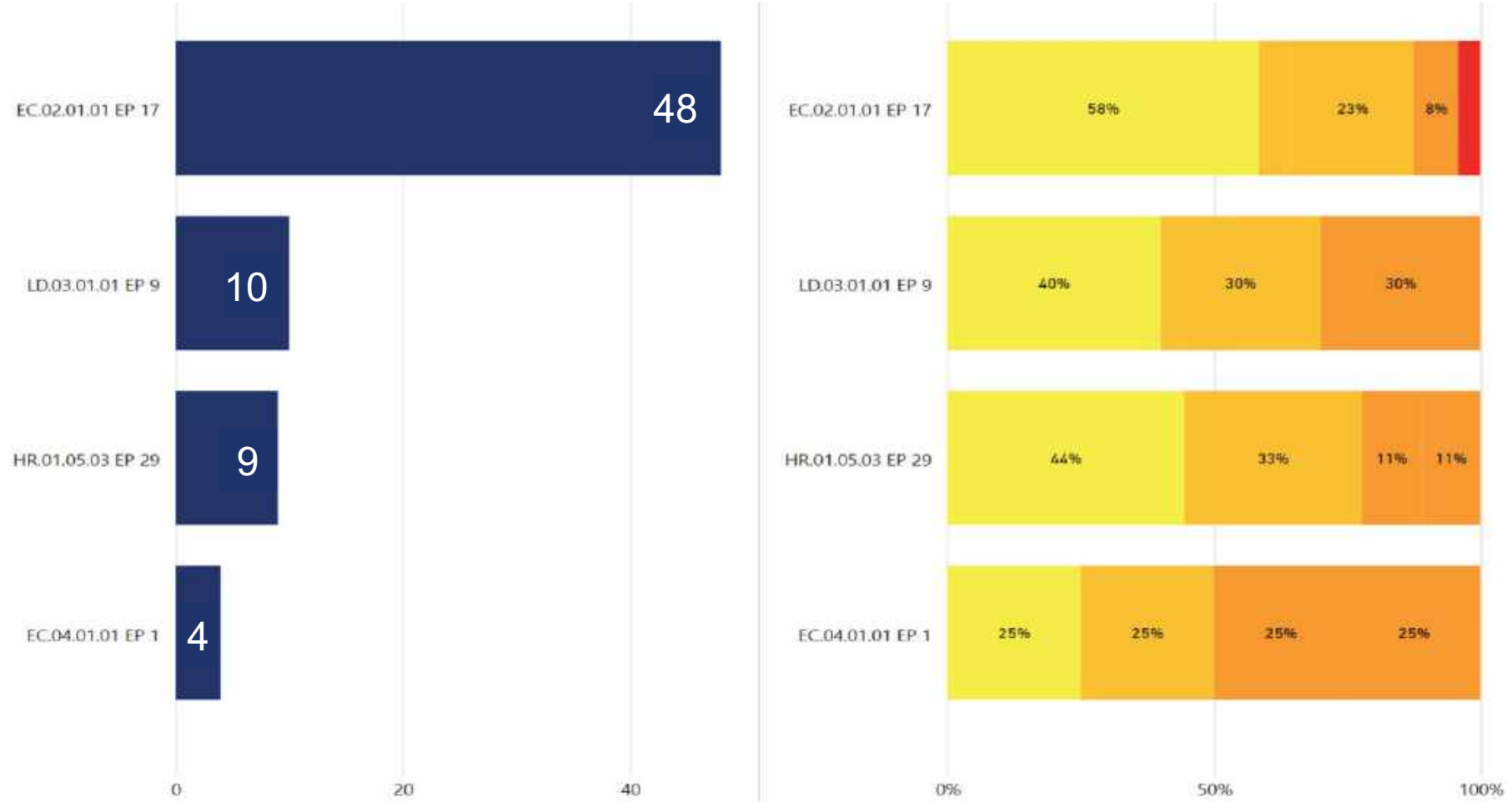
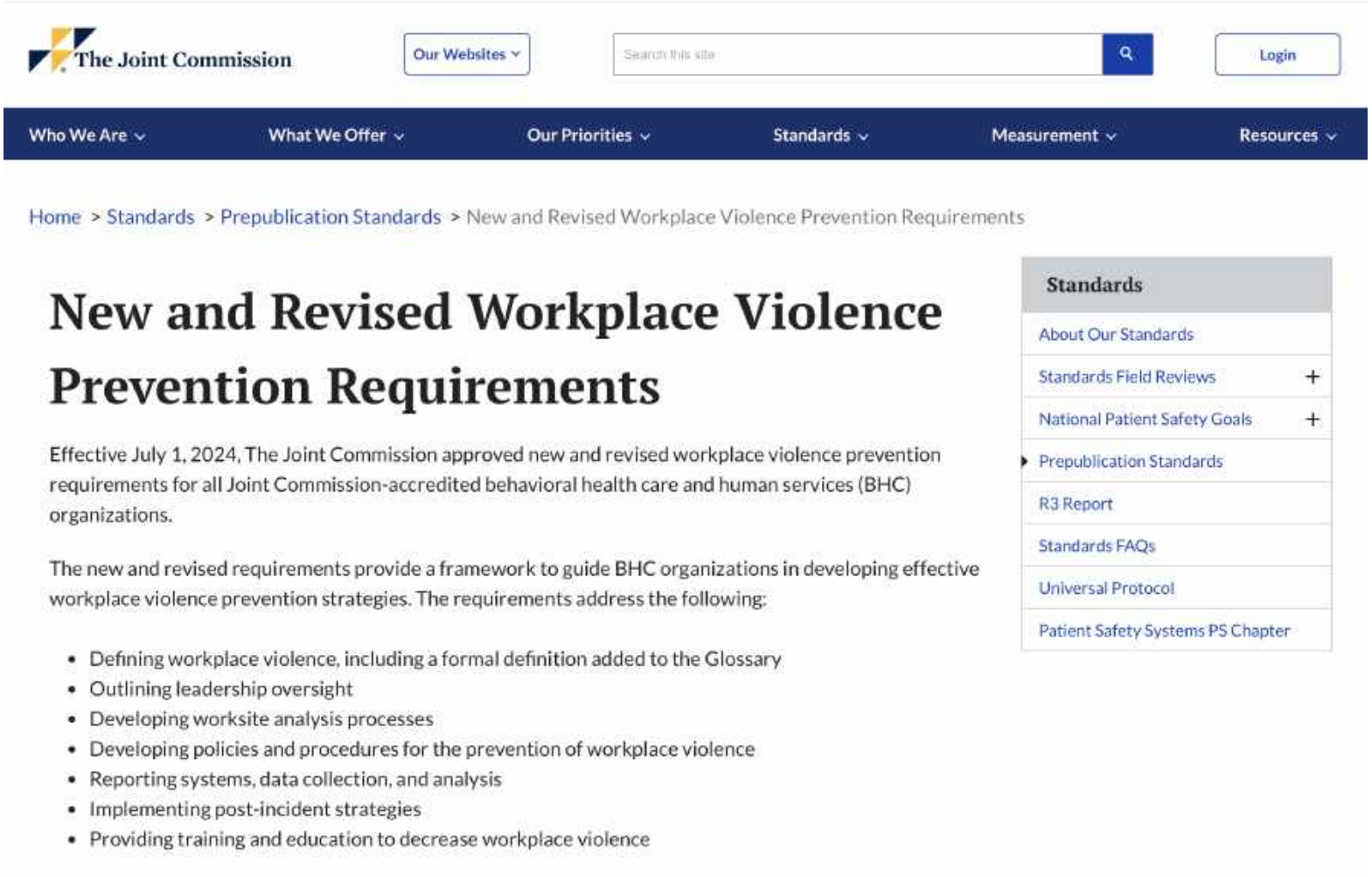
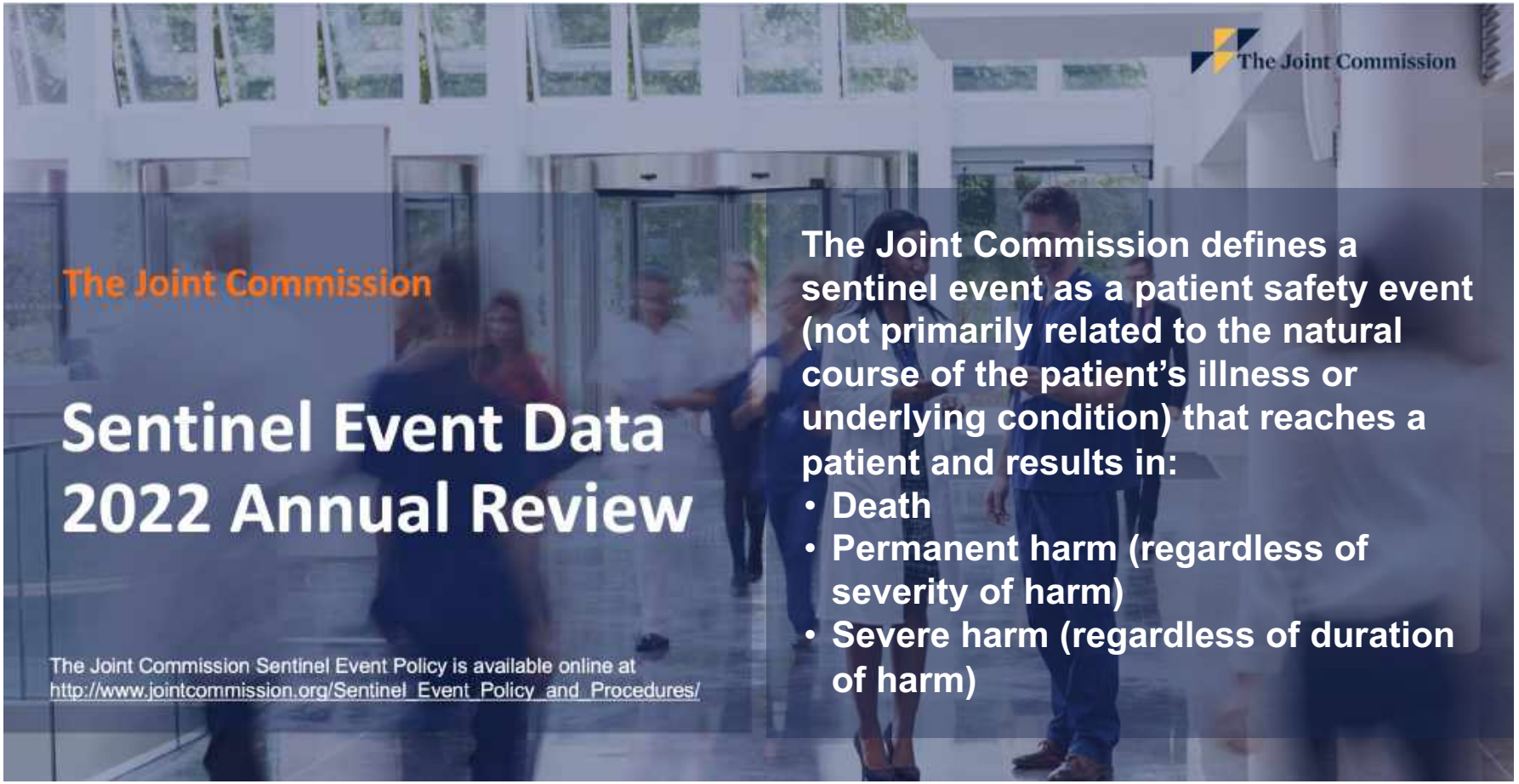
TJC WPV RFIs (1/1/22 – 6/30/23)





