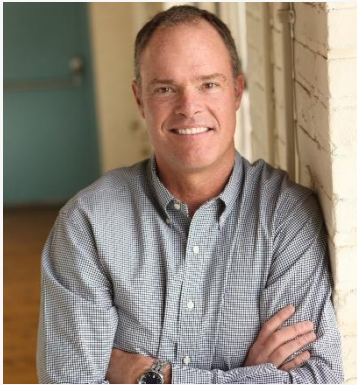# Safety/Security & After Action

"At the end of the day, the goals are simple: safety and security."
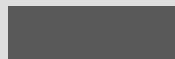
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BARRIER MANAGEMENT

SURVEY READINESS

EMERGENCY PREPAREDNESS

TESTING, INSPECTION & MAINTENANCE
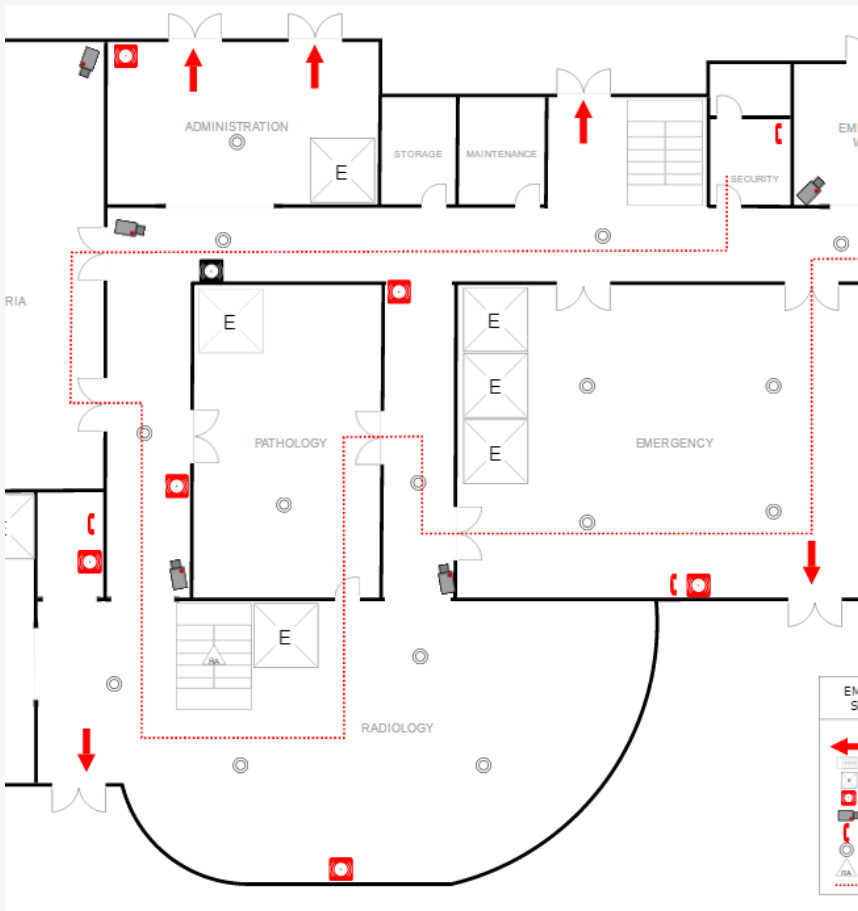
SAFETY, SECURITY & TRAINING

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Managing Safety & Security Risks

- Implementing a process to identify safety & security risks

- Management of safety & security risks related to entering and exiting the organization

- Controlling access to and from security sensitive areas

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Security Plan Must Include

Physical Layout

Staffing

Policy and Training related to appropriate responses to Violent Acts

Efforts to Cooperate With Local Law Enforcement Regarding Violent Acts in the Facility

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Safety & Security
During an Emergency

How is Internal Security Provided During an Emergency?

How Does Organization Provide For Radioactive & Chemical Isolation & Decontamination?

How to Implement Components of EMP (Emergency Management Plan)

Identifying Who Staff Report to

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Committee Responsibility

- Role of security in Hospital Operations

- Hospital Organization

- Protective Measures, Including Alarms & Access Control

- Handling of Disturbed Patients, Visitors and Employees

- Identification of Aggressive and Violent Predicting Factors

- Hospital Safety and Emergency Preparedness

- Rudiments of Documenting and Reporting Crimes, Including by way of Example, not Disturbing a Crime Scene.

