Aspects of crime and violence avoidance

Anthony J. Luizzo, PhD, CFE, CST, PI (Ret. NYPD) and Bernard J. Scaglione, CPP, CHPA, CHSP

This article presents a comprehensive review of ways to minimize threats and occurrence of violence in healthcare. The authors provide a number of resources available for developing programs for mitigating and responding to such violence.

(Anthony J. Luizzo, PhD, CFE, CST, PI (Ret. NYPD) is a member of the board of advisors of Vault Verify, and Stage One Screening, LLC. He is the former corporate director of security and loss prevention for the New York City Health and Hospitals Corporation, president emeritus of the New York Chapter Certified Fraud Examiners, and former eastern region governor of the Association of Certified Fraud Examiners. He is a member of IAHSS and a frequent contributor to this journal.)

(Bernard J. Scaglione, CPP, CHPA, CHSP is the director of Healthcare and Security Business Development for Lowers Risk Group. He has 30 years of experience in the security profession; including a Master's Degree from Rutgers University School of Criminal Justice. He is Secretary of the International Association for Healthcare Security and Safety, past Chairman of the ASIS International Healthcare Council, and past President of the NYC Metropolitan Healthcare Safety and Security Directors Association. He is a frequent contributor to this journal.)

THE PROBLEM

The disastrous effects of terrorism, shootings and other violent acts striking our shores since 2001 has been a siren call to protection professionals to devise strategies to combat these horrendous threats. In the healthcare sector, a number of governmental and non-governmental studies have been promulgated to help guide security executives to devise a blueprint to better educate and deter risks associated with workplace and gun-related violence (shootings). As an example, in 2015 the Occupational Safety and Health Administration (OSHA) published a revised version of their healthcare workplace violence document, entitled, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers." It's important to note that this document was reintroduced because of the increasingly high number of
workplace violence incidents occurring within the healthcare industry. The study indicates that in 2013, the Bureau of Labor Statistics reported more than 23,000 significant injuries due to assault at work. Moreover, more than 70% of those assaults were in the healthcare and social service settings.

According to the Bureau of Labor Statistics, healthcare and social service workers are almost four times as likely to be injured because of violence as the average private sector worker. Speaking further on this issue, OSHA also published a road map for healthcare executives to follow, "Caring for Our Caregivers, Preventing Workplace Violence." This document outlines the process in developing and implementing a comprehensive workplace safety program.

In a viewpoint article published in March of 2015 in the Journal of the American Medical Association, entitled, "Hospital-Based Active Shooter Incidents: Sanctuary Under Fire," the authors indicated that the number of active shooter incidents in U.S. hospitals has increased over the last decade to a frequency of more than one a month. In 2014, the FBI, Texas State University and the Justice Department released a national study on active shooters in the work sector since 2000. The FBI found an increasing trend in active shooter incidents and reported that the average casualties per year had risen as well.

According to the "2016 Hospital Security Survey Report," published by Health Facilities Management, 75% of hospitals surveyed report that maintaining security has become more challenging in the past two years due in part to the rise of behavioral issues and opioid abuse among patients. The article goes on to mention that promulgation of appropriate de-escalation training programming to manage this aggressive behavior should be considered. The complete study can be found at www.hfmmagazine.com/articles.

SOLUTIONS AND STRATEGIES

By simply going to the Internet anyone can find an infinite number of published resources speaking to the prevention and mitigation of workplace violence and firearms-related terrorism.
Notwithstanding, from a practical perspective, diagnosing crime risk exposures should begin and end with reaching out to an expert with proactive crime control and violence avoidance expertise and ask to have a comprehensive crime risk impact assessment (security survey) prepared. The surveyor should be asked to diagnose and offer sound strategies to mitigate unearthed exposures.

Some areas that should be included in the security assessment might include but should not be limited to:

- Enhancing access control strategies
- Bolstering security presence and perception
- Employing Crime Prevention through Environmental Design (CPTED) strategies
- Propping up security’s response to emergencies
- Deepening and strengthening protection education initiatives
- Instituting an effective background screening program

**Enhancing Access Control Strategies**

Many security experts believe that the single best method for minimizing the risk of violence within a facility starts and ends with the control and restriction of access. One accepted, a novel method for restricting access is to employ Crime Prevention through Environmental Design (CPTED) techniques including target hardening initiatives. These strategies are intended to physically alter the access flow so that security or technology can capture potential breaches before wreaking havoc on the institution under review. In addition to CPTED strategies, target hardening hardware such as fencing, doors, locks and card readers can be introduced to further target harden the environment. The use of CPTED principals can effectively control the interior environments as well, and access into high-risk areas like Emergency Department, Maternity, Pediatrics, ICUs and other areas designated as high-risk by the healthcare facility.