2022 TJC Sentinel Event Data Review



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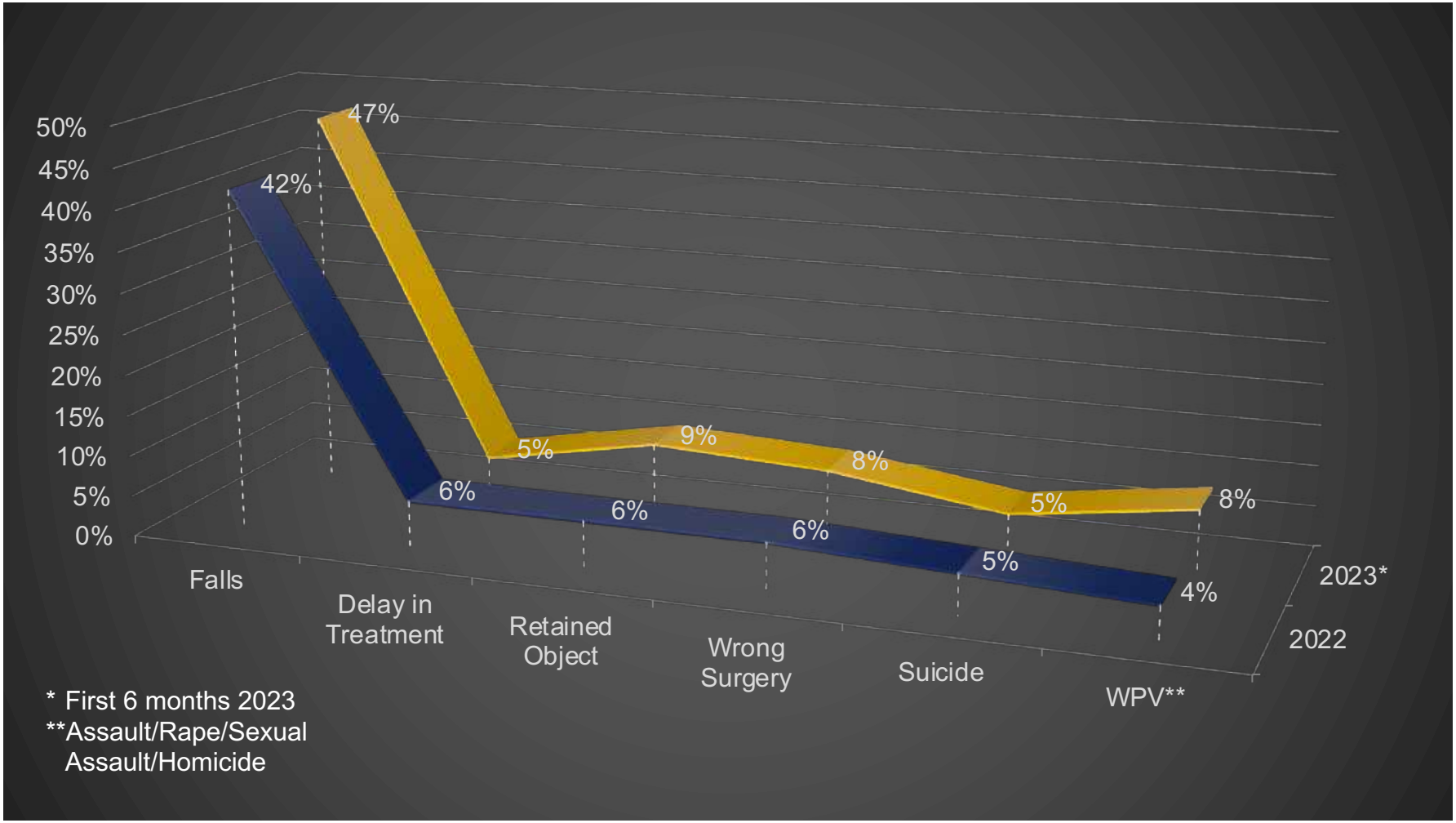
TJC Sentinel Event Data (2022/2023*)



- UCR part 1 crimes…
- Crime prevention through env design – no longer apropos but still relevant
- Broken Window syndrome – same as the above – using more of a data approach…
- NCMEC 10th edition – last 33 pages includes a risk assessment
- OSHA 3148 was a good risk assessment
- Some folks use CAP Index as well (out of PA)
- Be aware of the Clery Act and impact upon academic medical centers….
- Member of county or local police chiefs assoc….at least having lunch with them from time-to-time is my suggestion
- History on the standards – at one point looking at its own chapter but the end results included HR, EC, and Leadership
- Have suggested returning the ‘forensic patient mgmt’ standards and Eps that were in the HR chapter – we are seeing this in sentinel events
- Get a copy of the 2022 sentinel event report – EC items in top 5 I believe with WPV stuff including assault, etc.
- Resources – got a bunch of the them including R3 report and stuff from IAHSS on our website….

Workplace Violence Prevention

Issues in the Field

- Inconsistent Definition and Standards
- Lack of Safety Culture
- Lack of Awareness
- Lack of Programs/Systems in Place:
  - Organizational-level regulations
  - National-level regulations
- Lack of Evidenced Based Research

