Hospital Security News

SAI provides professional expertise to assist hospitals in developing an effective security and risk management program.

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Routing: [ ] Facility Services [ ] Security Management [Nursing Administration [ ] Risk Management

VOLUME I **NUMBER IV** **January, 2004**

"Hospital Security News" is SAI's quarterly newsletter dedicated to helping hospitals identify and manage their security risks, recognize organizational strengths and weaknesses in physical protection and improve the personal security of patients, staff and individuals that use their facilities. Each edition of this free newsletter will feature a current hospital security issue where we'll analyze how security was defeated and recommend preventive measures and methods for improving security where appropriate.

To receive a free monthly copy, or contribute your personal experiences, please write: newsletter@saione.com or contact *Editor: Pam Carter, RN, BSN, MA* Pam@saione.com

What is the Purpose and Benefit of a Hospital Security Assessment?

The purpose of a hospital security assessment is to assist hospitals in the protection of assets by identifying organizational strengths and weaknesses in their physical protection and security practices. SAI consultants provide their expertise and experience to assist facilities in analyzing existing protocols, policies, and procedures, in addition to evaluating the facilities physical security. Findings are analyzed, evaluated, and written recommendations are provided to improve the hospital's security management program as well as the facilities over-all security.

What are consultant qualification requirements to complete a hospital assessment?

Hospitals should retain only Healthcare Security Professionals with industry credentials and professional certifications. In addition, consultants should have hands-on experience as managers, directors, and security administrators in the healthcare industry. SAI is an internationally recognized healthcare security consulting firm serving as consultants to senior level management in the healthcare industry. SAI Consultants have years of hands-on experience and possess industry credentials, professional certifications, and membership in national and international security organizations.

How Can Hospitals Maintain The High Level of Protection Provided by a Professional Security Assessment?

The new 2004 JCAHO Environment of Care Standard EC.2.10.1. requires facilities to perform hazard surveillance surveys at least every six months in all areas where patients are served and in other areas of the hospital annually to identify environmental deficiencies, hazards, and unsafe practices. The professional facility security assessment serves as a tool in assisting hospitals to develop their Self-Assessments to meet the new EC.2.10.1. requirement as well as the new EC.4.1., which requires hospitals to collect information about deficiencies and provide opportunities for improvement in the environment of care.

How One Hospital Improved Their Security Management Program Utilizing a Professional Assessment

"Careful assessment of security needs guides implementation of multi-year plan of action At High Point Regional Hospital, a general medical and surgical facility in the Piedmont Triad region of North Carolina."

"Patient care and security are inseparable, says Bryan Koontz, director of safety and security for the 368-bed facility, which provides care for a city of 77,000 and a service area of more than 360,000."

"In 1993, faced with the growth of a prospering healthcare facility and expanded responsibilities, I found myself on the short end of a shrinking security budget. Given my obligation to protect the hospital from litigation, loss and the wrath of the Joint Commission, I had to act quickly. Unfortunately, `cutting edge' security cannot be accomplished overnight," says Koontz.

His first order of business was to identify assets and liabilities. "I realized we needed an impartial evaluation of the hospital's current security status. To determine where I needed to go, first I had to know where I had been," says Koontz. I hired Security Assessments International of Durham, N.C., to assess the hospital's security management program and recommend improvements.

The survey assessed:

* security staffing; * security duties and responsibilities; * physical security measures; * security response; * security patrol; * central station monitoring; * birthing center security; * emergency department security; * pharmacy security; and * parking facilities.

Based on survey findings, a multi-year security management plan was implemented - including the following changes:

Staffing and training: A security supervisor position and two dispatcher positions were created. All safety/security officers now receive certified hospital safety and security education and training through the Professional Security Television Network. Each officer studies at his or her own pace and receives a certificate of completion at the end of the course. Dispatchers are certified through the central station monitor and alarm operations program provided through vendor-supplied training. Security employees' certification and Continuing education/in-service records are kept on file for JCAHO (Joint Commission on Accreditation of Healthcare Organizations) documentation.

Duties and responsibilities: Security response time to calls was evaluated in interviews with employees and staff. A form was developed to help officers document calls for service. The new form shows the time a call is received, time dispatched, time arrived, time of completion and action taken. Data collected is used to monitor service quality and to evaluate performance.