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Education Training Requirements

- General Safety Measures

- Personal Safety Measures

- Assault Cycle

- Aggression and Violence Predicting Factors

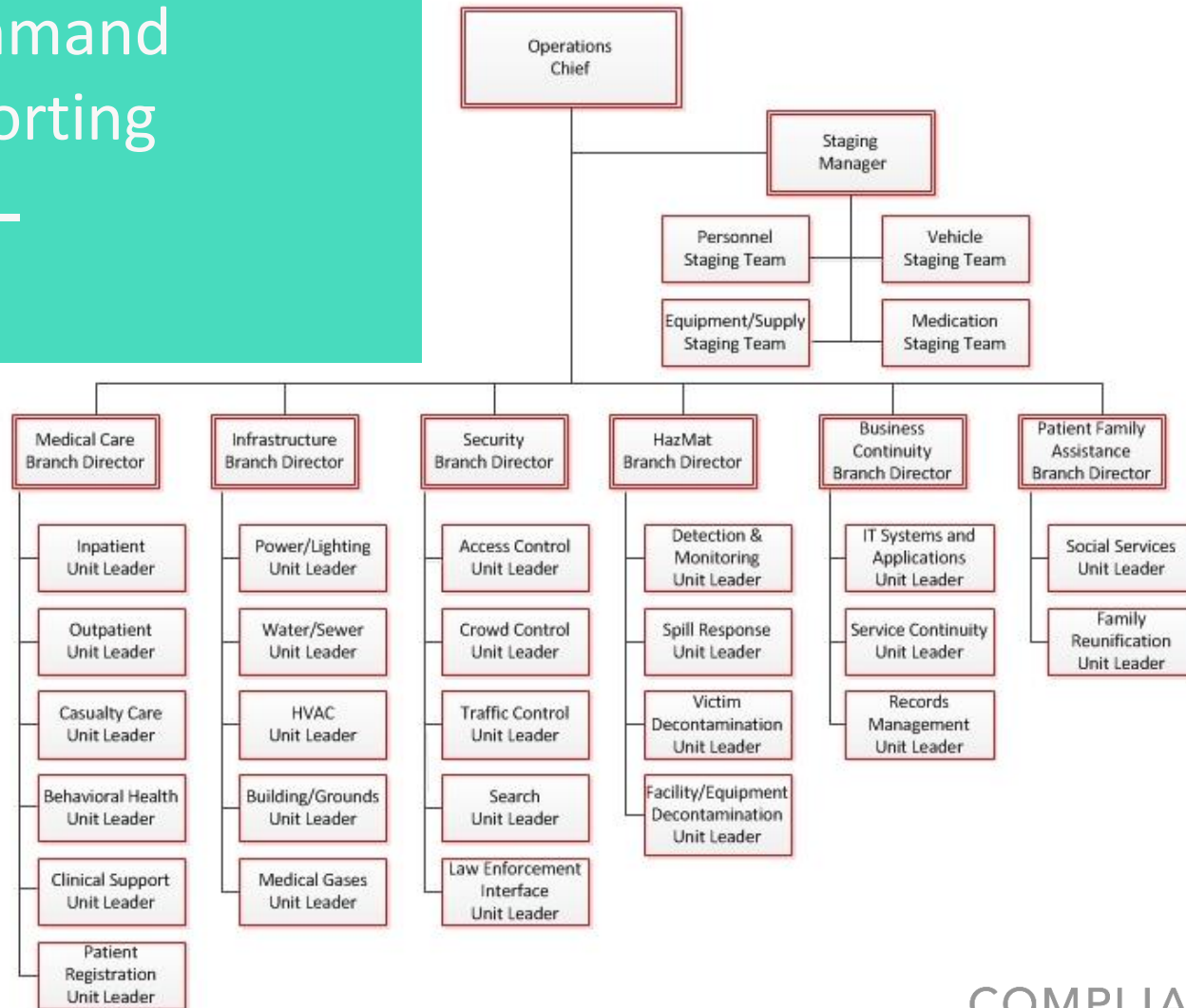- Obtaining Patient History From a Patient with Violent Behavior

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> **" Chaos, panic and fear can only be minimized - never eliminated - when it is preceded by preparation and planning. "**

Implement Components of Emergency Management Plan

Providing security internally during an emergency

- Written security plan that addresses first response of staff to an incident

- Participation in drills/exercises by staff to ensure education

- Integration of hospital security team and local law enforcement

- Reporting structure during an incident using Hospital Incident Command

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Incident Command Reporting

Security Plan Reporting

- Traffic plan – directing traffic/parking in an emergency

- Contaminated patients – impact to facility and entry to facility

- Plan to triage patients outside of facility- secure area.

- Annual exercise to practice these plans in conjunction with community partners – EMS, FIRE, LAW Enforcement