This isn’t a new problem…

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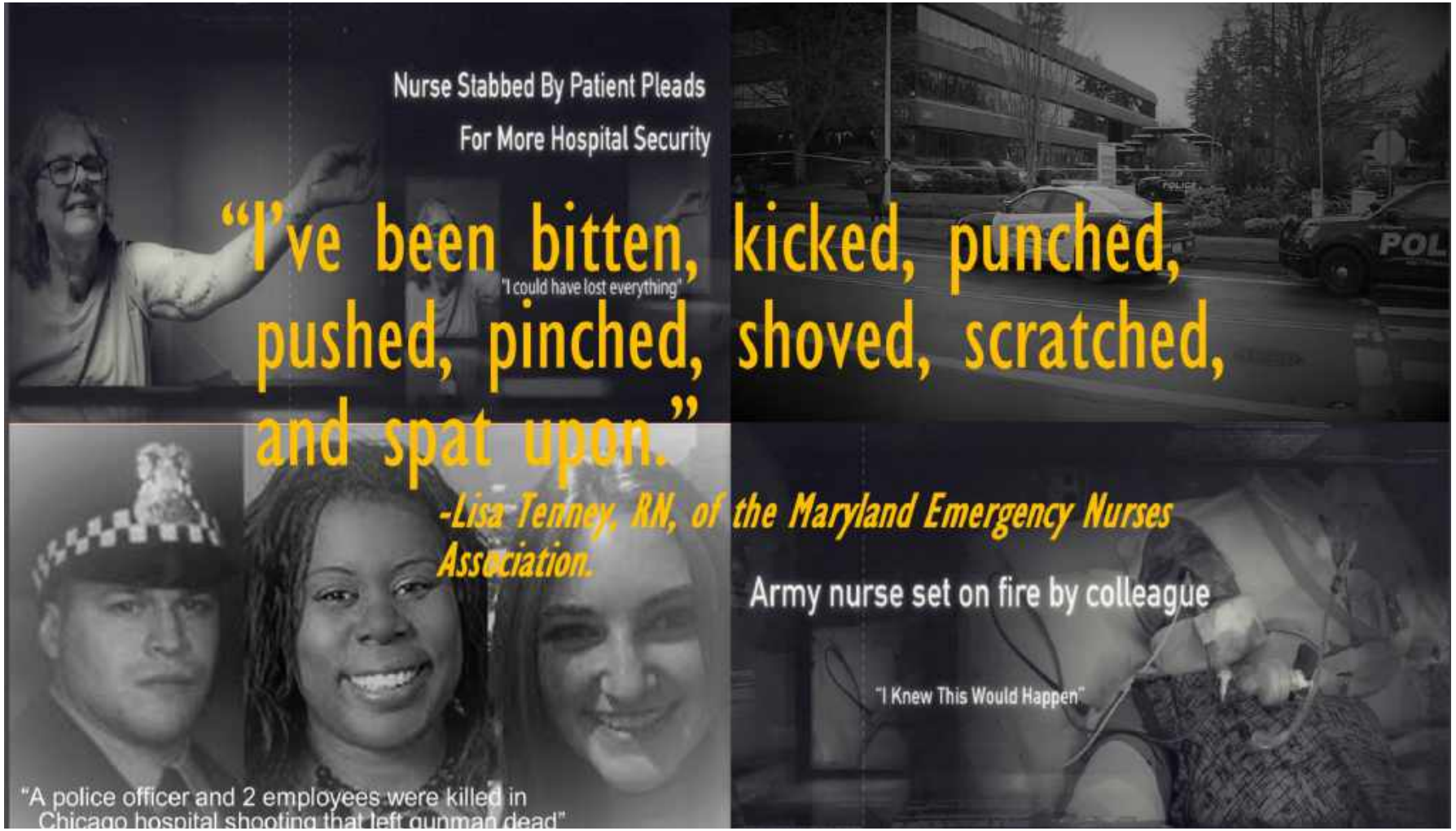
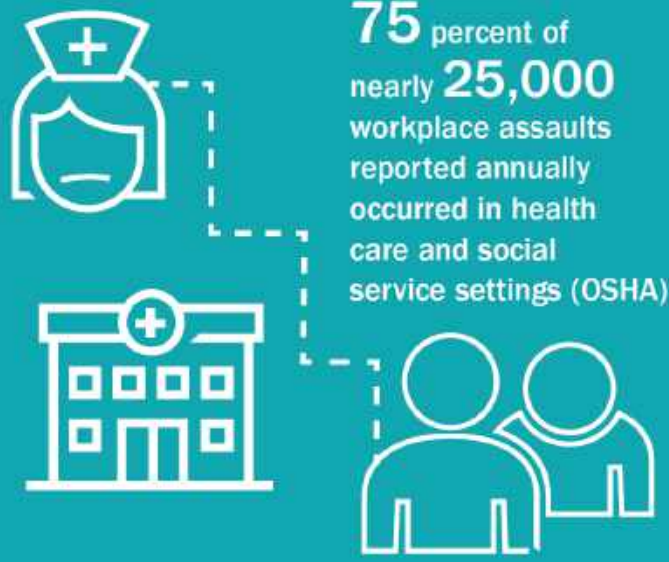
This isn't a new problem…



Statistics

Statistics on violence against health care workers

- 25 percent of nurses reported being physically assaulted by a patient or a patient's family member, and about half reported being bullied (ANA)
- Workers in health care settings are four times more likely to be victimized than workers in private industry (SIA and IAHSSF)
- Health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries (BLS)



75 percent of nearly **25,000** workplace assaults reported annually occurred in health care and social service settings (OSHA)

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Statistics

Violence against health care workers is grossly underreported

Only **30 percent** of nurses report incidents of violence

Only **26 percent** of emergency department physicians report violent incidents

Health care workers

- think that violence is "part of the job"
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Joint Commission Resources

The Joint Commission

(A series of Sentinel Event Alerts leading up to the new Standards)

Joint Commission Resources

TJC Sentinel Event #45

- June 2010: Preventing Violence in the Health Care Setting

The Joint Commission
Sentinel Event Alert

A complimentary publication of The Joint Commission

Issue 45, June 3, 2010
Revised: June 18, 2021 (in red)

Preventing violence in the health care setting

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

Accredited organizations should consider information in an Alert when designing or redesigning relevant processes and consider implementing relevant suggestions contained in the Alert or reasonable alternatives.

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Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide. As criminal activity spills over from the streets, providing for the safety and security of all patients, visitors and staff within the campus of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers. A 2016 study from the U.S. Government Accountability Office found that "health care facilities experience substantially higher estimated rates of nonfatal injury due to workplace violence compared to workers overall."

While there are many different types of crimes and instances of violence that take place in the health care setting, this Sentinel Event Alert specifically addresses assault, rape or homicide of patients and visitors perpetrated by staff, visitors, other patients, and intruders to the institution. The Joint Commission's Sentinel Event Database includes a category of assault, rape and homicide (combined) with 365 reports from 2010-2018 – numbers that are believed to be significantly below the actual number of incidents due to the belief that there is significant under-reporting of violent crimes in health care institutions.

Of the information in the Sentinel Event Database regarding criminal events, the following contributing causal factors were identified most frequently:

- Human factors, including failures in staff supervision, competency assessment, staffing levels, as well as complacence, distraction and confirmation bias.
- Leadership, most notably problems in the areas of policies and procedures, compliance with policies and procedures, and organizational culture.
- Communication, with a lack of communication among staff leading this category, followed almost equally with failures to communicate with administration and with the patient or family.
- Patient assessment, particularly failures in psychiatric assessment and patient observation.

Identifying high risk areas

Because hospitals are open to the public around the clock every day of the year, securing the building and grounds presents challenges since it would be difficult to thoroughly screen every person entering the facility. For many reasons high-traffic areas, especially nursing floors, are typically the hardest to secure. In addition, organizations have competing priorities when it comes to maintaining security and assuring customer satisfaction. "A key to providing protection to patients is controlling access," explains Russell L. Colling, M.S., CHPA, a health care security consultant and founding president of the International Association for Healthcare Security and Safety. "Facilities must institute layered levels of control which includes securing the perimeter of the property through lighting, barriers, and fencing; controlling access through entrances, exits, and stairwells; and positioning nurses stations, to name a few of the steps that organizations need to take."

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Call to Action for Sentinel Event #45

- Know your facility
- Work with local law enforcement
- Identify strengths and weaknesses
- Evaluate the Emergency Department

Call to Action for Sentinel Event #45

- Evaluate the HR process to prescreen job applicants
- Confirm HR processes to discipline employees
- Train staff members to respond to patients' family members
- Define procedures for responding to incidents

Call to Action for Sentinel Event #45

- Create procedures and train staff
- Encourage staff to report incidents
- Require supervisors to treat all reports seriously
- Train supervisors to recognize behaviors
- Ensure counseling programs are available

Call to Action for Sentinel Event #45

- What to do when acts of violence occur:
  - Report to law enforcement
  - Recommend counseling and other support
  - Review the event
  - Consider necessary changes to policies and procedures

TJC Sentinel Event #59

- April 2018: Physical and Verbal Violence Against Health Care Workers

Sentinel Event Alert

A complimentary publication of The Joint Commission

Issue 59, April 17, 2018
Revised: June 18, 2021 (in red)

Physical and verbal violence against health care workers

"I've been bitten, kicked, punched, pushed, pinched, shoved, scratched, and spat upon," says Lisa Tenney, RN, of the Maryland Emergency Nurses Association. "I have been bullied and called very ugly names. I've had my life, the life of my unborn child, and of my other family members threatened, requiring security escort to my car."[1]

Situations such as these describe some of the types of violence directed toward health care workers. Workplace violence is not merely the heinous, violent events that make the news; it is also the everyday occurrences, such as verbal abuse, that are often overlooked. While this *Sentinel Event Alert* focuses on physical and verbal violence, there is a whole spectrum of overlapping behaviors that undermine a culture of safety, addressed in *Sentinel Event Alert* issues 40 and 57;[2,3] those types of behaviors will not be addressed in this alert. The focus of this alert is to help your organization recognize and acknowledge workplace violence directed against health care workers from patients and visitors, better prepare staff to handle violence, and more effectively address the aftermath.

What is workplace violence?