Physical security: Security operations had been located in cramped quarters with no room for expansion. Redesign and replacement of old equipment yielded additional space without structural change or cost to the hospital. Traffic in security operations is now restricted to security personnel and telecommunications staff.

CCTV: An old black-and-white tube camera system was replaced with a state-of-the-art color system to provide clearer pictures of persons, objects and events. A fiber-optic transmission system minimizes lightning problems. Perimeter cameras on top of the main hospital facilities building and on the outpatient surgery building provide unlimited surveillance of the parking lots and campus.

The perimeter system consists of seven Burle high-resolution 1/2-inch CCD color cameras equipped with 12 120mm auto-iris zoom lenses. Outdoor cameras are protected with Pelco EH4700 housings equipped with fans and heaters. The cameras also feature PT570-24P pan/tilts with preset functions. Camera functions are controlled by American Dynamics 24V receivers configured with 72 presets that include auto/random pan capabilities. Parapet mounts have been installed on the buildings to allow perimeter cameras to swing into the roof to facilitate servicing.

An American Dynamics 1650AR16-10L microprocessor-based control system has been interfaced with an infant security system. It features alarm call-up capability, integral menu-driven setup, password protection, priority lockout, salvo switching, programmable camera numbering and system partitioning. The central system also features tour selection; on-screen display, site control and system alarm status output. A

distribution panel provides control codes to data receivers on the exterior cameras, and a converter panel controls variable speed domes in the Birthing Center. A Sanyo time-lapse, 8- and 24-hour, industrial-grade VCR with a time/date generator and alarm input handles event recording. Eight Burle TC210 9-inch color monitors in the security control room monitor main perimeter cameras. A Burle TC2 15 14-inch color monitor is used in record and playback modes. The whole system is housed in a Stantron six-bay, custom-designed console that also holds the card access system, PC and printer. F our console bays have 18-inch writing surfaces, and two have 5-foot cabinets that contain the fire alarm panel and newly designed backup generator control.

A CCD color camera has been installed in the shipping and receiving area at the loading dock to monitor movement of people and assets in and out of the hospital. A color CCD camera with 24-hour VCR recording capability has been installed in the pharmacy and can be monitored by pharmacy personnel and in security operations. Another CCD color camera with 24-hour VCR recording capability has been installed in the nuclear medicine department to help personnel control access to this restricted location.

Birthing Center security has been enhanced by four American Dynamics color dome cameras (10X lenses) to monitor corridors and elevator access. Speed domes have been interfaced with the infant tracking system and feature variable-speed pan-and-tilts, housings and digital receivers with presets. The domes are monitored and controlled by security operations.

The new CCTV specifications were written and designed by SFI Electronics, a Charlotte-based systems integrator. SFI offers commercial, industrial and institutional security applications and provides design and sales assistance, installation and field/branch repair service.

Electronic infant security: For additional security in the mother/baby unit, an Accutech Infant Security System uses radio frequency proximity technology to monitor people. Inside each sensor is a computer chip, lithium battery and two small ferrite-rod antennas to communicate via radio frequencies. Wands wired around doorways or hallways leading to exits or elevators tie into control panels at the nursing station and security office. The system is set up to lock affected doors when an Accutech sensor is detected before a door is opened. Once a sensor is detected, the door remains locked until the sensor leaves the area.

The system also controls the exit of infants through an elevator. Once a sensor is detected at an elevator, the doors are closed, and the call button is deactivated. The system will not prevent the elevator from reaching the floor by staff or visitors. But if the elevator doors are opened and a sensor is in the detection field, the doors will remain open, preventing the elevator from leaving the floor. The system will also activate the appropriate alarm devices, such as an alarm tone, CCTV or remote hospital security alert. The elevator and call button will remain deactivated until a staff member goes to the alarmed elevator and resets the system with the alarm reset keypad.

The Accutech transmit loop antenna is a run of wire discreetly placed over, under and around the area to be monitored to form a complete loop. Wiring is hidden behind a wall, or runs along door, elevator, or hallway moldings. A receive antenna is required at each monitored area. The receive aerial is an unobtrusive device placed near the transmit loop. It receives the sensors' coded identification signal and sends it to the Accutech controller. The control equipment - the heart of the system - is in an equipment room. Sensors are imbedded with a common code to eliminate false alarms, and they are equipped with a unique code that identifies individuals entering monitored zones. The computer-enhanced system not only locks doors and deactivates elevators, but also identifies which infant is being removed without authorization and activates an alarm at the nurses' station.