COMPLIANCE **ONE**
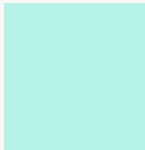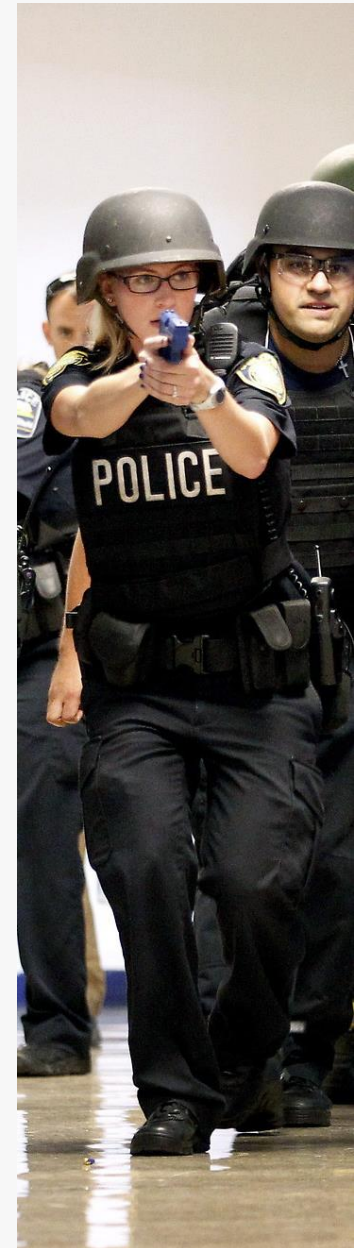
Active Shooter Training

- Utilize educational tools – Video for Run, Hide, Fight for healthcare

- Controlled Access – Ensure law enforcement has all access to areas that are locked down.

- Annual walk through of facility with law enforcement

- Understand Law Enforcement response priorities

2000 - 2016
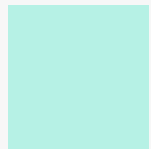200 ACTIVE SHOOTER INCIDENTS
~13/YEAR

Active Shooter/Armed Assailant

- Point of contact to liaise with emergency responders

- Security designee – Incident Commander

- Knowledge of the facility/ security procedures

- Floor plans easily accessible to share with police

- Cameras – ability to monitor and see movement of shooter

- Facilities with no on site security must have an initial response plan for staff safety/security

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Plain Language Codes

Examples

- Facility Alert – "Utility Failure – On Generator power

- Security Alert – "Active Shooter in Tower 1, 2nd floor".

- Medical Alert – "Code Blue on first floor ICU"

- Code Red - Has been retained as "Fire " as this is a national code

CODE YELLOW CODE AMBER	Missing Person Missing Child/ Child Abduction
CODE ORANGE CODE ORANGE CBRN	External Disaster CRBN Disaster
CODE RED	Fire
CODE WHITE	Violent Situation
CODE BLUE	Cardiac Arrest/ Medical Emergency - Adult
CODE GREEN CODE GREEN STAT	Evacuation (Precautionary) Evacuation (Crisis)
CODE PINK	Cardiac Arrest/ Medical Emergency - Infant/Child
CODE BROWN	Chemical Spill
CODE PURPLE	Hostage / Abduction
CODE BLACK	Bomb Threat/ Suspicious Object
CODE GREY CODE GREY BUTTON-DOWN	Infrastructure Loss or Failure External Air Exclusion

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How Effective is your Emergency Management Plan?

- Evaluation of Emergency Responses & Actual Responses to Actual Emergencies

- Identification of Deficiencies & Opportunities for Improvement

- **MODIFICATION OF PLAN & IMPLEMENTATION**

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AFTER ACTION REPORT

Conducting an After Action Plan

Must include the Joint Commission 6 critical function areas:

1. Communication

2. Resource and Assets

3. Patient Management

4. Utilities

5. Security and Safety

6. Staff Management

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Significant Points to the AAR

- Capture what went well

- Capture opportunities for improvement

- Corrections and ability to implement

- Person responsible for correction

- Completion date

- AAR sent to appropriate committees for leadership approval

- Next training should include the areas of opportunity identified

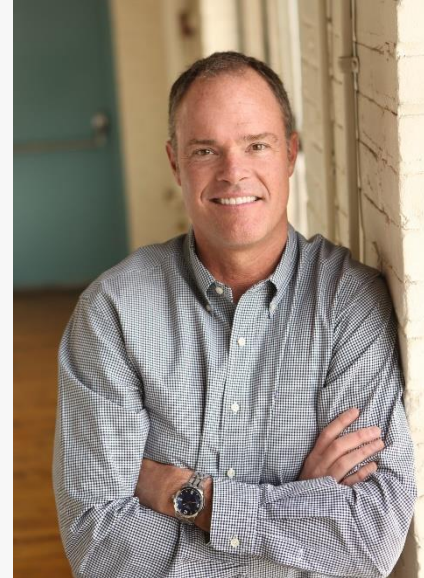COMPLIANCE ONE

Are Hospitals Prepared for World Events?

Are Hospital Generators secure from EMP events?

Are Hospital grids secure?

MRI's, CT's, Medical Equipment

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Contact

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THANK YOU

Questions?

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References

- https://asprtracie.hhs.gov/ ASPR TRACIE – site includes multiple tools and references for Emergency Preparedness.

- https://www.calhospitalprepare.org/active-shooter

- https://www.jointcommission.org/assets/1/6/EM-2014_RECOMMENDATIONS_FOR_HOSPITAL_EMERGENCY_CODES_FINAL_(2).pdf

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html

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