The CDC National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.[4] The U.S. Department of Labor defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats."[5]

Each episode of violence or credible threat to health care workers warrants notification to leadership, to internal security and, as needed, to law enforcement, as well as the creation of an incident report, which can be used to analyze what happened and to inform actions that need to be taken to minimize risk in the future. Under The Joint Commission's Sentinel Event policy, rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a patient, staff member, licensed independent practitioner, visitor, or vendor while on site at an organization is a sentinel event that warrants a comprehensive systematic analysis. While the policy does not include other forms of violence, it is up to every organization to specifically define acceptable and unacceptable behavior and the severity of harm that will trigger an investigation. The Centers for Disease Control and Prevention (CDC) National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.[4] The U.S. Department of Labor defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats."[5]

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Call to Action for Sentinel Event #59

- Clearly define Workplace Violence
- Identify sources of data
- Provide follow up and support
- Review each case to determine contributing factors
- Develop quality improvement initiatives

Call to Action for Sentinel Event #59

- Train staff in de-escalation, self-defense and response to emergency codes
- Evaluate workplace violence reduction initiatives
  - Review incident reports
  - Analyze trends in incidents
  - Survey workers
  - Track completion and sustainability of changes
  - Keep abreast of new strategies
  - Partner with local law enforcement

What is the Scope of Workplace Violence…The Joint Commission

The Joint Commission Glossary, 2021

Joint Commission Resources

Joint Commission Standards Environment of Care (EC)

- EC.02.01.01, EP 17: The organization conducts an annual workplace violence work-site analysis and ***acts*** on its findings
- Analysis includes the following:
  - Proactive analysis of worksite
    - This is not the standard security assessment many hospitals already conduct
    - Investigation of WPV events
    - Policies, procedures, training and environment design
    - Applicable laws and regulations

Joint Commission Standards Environment of Care (EC)

Strategies

Based on worksite analysis, including results of incident investigation, consider:

- Environmental design issues identified:
  - High-risk factors/areas
    - Types of patients
    - Physical environment
- Mitigation strategies
  - Environmental controls
  - Update policies, procedures, education and training to reflect leading practices, law and regulation
- Security Management
  - Law enforcement
  - Community partners

Survey Process

- Review the worksite analysis document
  - Areas of risks identified
  - Mitigation strategies
- Review policies, procedures, education, training to determine if they reflect
  - Results of worksite analysis
  - Leading practices
  - Laws & regulations
- Determine the effectiveness of the mitigation strategies
  - Interview staff
  - Observation of the environment

Joint Commission Standards Environment of Care (EC)

- EC.04.01.01, EP 1: The organization ***establishes processes*** for continually monitoring, internally reporting and investigating the following:
  - Staff injuries (or injuries to others)
  - Security incidents
- Text to be added to this standard:
  - Security incidents ***including those related to workplace violence***
- Applies to patients, staff, or others

Joint Commission Standards Environment of Care (EC)

- EC.04.01.01, EP 6: The organization ***acts on its processes*** to monitor and investigate security events
- Text to be added to this standard:
  - Security incidents ***including those related to workplace violence***
- Applies to patients, staff, or others

Joint Commission Standards Environment of Care (EC)

Strategies

- Establishing a process for continually **monitoring**, internally **reporting**, and **investigating**
  - Reporting system
  - Retrieval/analysis of data – protect confidentiality by removing identifiers or presenting data in aggregate form
  - Analyzing and tracking incidents, monitoring trends

Survey Process

- Evidence of a reporting system
  - Data Report
  - Demonstration of the reporting system
  - Policy/procedure/education on the process
- Evidence of action taken
  - Immediate and follow up actions
  - Meeting minutes
  - Process improvement plan
- Interview staff on the reporting process

Joint Commission Resources

Joint Commission Standards
Human Resources (HR)

- HR.1.05.03. EP 29: The organization ***provides*** training, education, and resources to prevent workplace violence
  - Based on roles and responsibilities
  - Includes leadership, staff and licensed independent practitioners (LIPs)

Joint Commission Standards Training Requirements

- Definition of workplace violence
- Roles and responsibilities
  - Leadership
  - Staff, including clinical
  - Security staff
  - External law enforcement
- De-escalation and response to emergency codes
- Reporting process

Joint Commission Standards Training Frequency

- Within 90 days of hire
- Annually
- Ongoing as necessary

Training requirement and frequency is detailed in HR.01.05.03, EP 29

Joint Commission Resources

Joint Commission Standards Training Frequency

Strategies

- Define workplace violence
- Training, education, and resources
  - De-escalation techniques
  - Non-physical/physical intervention
  - Emergency response
  - The reporting process
- Tailor education based on
  - Roles and responsibilities
  - Response expectations
  - Program changes

Survey Process

- Evidence of education/training including individual role and responsibility specific
  - Completed education according to timeframes and any changes to workplace violence program
  - Interview staff
  - Interview leaders on education effectiveness

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Joint Commission Standards Leadership

- LD.03.01.01, EP 9: The organization ***assigns*** an individual to the workplace violence prevention program who works with a multidisciplinary team

Joint Commission Standards Multidisciplinary Team

- Who should be on the team?
  - Designated Individual
  - Security
  - Human Resources
  - Employee Health and Safety
  - Senior Leadership
  - Nursing
  - Behavioral Health
  - Education
  - Local Law Enforcement

Joint Commission Standards
The Program

- What should the workplace violence prevention program include?
  - Policies and procedures
  - A process to report, analyze and trend events
  - A process to support victims and witnesses
  - A process to report incidents to the governing body

Joint Commission Standards
The Program

Strategies

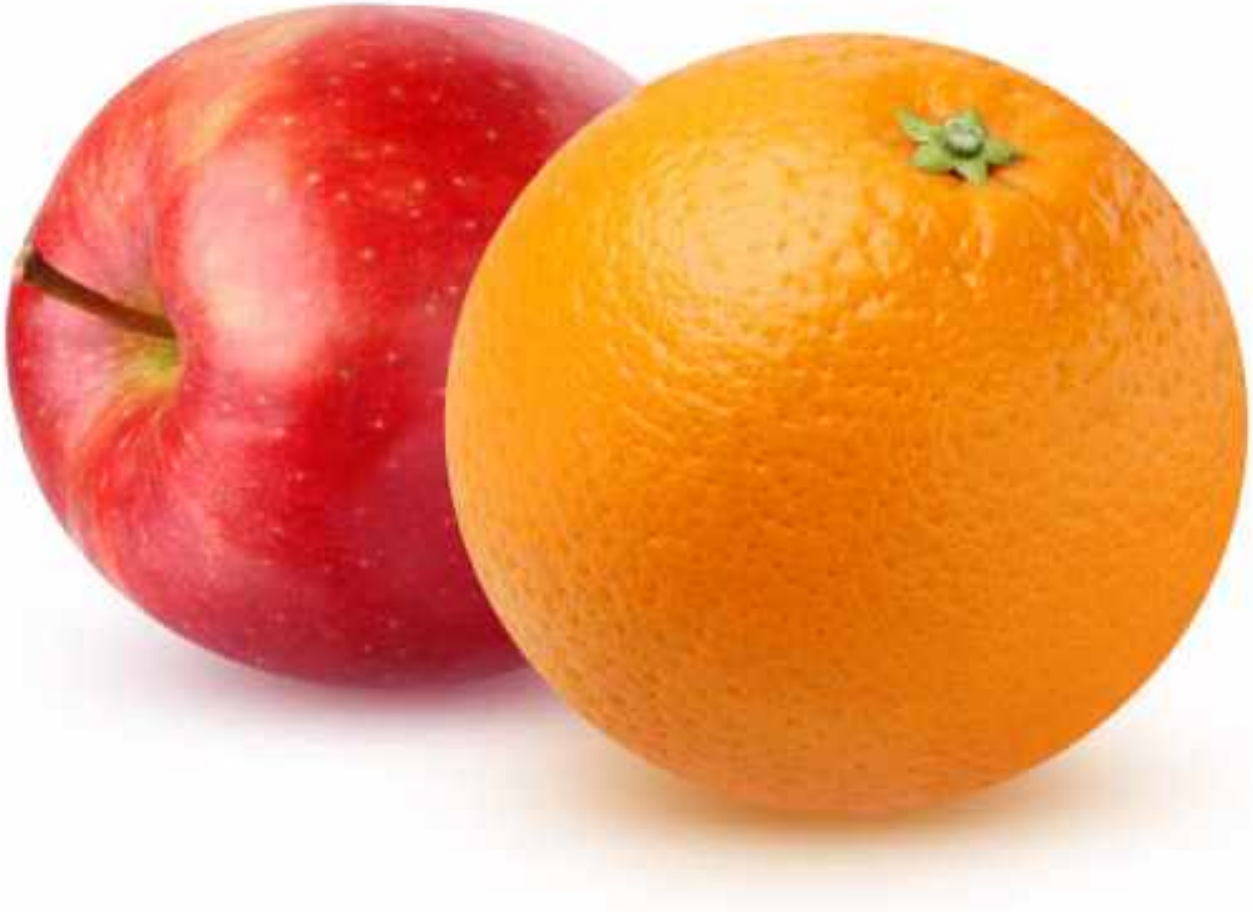
- Program establishes a goal of zero harm from workplace violence
  - Policies & procedures to prevent/respond
- Establish accountability by designating a leader, developing a multidisciplinary team, and reporting to the governing body
- Process to follow up and supporting victims and witnesses
- Reporting Process
  - Easy and accessible
  - Encourage reporting

Survey Process

- Evidence of the organization WPV program which may include policies, procedures, tools, and protocols
- Evidence of Leadership oversight
- Interview staff
  - Components of the workplace violence program
  - How to report a workplace violence incident
  - Do they feel free to report incidents without retribution
  - Do they know what the supports are for the victims or witnesses of workplace violence

