Security Risk Vulnerability Analysis: Making Your Workplace Safer

EXPLORE
HEALTHCARE SUMMIT

Speakers / Contributors

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Jim has been a Senior Risk Services Consultant at MedPro Group since 1993. He has developed safety-related instructor course guides, security assessment programs, and workplace violence prevention plans. Prior to working with MedPro, he was a hospital safety management coordinator. Jim has completed the National Safety Council's Advanced Safety Certificate Program and ECRI Institute's Healthcare Environmental Manager Certification Program. He is also a member of several professional associations, including the National Fire Protection Association, the American Society for Healthcare Engineering, and the Hospital Fire Marshal's Association.

Bud Miller
Bud is a Senior Environment of Care Consultant at MedPro Group. With over 20 years of healthcare experience, he is responsible for conducting Environment of Care surveys at MedPro. Previously, Bud held various roles in a multihospital healthcare system in southern New Jersey, including safety officer, project manager, hospital facility manager, and assistant regulatory manager.

- Does your facility / practice have:
  - Annually reviewed policies, plans, procedures or guidelines
  - Annually completed Security / Hazard Risk Assessments
  - CAP Index (Crime report)
  - History of Security events

Standards Overview

- OSHA
  - *Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening behavior that occurs at the work site.*
- Joint Commission
  - *Workplace violence is a serious and growing problem in health care. Not only does it impact victims, but it can also adversely impact employee morale, increase staff turnover, reduce productivity, create a fearful organizational culture, and compromise patient care.*
- DNV - Det Norske Veritas
  - *Healthcare workers are 4x more likely to be assaulted than any other industry*
- AOA
  - *Healthcare professionals deserve to work in an environment free from fear, intimidation, and aggression.*
- ECRI
  - *According to the U.S. Bureau of Labor Statistics, healthcare workers suffer from higher rates of workplace violence than almost every other profession. Further, according to theWorld Health Organization, between 8% and 38% of healthcare workers are estimated to experience physical violence during their careers. In some extreme cases, the violence may escalate, resulting in the serious injury or death of the healthcare worker.*
- Several state statutes

- Violence against Healthcare Staff: How Leaders in Ambulatory Care Can, Workplace Violence - American Osteopathic Association, DNV GL Healthcare addresses workplace violence in the hospital setting, Workplace Violence Prevention Resources | The Joint Commission, Workplace Violence - Overview | Occupational Safety and Health Administration

Security / Hazard Risk Assessments and Analyses

- What you know will impact your facility.
- What you DO NOT know will impact your facility.
- A properly completed analysis, with response plans, will guide your facility in preparation, response and recovery.
- Analyses review:

  Natural Hazards *(Hurricanes, Tornados, Thunderstorms, Snow, Ice Storm, Earthquakes, Temperature Extremes, Fires, etc.)*

  Technology Hazards *(Generator Failure, Fuel Shortages, Utility Failures (water, sewer, steam, electrical, phone, etc.), Medical Air, Supply Shortages, etc.)*

  Human Hazards *(Mass Causality Incident (trauma / pandemics), Acts of Terrorism, Abductions, Civil Disturbances, Elopement, Bomb Threats / IED's, etc.)*

  Hazardous Materials *(Chemical Exposures, Radiological Exposures, Spills, Terrorism, Mass Causality Hazmat Incident, etc.)*

HVA's / SVA's compare the probability of an event taking place, to the impact and preparedness of the facility.

High probability and **high impact** with a **low preparedness** is an event with a **high risk**.

High probability and **high impact** with a **high preparedness** is an event with a **low risk**.

(example - gerontology practice)

EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPAREDNESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community / Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or None	0 = N/A 1 = High 2 = Moderate 3 = Low or None	0 = N/A 1 = High 2 = Moderate 3 = Low or None	0 - 100%
Active Shooter	*1*	*3*	*2*	*3*	*2*	*2*	*2*	***26%***
Child Abduction	*1*	*2*	*1*	*2*	*3*	*2*	*2*	***22%***
Slip / Trip / Fall	*2*	*3*	*1*	*1*	*2*	*1*	*2*	***37%***

SVA topics to be assessed

- Perimeters and barriers
- Identification for visitors, staff and contracted services
- Security Sensitive Areas
- Hostage situations
- Bomb threats
- Thefts
- Workplace violence
- Access with a restraining order
- Infant / Pediatric abduction
- VIP admission
- Civil disturbances
- Forensic patients
- Elopement
- Suspicious packages
- Vehicular traffic
- Media control
- Crowd control
- Active shooter
- Weapons

Community involvement

- Sharing results with first responders
- Community crime reports
- First responder's "pre-plans"
  - Physician housed CT Scanner / MRI
  - Nuclear Med
  - High Dose Radiation
- