

Hospital security:

How to protect
emergency departments

Emergency rooms and waiting areas, face heightened security threats due to *workplace violence*, making it essential for decision-makers to implement policies and *security technology solutions* like access control, video surveillance, and panic buttons to protect staff and patients.

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Introduction

As healthcare facilities grow larger and provide unceasing services for their patients, they become increasingly more vulnerable to a wide variety of security threats. This is especially true of Emergency Rooms and waiting areas where tension, despair, stress, agitation, and irritability are high. Attacks against healthcare workers by patients, family members, other employees, and strangers are not uncommon.

In fact, according to the Occupational Safety and Health Administration (OSHA), assaults in healthcare far exceed any other occupation or any other industry. A 2015 OSHA report stated that healthcare workers suffered 7.8 cases of serious workplace violence injuries per 10,000 full-time employees, clarifying that large sectors such as construction, manufacturing, and retail are not even close with an average of fewer than 2 cases per 10,000 full-time employees.

Indisputably, workplace violence in the Emergency Department requires decision-makers to adopt policies, processes, and protocols that help them identify, assess, respond, and mitigate threatening or intimidating behavior and violence affecting nurses, doctors, and other workers at hospitals. Workplace violence prevention and intervention (WVPI) can also provide employees with useful tools to decrease the fear and anxiety that people often feel in these critical areas, therefore reducing the risk of escalation, agitation, and crime.

Moreover, violence in hospitals can be efficaciously preventable with technology, an instrument that plays a huge role in managing the safety for urgent care workers and patients. Hospitals and other medical facilities are normally open 24 hours a day, seven days a week, and are easily accessible to the public. Under such dangerous conditions, sophisticated access control, video surveillance, and panic buttons are an imperative addition to the security arsenal of any health organization that cares about protecting the lives and integrity of all individuals on campus.

Security challenges

There is probably no other area in hospitals as stressful and challenging as the Emergency Department. The ED (Emergency room and waiting room) is a high-volume traffic zone, where a plethora of volatile scenarios can arise every minute and life-and-death situations are the rule. Although threats are intensified at nights and weekends, crises may actualize at any time and any day.

Lamentably, healthcare professionals at the frontline of Emergency Departments are highly exposed to workplace violence, often perpetrated by:

- Drug and alcohol impaired patients and visitors
- Highly stressed victims of gunshot wounds
- High acuity behavioral health patients (aggressive behaviors)
- Romantic partners of workers (domestic violence)
- Forensic patients
- Agitated and despaired family members

Due to the extreme level of danger in Emergency Departments, Healthcare Facilities (HCFs) must address their very unique security needs by having an impermeable security plan in place that adheres to best practices and implementing physical security solutions specifically applicable to their ED.



SAFETY AND SECURITY ENHANCEMENTS

A robust security plan for the Emergency Department should take into consideration trauma-level designation, volume and types of patients treated, incident activity and community demographics.

These are some of the considerations to enhance the level of security in this critical area:

- The ED waiting area should be separated from the ED treatment area and be self-contained to include independent access to restrooms, telephones, and vending machines.
- Furniture should be fixed to avoid the possibility of these items used to cause harm.
- Access control should be implemented to control and limit access of ED visitors into the ED treatment area.
- A separate room within the ED should be used for the treatment of behavioral issues and high-risk patients. This room should be visible to staff.
- The ambulance entrance must be separated from the walk-in entrance and the waiting room.
- Security equipment and systems should be adopted, including access control and video surveillance.
- Locking down capabilities are needed in case of an emergency. Drills should be conducted and physical security solutions must be utilized to impede elopement of patients.
- ED staff should receive workplace violence awareness training to recognize, avoid, diffuse, and respond appropriately to violent situations. All caregivers must be properly trained on how to handle a potentially aggressive patient.
- Security protocols must be reviewed regularly, especially as the Pandemic risk profile and requirements change.

Why access control needs to play a key role

The high level of accessibility by the public makes hospitals and other institutions a fertile ground for crime and violence, not to mention the dramatic situations that unfold in the Emergency Department. As emotions run high on all sides and patients and family members tend to become violent, access control is a fundamental tool to improve overall security, decrease hospital liability, and increase patient and caregivers safety.

State-of-the-art access control systems for the healthcare industry are capable of restricting access to sensitive areas, preventing the spread of disease, averting theft, and protecting the lives and well-being of employees and the sick and wounded. Different departments, hallways, rooms, floors, and waiting areas necessitate different amounts of restrictions. With a flexible access control solution, this important differentiation can be made possible.