Worksite Analysis vs Security Vulnerability Assessment

Worksite Analysis vs Security Vulnerability Assessment



Worksite Analysis vs Security Vulnerability Assessment

Worksite Analysis

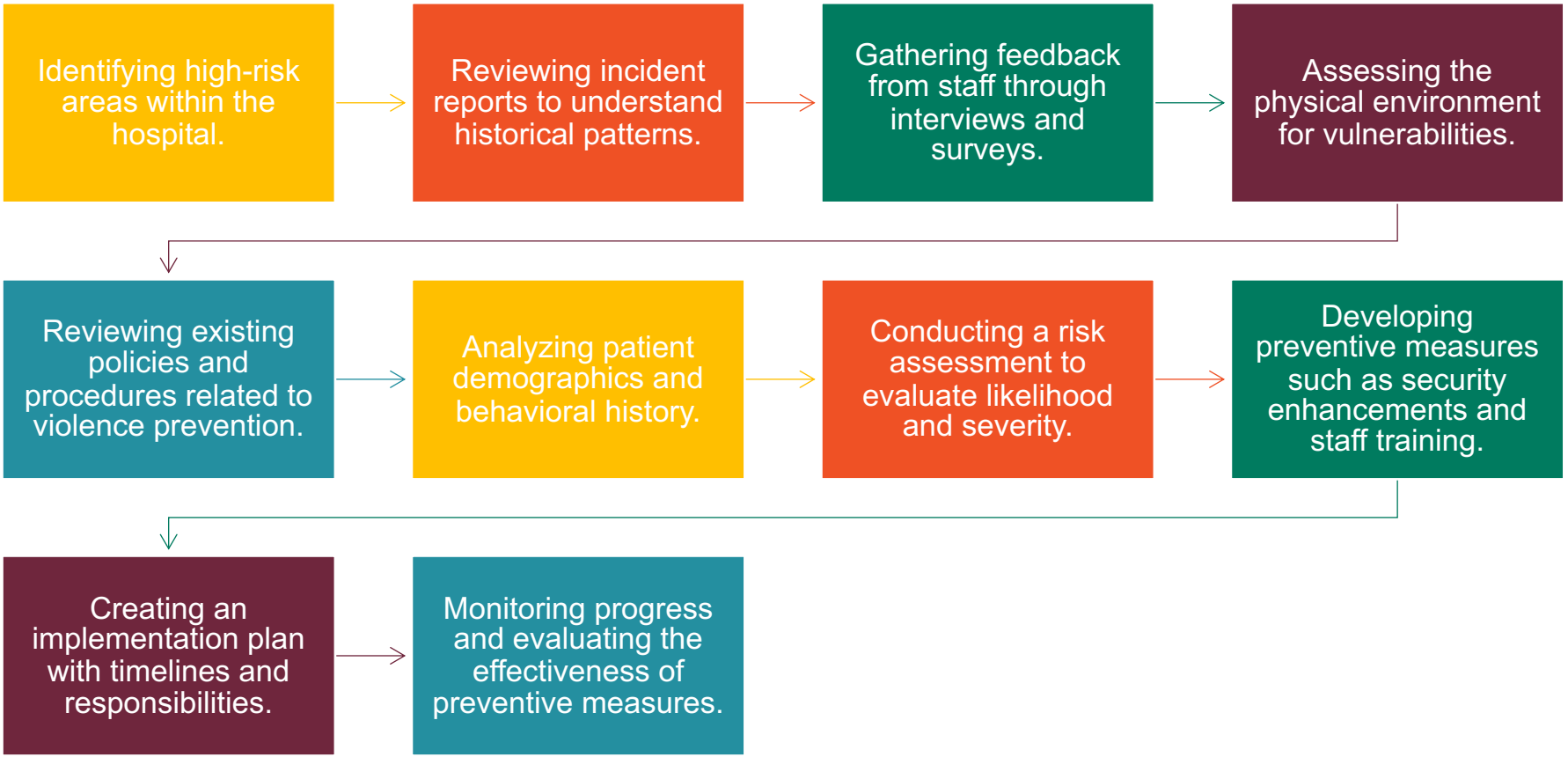
A hospital workplace violence worksite analysis is a comprehensive examination of the factors contributing to the risk of violence within a healthcare facility, particularly hospitals. This analysis aims to identify potential hazards, assess the likelihood of violence occurring, and evaluate the effectiveness of existing preventive measures.

Security Vulnerability Assessment

A hospital security vulnerability assessment is a systematic evaluation of potential weaknesses or gaps in the security measures and protocols of a hospital facility. The assessment is typically conducted by security professionals or consultants who specialize in evaluating security risks and implementing strategies to mitigate them.