The installation of door locks and fencing are only effective when these devices are allowed to operate as designed. Oftentimes, access control policies and procedures become ineffective when compromised. For example, an
exterior portal propped open by a person in order to smoke outside and then regain entry into the hospital, etc. Additionally, many times exit doors are found unlocked, broken or not closing properly because they are not checked on a regular schedule. It is important to check exit and entry doors on a regular basis to ensure they are locked and functional. Interior access control portal doors should also be included. Beyond hardware considerations, software technologies such as access card readers must also be included in the inspection process. Similar to traffic signals GREEN means go and RED means stop. It’s important that these devices are checked to ensure that they are functioning as intended.

**Bolstering Security Presence and Perception**

Security presence is a major part of violence reduction. Security operative visibility along with visible aspects of the security program all contribute to violence reduction. Random patrols and fixed protective presence at select critical ingress and egress portals provides a strong preventative message to miscreants. Increased surveillance is another strategy to reduce the potential for violent activity. Using windows, glass partitions and CCTV cameras can increase the ability of staff to view and recognize danger and violence. In essence, these high-visibility technologies can help the institution enlist everyone (worker, salesperson, contractor, patient, visitor, etc.) and turn them into “security advocates”. More often than not security officers are hired with the intent to screen visitors or just be present in an entrance lobby. However, all too often the officer is posted off to the side, behind a desk or strategically located so far inside of the lobby that they are not noticed by patients or visitors entering the hospital. All too often officers’ posted in lobbies or patrolling hospital surroundings are reassigned to patient watches. These re-assignments reduce security presence and help create the perception that security is nowhere to be found and absent from duty!

**Security Perception**

In these days, post 9/11, feeling secure is very important. Whether a person is at an airport, attending a ballgame or simply walking on the street; we are always taught to be ever vigilant. But walk into a
hospital and most people believe they are in a safe haven - healing zone. When the healthcare security program is perceived as being nonexistent, then patients, visitors and medical staff feel that the hospital does not care about their security and safety. The perception of a sound security program does positively influence the perception of security within the institution. Examples of strong security might include: hospital staff wearing their ID card; the institution issuing security passes to everyone, not just a select few; the institution following infant security safeguards; and the institution having security operatives (ambassadors of security and safety) on duty to direct pedestrian traffic. These strategies enhance the image of security and safety and send a strong message to all potential wrongdoers that security is on the job and hard at work.

**Employing Crime Prevention through Environmental Design Strategies**

A major part of the CPTED philosophy is the use of surveillance technologies. Systems design criteria should include an in-depth review of the surveillance area so that windows, mirrors, low walls or shelving are used effectively to observe the scene. Often, healthcare facilities install cameras and purchase recorders but may not be utilizing them effectively. Most surveillance systems are used for review of after incident occurrences and not for live monitoring. Those select hospitals that do live surveillance do so using small computer monitors, viewing sixteen two-inch wide across images which is an ineffective way to provide surveillance. Professionally speaking, surveillance staffs are often asked to perform a vast majority of other tasks which substantially limits overall surveillance capabilities. It’s important to remember that if CCTV cameras are installed within the healthcare institution, these systems should be monitored live; and on large screens so that images can be viewed in detail. Healthcare institutions that have IP addressable cameras and video management systems should be programming their systems to detect motion and provide a pop up image on a security monitor in specific high-risk areas. Effective camera positioning might include surveillance of stairwells leading
to the Maternity unit during the off hours so that security will be drawn to the image when someone is within the view of the camera allowing for the immediate dispatch of an operative to further investigate. A 1988 article\(^1\) offers some guidance on how CPTED strategies can be included in the security survey.

**Deepening and Strengthening Protection Education Initiatives**

Education is an important part of violence reduction as well. All hospital staff should be trained on the hospital’s policy and processes relating to workplace violence and shooting incidents. More concentrated training should be provided in high-risk areas, like the Emergency Department, Maternity and Pediatrics, and ICU units. In high-risk areas, policies should be continually reviewed with staff and practice drills held so that staff feels comfortable responding to acts of violence or an active shooter event. Workplace violence and active shooter training should take place at new employee orientation sessions and reviewed during annual in-service training programs. Education of security staff is important as well.