The infant security system was installed by Innovative Control Systems. ICS develops and markets electronic monitoring and security systems worldwide under the name Accutech.

Lighting: A lighting survey of the parking lots and surrounding campus determined that most areas did not meet the minimum requirement for public areas of 2 foot-candles. Illuminating Technologies performed a total exterior upgrade in fiscal year 1994. The average foot-candle reading was raised to 5.9 foot-candles, with a maximum of 6.7 foot-candles, and an average lighting of 3.2 foot-candles for the entire campus. Supra-Lyte, an energy-efficient lighting system, was installed throughout the parking areas and grounds. The Widelite

SLS100-2-277V, a 1,000-watt, high-pressure sodium lamp, was selected for the upgrade. It is equipped with a vertical lens design to maximize light transmission and reduce dirt depreciation factors. Horizontal lenses reflect a substantial amount of light back into the luminary and tend to collect dirt and bugs easily. The vertical lens allows maximum light to be transmitted at the beam angle and is more resistant to dirt accumulation.

The large, high-efficiency reflector system, made possible by the absence of the ballast in the optical housing, provides better control of long HID arc tubes. Most of the light is reflected only once, for superior primary path efficiency. The Supra-Lyte ballast is located below the lamp and operates at a cooler temperature, reducing heat problems and extending the life of the component. The assembly is wind-tested to 130 mph and is U.L.-listed.

Emergency call box: Emergency call stations were installed throughout the parking facility in fiscal year 1993 by CALL 24 Wireless Call Box Systems, a division of RCS Communications Group. CALL 24 is a computer-based, self-contained emergency call box system. It is equipped with batteries that can be charged from any common AC voltage or solar power and operates on FCC-licensed radio communications frequencies.

Voltage for the system's internal batteries is routed from the parking lot lighting and allows the system to function for up to four days during a power outage. CALL 24 housings are made of vandal-resistant, weather-tempered aluminum. The covers have reflective decals with straightforward instructions. The antenna on top of the call box can be housed in fiberglass or mounted on top of the strobe light. The call box is activated with the push of a button, and even if the person calling for help cannot communicate with dispatch, every security person with a radio will know which location has been activated. Security can selectively listen to the area around any call box. When a distress call is placed from a call box, an alarm sounds in security operations. As soon as the dispatcher initiates two-way communications, all security officers on duty can hear the conversation over their two-way radios and respond immediately.

High Point Regional Hospital's security management program has experienced exceptional growth over the past three years. Its success is due in part to the administration's proactive approach to risk management and loss prevention. **Hiring a consulting firm can help security directors identify security deficiencies, prioritize budgeting, develop a time schedule and identify vendors to supply products and services at a reasonable price.**

Constantly changing regulations such as OSHA, EPA and environment of care standards mandated by the Joint Commission require healthcare practitioners to provide a safe environment for patients, visitors and staff. Hospitals are not havens from societal violence. Emergency departments across the nation have been the scenes of assaults and hostage situations at the hands of patients, relatives, visitors and gang members. Now, more than ever, hospitals must provide adequate security and good patient care."

Note from SAI: Twenty plus years of experience as hospital security professionals has taught us that each facility is unique. Many factors have to be taken into consideration when assessing the vulnerability of a particular hospital. This can only be accomplished through an on-site visit. The preceding article written by Jeff Aldridge appeared in Access Control & Security Systems Integration magazine.

Hospital Security Issues – In the News

HIPAAsecurity: Assessments and Disaster Recovery Plans - Where to Begin?
http://www.hipaadvisory.com/action/security/disasterrecov.htm

On-line resources

Joint Commission on Accreditation of Healthcare Organizations
http://www.jcaho.org

Safety management (EC.1.10)

Security management (EC.2.10)

Rationale for EC.2.10: It is essential that an organization manages the **physical and personal security of patients**, staff, (including addressing the risks of violence in the workplace), and individuals coming to the organization's facilities. In addition, security of the established environment, equipment, supplies, and information is also important.

Emergency management (EC.4.10)

Security Assessments International

Future Newsletter Topics

Hospital Liability "When to hire a Security Expert"
Components of a "Self-Assessment"
Educating Employees and Staff
How to select an infant security system
State-of-the-art protection for Emergency Departments
Violence in the workplace
Access control / lockdown
Parking deck and parking lot lighting

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