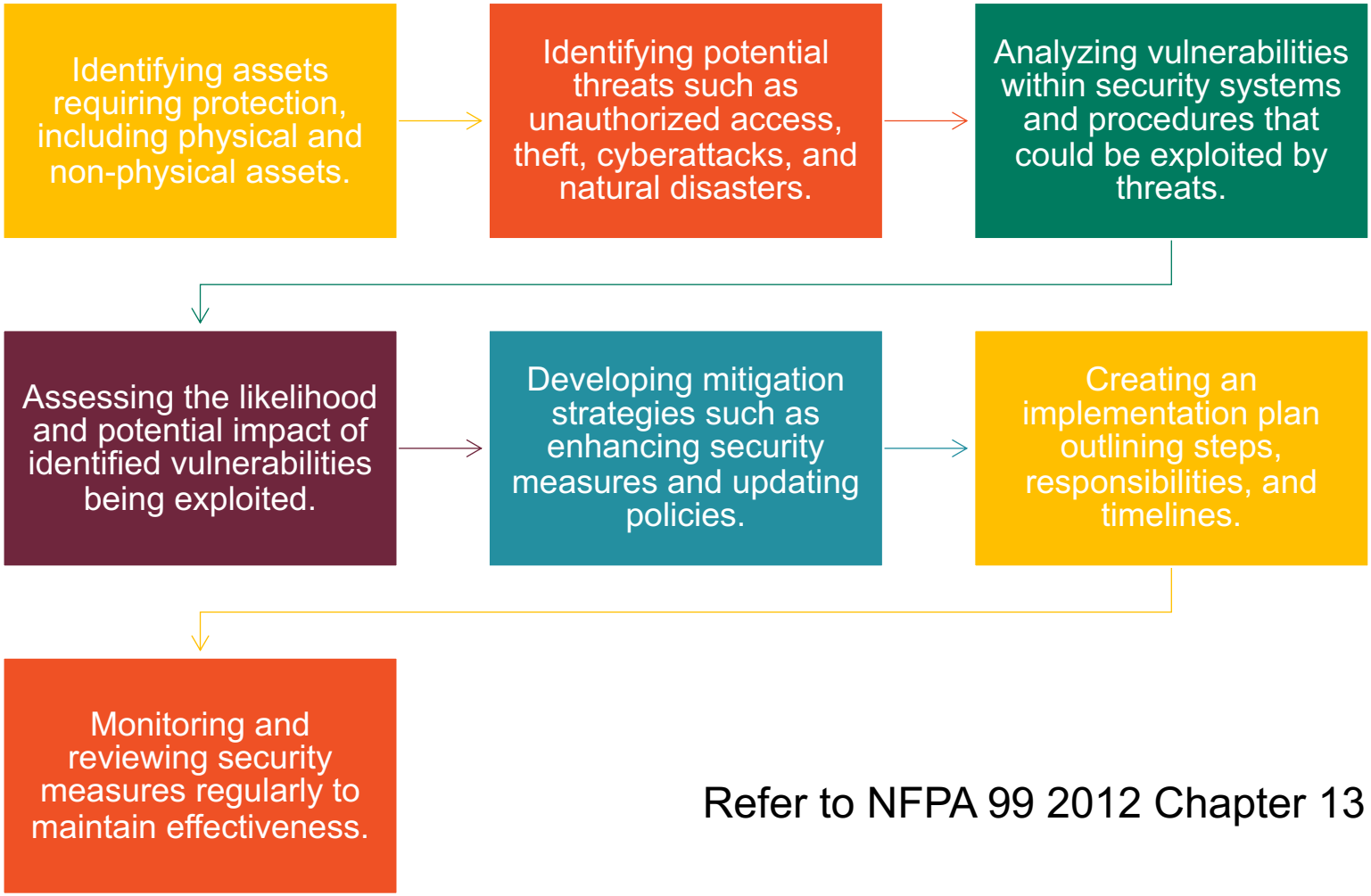
WPV Worksite Analysis

Key Components



Security Vulnerability Assessment

Key Components



Refer to NFPA 99 2012 Chapter 13

Available Resources

Joint Commission Resources

Emergency Management in Health Care

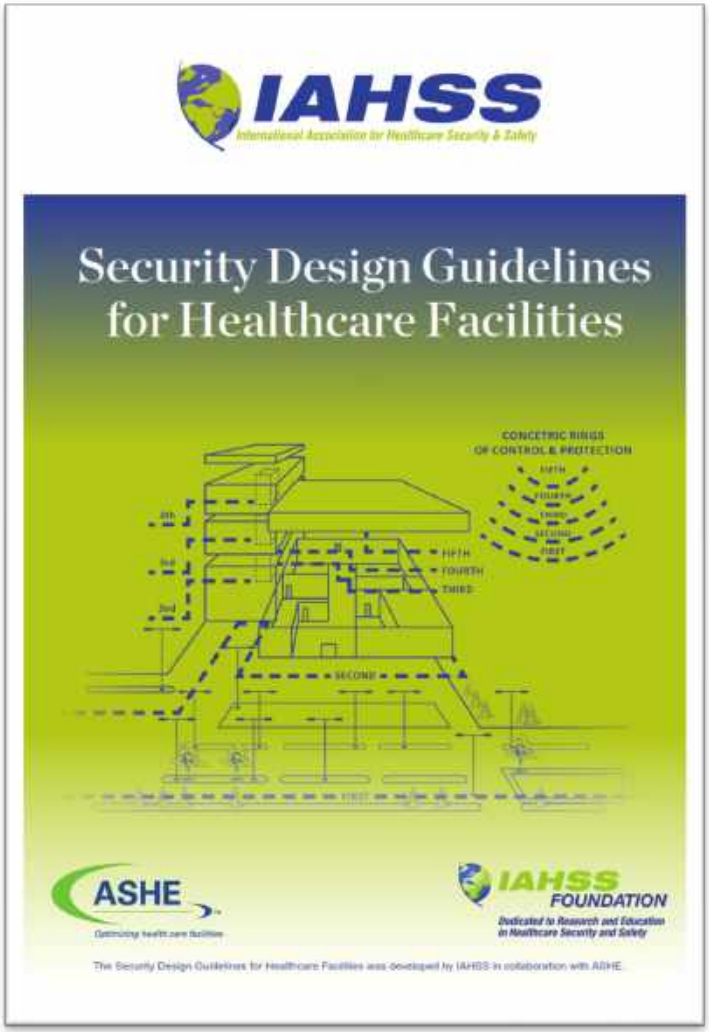
The Joint Commission

Emergency Management in Health Care

An All-Hazards Approach, 5th Edition

Security Design Guidelines for Healthcare Facilities (4th Edition)

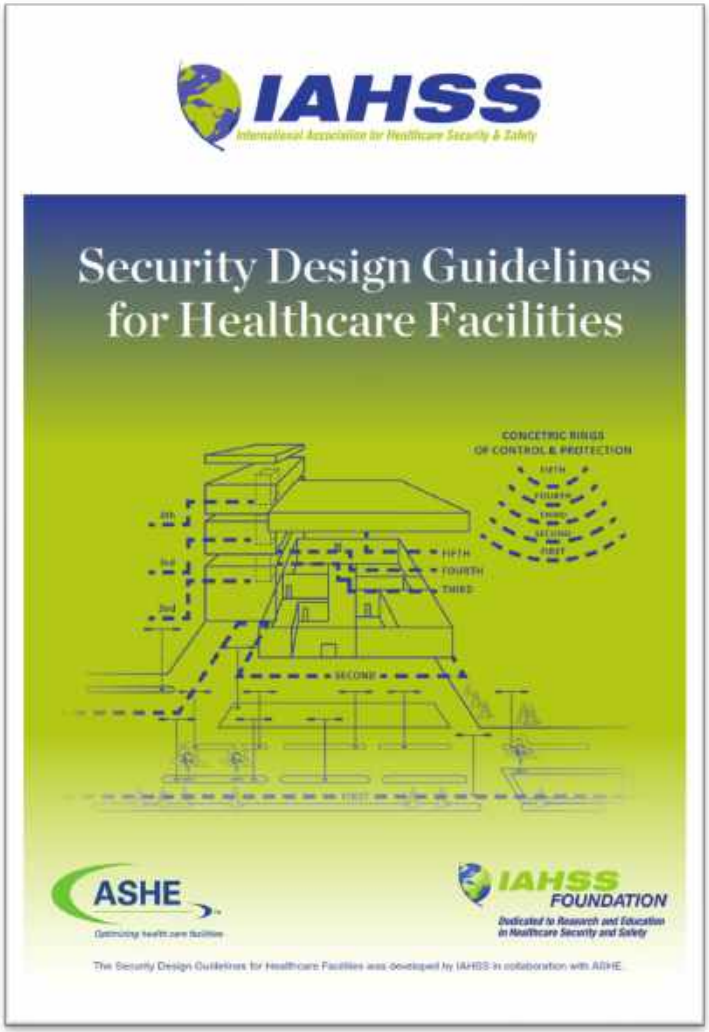
- Expanded focus:
  - Culture of Safety
  - Violence Prevention within the Built Environment: ED and Behavioral Health
  - Ligature Risks
  - Long-Term Care
  - Parking and the External Environment
  - Emergency Management & Preparedness



https://www.iahss.org/store/ListProducts.aspx?catid=458948

Security Design Guidelines for Healthcare Facilities (4th Edition)

- New focus:
  - Weapons Detection in Healthcare
  - Non-Hospital Locations of Care: Ambulatory Services / Outpatient Care / Clinics
  - Alternate Care Sites & Temporary Emergency Care Centers
  - Further leverage industry SME's

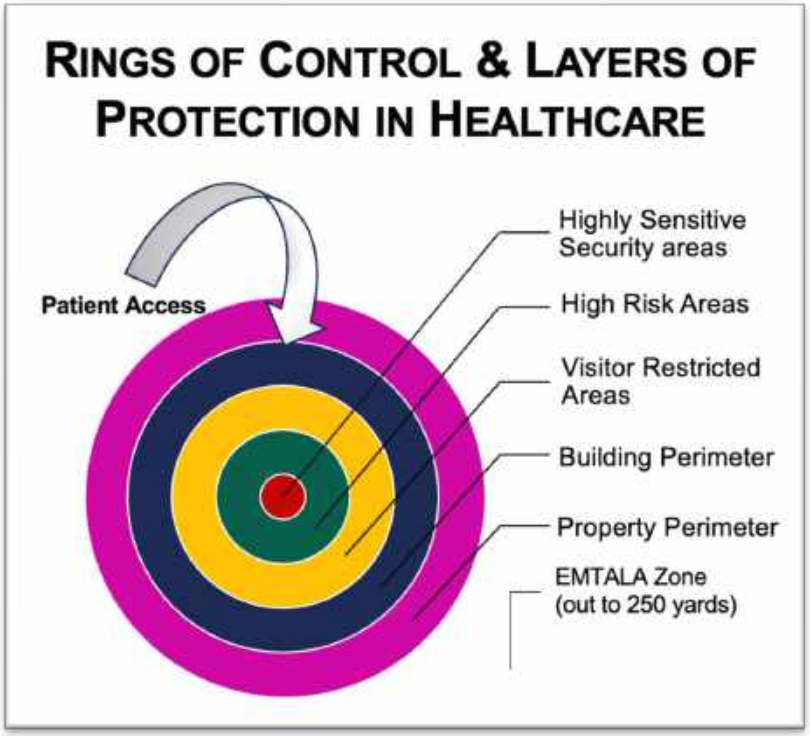


https://www.iahss.org/store/ListProducts.aspx?catid=458948

Joint Commission Resources

Crime Prevention Through Environmental Design

- Reasonable, Appropriate and Defensible
  - Areas accessible to the public at all times
  - Areas restricted to the public during non-visiting hours, periods of lesser activity, or other periods of increased vulnerability
  - Screened public areas
  - Staff/accompanied public areas
  - Staff-only areas
  - Areas for designated staff with appropriate clearance



Security Vulnerability Assessment Considerations

- Design
  - Patient populations
  - Visitors
  - Logistics | routing
  - Front of house (on stage) | back of house (off stage)
  - Architectural numbers
  - Security Systems
  - Lighting
- Construction-related
  - Barriers
  - Routing
  - Equipment

Property Perimeter – Parking & the External Environment

- Perimeter defined by fencing, landscape, or other barriers
- Site Security Plan Depicting – control points, circulation routes, landscaping and illumination
- Controllable during events requiring heightened security levels.