Security staff should understand their role in responding to violent incidents and work with local police on a regular basis to ensure that both the hospital and local law enforcement understand the processes when a violent incident occurs. Security officer training should include basic information on workplace violence and active...
shooter training concerning crisis intervention along with all hospital workplace violence and active shooter policies and procedures. This review should take place annually and include the specific processes that Security is responsible for. Key to workplace violence and active shooter response is the cooperation and understanding of police and fire response. The Security Department should meet with the local police and/or fire departments to learn and compare notes on response to a workplace or active shooter incident at the hospital. This meeting should occur annually and include a tour of the hospital so that responders know where they are going. It’s also important to ascertain staffing level shifts within the local police agencies (some police agencies have special events happening during the year which require the hiring of additional staff) so that if major changes do occur either at the law enforcement agency or healthcare institution immediate training is immediately instituted.

**Instituting an Effective Background Screening Program**

Good security does not happen by accident. It begins with not hiring and associating with high risk individuals (employees, contractors, salespersons, etc.). Background checking is an excellent diagnostic tool to decipher deception before it has the opportunity to wreak havoc on your institution. A 2014 article highlights the importance of background checking and its relationship to avoiding crime and violence related victimization.

**Workplace Violence and Active Shooter Resources**

Dealing with emergencies like workplace violence or active shooter instances requires a focused approach. Homeland Security groups responded to emergency events in four phases:

1. Mitigation
2. Preparedness
3. Response
4. Recovery.

The grouping of these functions is useful for classifying and conceptualizing activities used in the preparation and response to violent incidents. As indicated above there are numerous published resources available for the prevention and mitigation of workplace violence and active shooter re-
sponse. Here are a few broken down within the four stages of response as outlined by Homeland Security.

Mitigation is the first of the four approaches. Mitigation activities entail identifying risks and hazards to either reduce or eliminate the impact of an incident. Mitigation activities often have long-term or sustained effects. Some examples of mitigation include:

- Developing and implementing a work policy on violence and violent incident response
- Conducting assessments of high risk work areas
- Target hardening work areas in order to prevent workplace violent incidents

Resources for the mitigation of workplace violence and active shooter incidents include:

- OHSA Website of Workplace Violence: https://www.osha.gov/SLTC/workplaceviolence/
- CDC - NIOSH Publication


Preparedness is distinct from mitigation because rather than focusing on eliminating or reducing risks, the general focus of preparedness is to enhance the capacity to respond to an incident by taking steps to ensure personnel and entities are capable of responding to a wide range of potential incidents.

Preparedness activities may include:

- Conducting drills and exercises so that staff can respond effectively and safely
- Continually training staff so that they are always prepared to handle violent situations

Resources for the preparation of workplace violence and active shooter include:

• Department of Homeland Security on-line training program for active shooter: http://www.nationalterroralert.com/2013/01/20/dhs-launches-new-active-shooter-preparedness-webpage/

Response activities are comprised of the immediate actions to save lives, protect property and the environment, and meet basic human needs. Response involves the execution of emergency plans and related actions, and may include:
  • Handling victims

• Deployment of response teams, medical stockpiles, and other assets
  • Establishment of incident command operations

Resources for the response to workplace violence and active shooter include:
  • Department of Homeland Security - How to Respond to an Active Shooter: http://www.dhs.gov/publication/active-shooter-how-to-respond
  • Healthcare and Public Health Sector Coordinating Councils - Active Shooter Planning and Response in the Healthcare Setting: http://www.dhs.org

Recovery activities are intended to restore essential services and repair damages caused by the event. Recovery activities may include:
  • The reconstitution of operations and services
• Assist with the victim and organizations staff mental health
• Replenishment of stock-piles
• Resources for the recovery to workplace violence and active shooter include:
• Center for the Study of Traumatic Stress Recovery - In the Aftermath of Workplace Violence: Guidance for Supervisors: http://www.cstsonline.org

A FINAL WORD

There are an endless number of ways in which a hospital or other businesses can suffer at the hands of criminals. All are vulnerable, but none are helpless. There are countless ways to thwart workplace violence and firearms related terrorism before it devastates your institution. Just instituting only some of the suggestions outlined will undoubtedly help to further shield your institution from criminal activity. The key to success is to get started.

References

Distribution by the Author for Educational Purposes

Anthony J. Luizzo, PhD, CFE