



Optimizing Hospital Security Training Amid Two Crises

Workplace Violence & COVID-19



Healthcare organizations face unique and ongoing challenges with addressing escalation of violence, both in times of crisis and in times of relative calm. In response, many organizations have created comprehensive workplace violence policies and organized threat management behavior responses. Some favor classroom training for management of aggression response while others have a solely online program. There are many factors that influence healthcare security training and ways that it can be approached, but a few essential optimizations can deliver significant results.

~75% of
workplace
assaults
occur in
healthcare
settings¹

Why Optimize Training?

At a large hospital with 80 security officers, the pre-revision period experienced a high incident rate of staff injuries. Satisfaction with the security team was naturally low. Training for the security team at the time included 24 hours of a Healthcare Academy, the FEMA First Responder course, and a class on interventions with aggressive people. An on-the-job training overview of the facility and officer roles were also included.

¹American Journal of Managed Care: <https://www.ajmc.com/focus-of-the-week/violence-against-healthcare-workers-a-rising-epidemic>

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The World Health Organization defines Workplace Violence as “incidents where staff are abused, threatened or assaulted in circumstances related to their work”

After an assessment found that risks were high, and workplace violence incidents were identified as occurring in many hospital locations (not just the Emergency Department), a decision was made to redesign the security training program. The new program provides 80 hours of initial training, has amped up the physical response training to 16 hours, added 40 hours of the International Association of Healthcare Security and Safety (IAHSS) basic certification course, and additional safety training. It was no surprise that the staff injury rate soon declined, and leadership approvals improved. This security team now hears first-time compliments from many staff.

Security Officers in the Environment of Care

When utilizing officers, security effectiveness often rests upon the amount and appropriateness of their training. Inadequate training can be especially problematic in healthcare settings as it may cause injuries. Whether contract or proprietary security, these employees must understand the needs of the environment of care, know the procedures for workplace violence response, and be able to utilize all necessary skills. When healthcare organizations are asked to defend their responses in specific situations, the best defense is that standard, approved methods were used and that the responses complied with policies.

This is particularly appropriate in times of pandemic, when healthcare facilities can undergo rapid expansion in non-traditional settings.

Training results are often less effective if security responses differ from those which medical staff learned, especially when medical staff and security work together in a team response for a patient. Security officers should employ skills familiar to the healthcare employees. Each team member ideally understands the role of other members, and this favors everyone using the same approach. Control of aggressive patients from this perspective is a team event that rests on a single methodology, which then helps provide the greatest opportunity for minimizing injuries. Medical and security personnel should train together for workplace violence responses, especially when physical responses are needed, and training can provide a platform to practice working together as a team.



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Prioritizing Topics

A total training program should address initial (ideally pre-site) training, an on-the-job application of that training, periodic reinforcement training (monthly or quarterly), and an annual refresher class. The initial training is best presented by a qualified instructor and should include: an orientation on HIPAA, EMTALA, security policies, customer service roles, use of force, and safety. Safety training should discuss hazards, recognition and responses, personal protective equipment (PPE), infection control, and accident/incident responses. After an initial class, officers should be trained on their specific job assignment at the job site. Any physical response requirements should be taught within the first 30 days. Specific customer service roles, such as wayfinding or familiarity with the medical staff and departments, can be shared in the initial week of work duties. Periodic training can be “just in time” type and should provide information, an opportunity for demonstration, and an assessment. This periodic training is a reinforcement program and can touch on many topics in a year. The annual review can include an overview of safety, physical responses to aggressive behavior, regulatory topics such as HIPAA, and any other topics important for the individual hospital.

This is a full cycle program that requires compliance oversight by security leadership and scheduling for an entire year. This type of program, despite its complexity, can help security perform in accordance with policies. The types and topics for training should have some statistical foundation in the annual hazard vulnerability assessment. For example, low risks could justify a low investment in training.

Flexibility in Uncertain Times

The training agenda must also be dynamic. While other businesses shut down and many people working remotely in response to COVID-19, healthcare security officers have remained on the job. In many cases, with the medical facilities busier than normal, security officers have been working longer hours and performing broader duties. Additional training is needed to familiarize security teams with the use of PPE, social distancing and other procedures that are appropriate for this environment. All existing training and procedures for security staff must be adjusted to comply with use of PPE, procedures to follow if PPE breaches occur, and overall ways to maximize safety when interacting with (suspected or confirmed) COVID-19 patients. This is especially important in instances when social distancing is not possible, such as when it is necessary to restrain a patient.





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Informed by its national COVID-19 Best Practices Library, Securitas USA has been presenting additional training at many hospitals such as a four-hour class on risks, PPE, social distancing, and reporting for hospital security and medical staff. Additional training topics for officers include access control, questionnaires, temperature check technology, officer self-screening and foot traffic control for highly populated areas such as elevators.

Hospital staff at many locations have expressed their appreciation for the efforts which the security teams perform to make their environment safe. Management from a prominent California-based hospital stated: "From security officers screening patients and staff at various entrances to clearing out hallways for COVID-19 transports, assisting our Emergency Department Team with screening for our COVID-19 drive-through and even scrub distribution to help our healthcare professionals, our officers have truly excelled in these areas and have perfected their workflows, constantly receiving praises from the hospital staff."



Conclusion

In times of calamity or calm, it's best to consider the investment in quality security training as having a direct impact on healthcare viability. The healthcare industry itself reminds us that investing in preventative measures can often reduce more dangerous and costly problems later. Hospital and security staff can achieve exceptional results in managing any crisis – from workplace violence to global pandemics – when working as a team toward achieving the common goal of improving safety.

About the Author

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