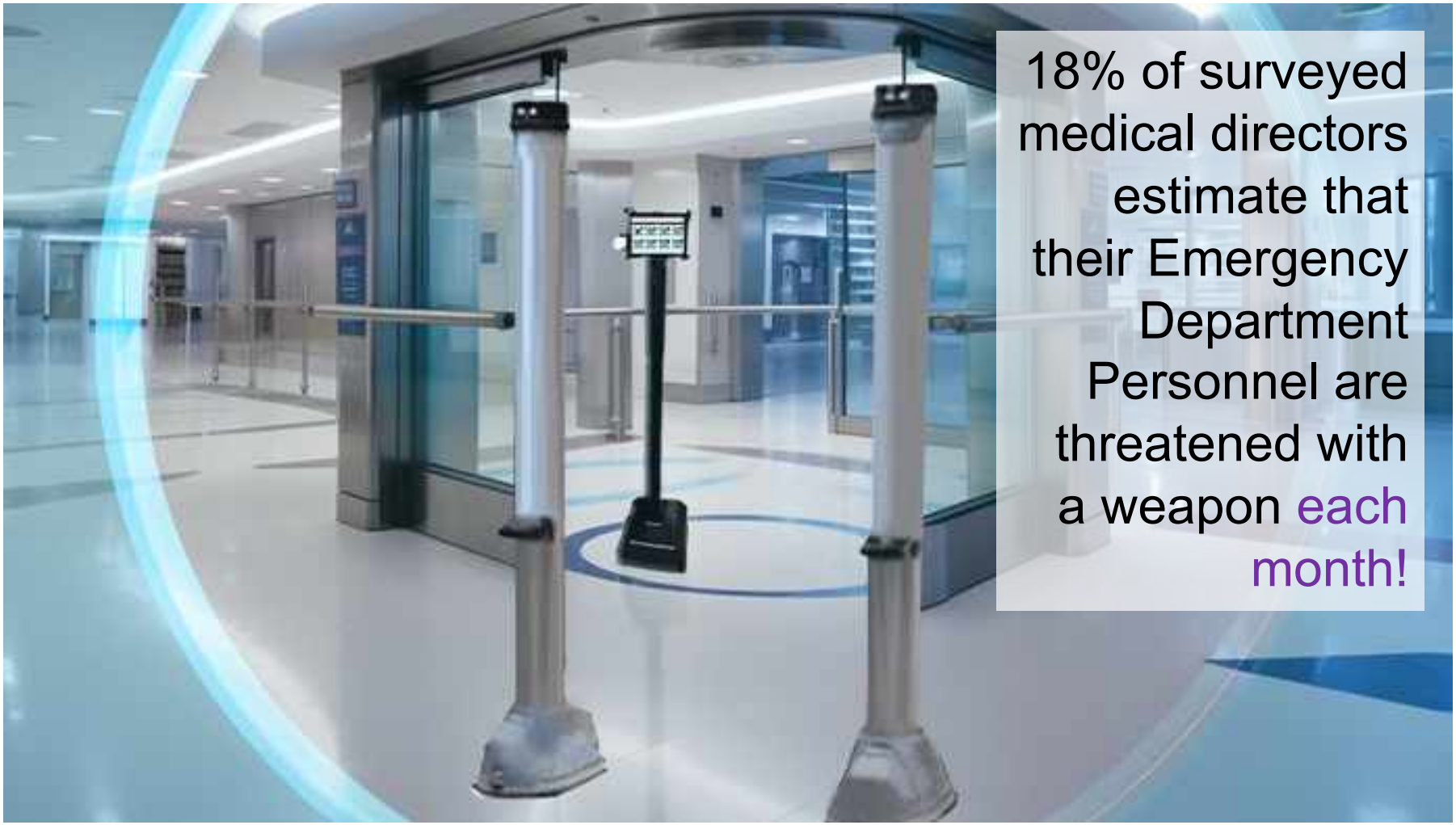
Joint Commission Resources

Property Perimeter – Parking & the External Environment

- Use of fencing and/or protective barriers to channel access (vehicles/people)
- Lighting
- Surface lots and decks
- Control roof access
- Security Systems
- EMTALA

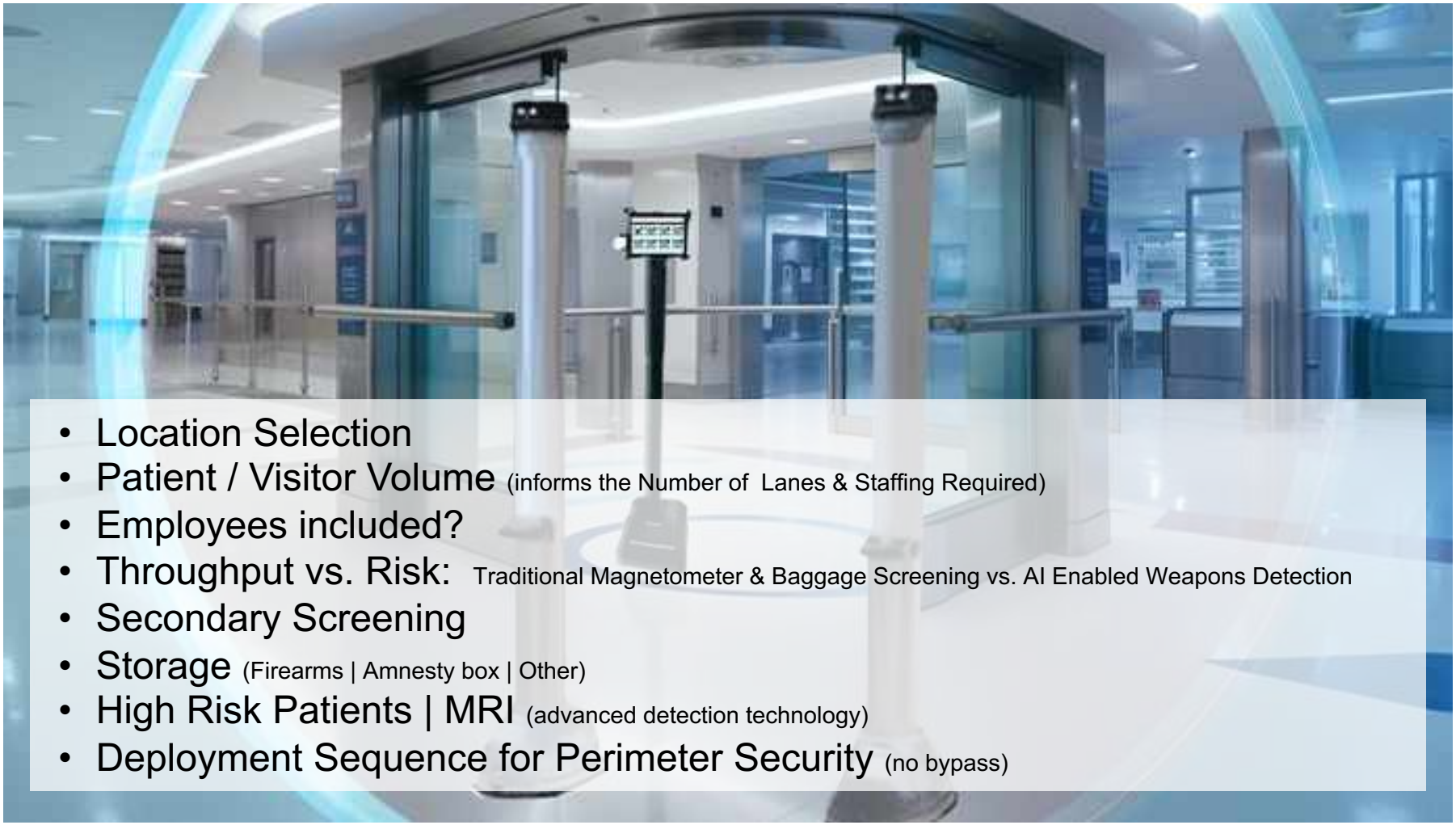
Can You See the Light?

The Need for Weapons Screening



Joint Commission Resources

Design Challenges for Weapons Screening



- Location Selection
- Patient / Visitor Volume (informs the Number of Lanes & Staffing Required)
- Employees included?
- Throughput vs. Risk: Traditional Magnetometer & Baggage Screening vs. AI Enabled Weapons Detection
- Secondary Screening
- Storage (Firearms | Amnesty box | Other)
- High Risk Patients | MRI (advanced detection technology)
- Deployment Sequence for Perimeter Security (no bypass)