In a hospital environment where the spread of germs and viruses is a major concern, touch points should be reduced, if possible. A touchless access control system can prevent the spread of viruses by being able to accurately authenticate a credential from a distance. Credentials could be presented in the form of a smart card, biometrics (facial or iris recognition), and a mobile device.

Hospitals demand an access control system that can cope smoothly with the large volumes of traffic generated every day, without having to disrupt their internal operations. In addition, the system must have outstanding lockdown functionality, with the push of a button, in the event of an unauthorized entry. Moreover, it must be able to remotely and instantly obtain real-time monitoring, user management, and administration.

Video surveillance



Today, video surveillance technology is remarkably advanced. Cameras now provide clear, detailed, and expansive images, combined with other exceptional features, such as wide dynamic range, low light and anti-bloom capabilities, and thermal imaging. Current video surveillance solutions have the ability to locate data, process images, and transmit critical information immediately, with the help of graphical user interfaces and interpretive software.

The command and control center ideally is able to display the video required for a specific alarm or condition, based on an individual event, the location at the healthcare facility, and the specific security parameters determined for that area. This type of technology can provide the security team with the necessary situational awareness and information to respond more effectively to a crisis.

Implementing video surveillance in the Emergency Department common areas is vital as it permits viewing and recording from any camera, at any time, from any location. Not only can cameras serve as a deterrent against hostile and violent behavior from patients and relatives, but it can also improve employee productivity.



PROPER PLACEMENT AND SET UP

The advantages of adopting a first-class video surveillance solution can only be enjoyed when cameras are strategically placed and installed correctly. To do so, they must be placed on entry points, walkways, and if permitted, in waiting rooms. They must be set up and integrated with other technologies by security professionals to avoid the following issues:

- **Wrong placement**, such as on the floor, ceiling or near windows. These can affect the Wi-Fi connection and performance of the surveillance system.
- **Lack of remote access**. Hospitals must count on the ability to remotely access the video surveillance system from anywhere, at any time.
- **Poor visual coverage**. Placement must be strategic in order to provide a full coverage of the Emergency Department.

Wireless panic buttons

Wireless panic buttons are crucial for hospitals, but even more so for the Emergency Department. Since violence against employees is more prevalent within emergency rooms, this solution is an unparalleled compliment to access control, video surveillance, and the proper training and awareness policies. Security cameras, in particular, can be triggered to display their feed in the specific area of the incident, after a panic button has been activated, which can expand the security awareness of the responding team.

A panic button solution across multiple devices and platforms needs to be lightweight, effective, and reliable. An advanced system is able to locate a panic signal down to the floor and room number in multi-story hospitals. These panic buttons should be wearable, pair with other devices, have a long-lasting battery, and also be able to attach to clothing, lanyards, keychains, and furniture.

In case of a violent incident against nurses and clinicians, panic buttons are the quickest way to signal for help. Wearable panic buttons are easily activated on the move, discrete, with no “dead spots” coverage, and seamlessly integrated with smartphones and computers. In tense scenarios or when under attack, a caregiver can easily and quietly activate her panic button, instead of reaching out for her phone or computer, without arousing suspicion from anyone nearby.



Conclusion

The reality is that hospitals, and especially Emergency Departments, tend to be extremely challenging areas when it comes to streamlining security and mitigating risks. As a result of being open to the public 24/7, a multitude of patients and visitors enter the premises on a daily basis. On top of that, the dramatic emergency situations that arise in the ER and waiting room can easily lead to physical and verbal violence and belligerence against a healthcare worker or a patient.

Likewise, nurses, doctors, and other Emergency Department employees spend most of their time in a stressful environment, are understaffed, have to deal with the ever increasing demands of COVID-19, and might lack the necessary workplace violence awareness training that provides them with the tools to mitigate altercations. As intense emotions are experienced by all parties, confrontation will likely escalate and incite further violence, harm, and serious liabilities.

Establishing a multidisciplinary approach to avoid risky scenarios in the ER and its waiting room is key. Due to the complex and often versatile nature of workplace violence, effective prevention, assessment, and mitigation techniques are recommended to protect healthcare workers and patients against violence. Engaging in adequate prevention and intervention are both a humanitarian and a legal responsibility leaders have with employees and necessary to provide an exceptional service and experience in HCFs.

Furthermore, each healthcare organization has the opportunity to utilize technology and the latest physical security components to enhance the efforts of a comprehensive prevention and response plan and to create a safe and secure environment in the Emergency Department for everyone. These components include access control and video surveillance, which can be considerably complemented with panic alarms and other systems.

Contact your local office today for an on-site, no-cost security assessment.
For more information call **800.261.2041** or visit [security101.com](https://www.security101.com)