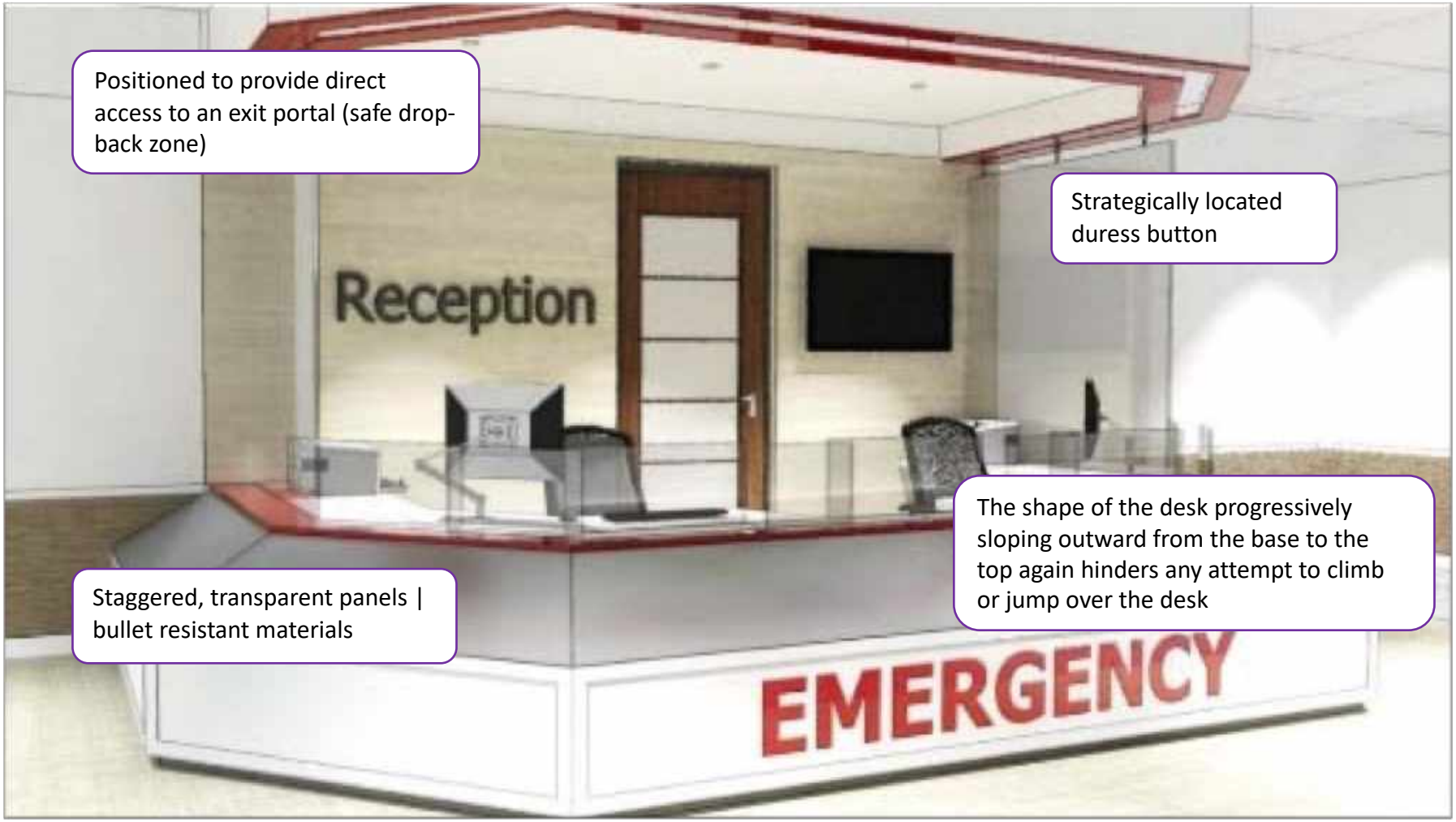
Emergency Department: Control of Access

- Waiting areas to medical treatment
- Medical treatment to interior of hospital (Normal vs. After-hours)
- Ambulance entrances to treatment areas
- Decontamination entrances
- Restricted access

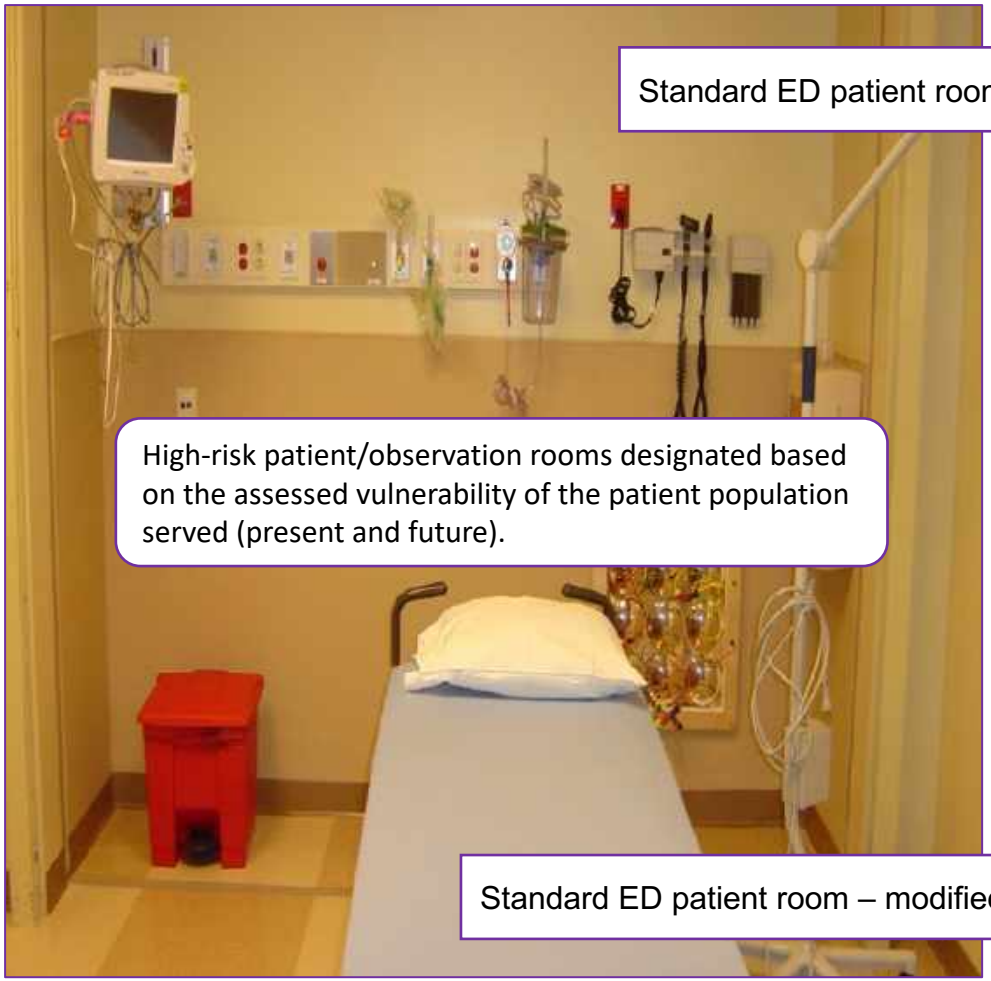
Emergency Department: Areas of Concern

- Front Desk Reception
- Observation | Safe Rooms
- Forensic / Prisoner Patient Care
- Emergency Psychiatric Sections (Crisis Intake)
- Safe Retreat Zones

Emergency Department: Front Desk Reception



Emergency Department: High Risk Patient Room



Standard ED patient room

High-risk patient/observation rooms designated based on the assessed vulnerability of the patient population served (present and future).

Standard ED patient room – modified

Joint Commission Resources

Locked Crisis Center: Inside ED or Stand Alone

- Communication capabilities for staff
- Multiple access point for staff members
- Secure storage for patient belongings
- Secure storage for LEO / Security weapon storage
- Space for Screening of Patients and Visitors

Behavioral / Mental Health Areas

- Patient and Visitor Screening
- Access Control
- Dept. Perimeter
- Courtyards
- Exit door locking configurations
- “Patient Elopement Buffer Zones”
- Medication Dispensary

Patient Elopement Buffer Zones

You are Surrounded!

Where is the critical infrastructure on your property?
What is your relationship with your utility providers?
How do you assess & protect it?

Joint Commission Resources

Are Your Onsite Utilities Considered Security Sensitive?

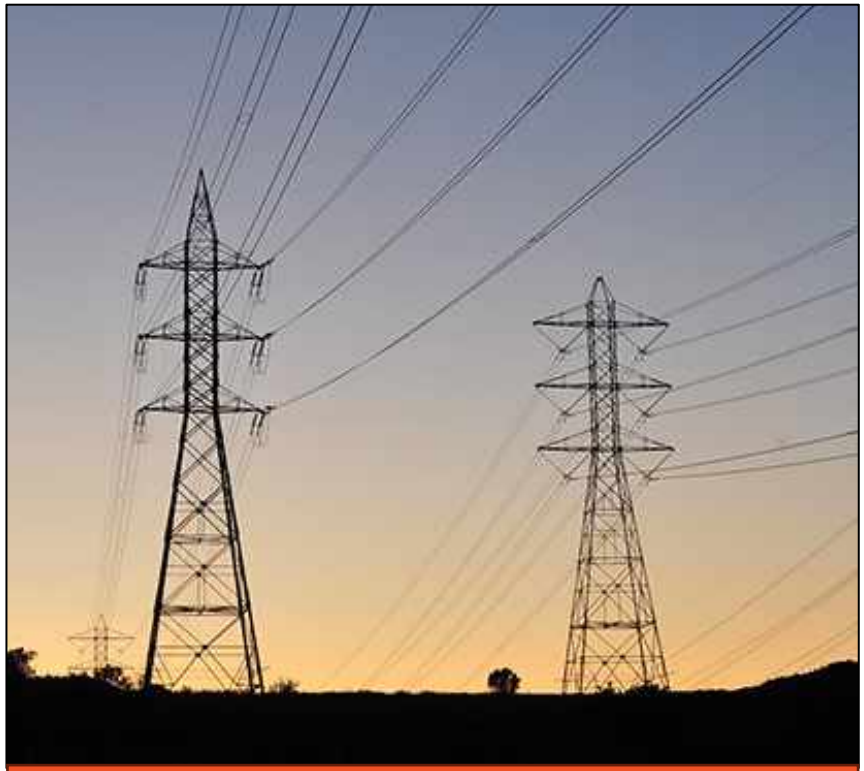
- Risk Assess Primary Utilities:
  - Electricity
  - Medical Gas (bulk cryogens)
  - Water
  - Natural Gas
  - Steam
  - Network Connectivity

Many of these are likely classified as **High Risk** in your organization

Assess not just the system but also the associated high-risk operating components

Electric Infrastructure Attacks

- 71% Increase in 2022
- 4,493 Incidents
- 97% Resulted in No Disruption of Service
- Ballistic damage
- Tampering
- Sabotage



Reference: Electricity Information Sharing and Analysis Center (E-ISAC)

Joint Commission Resources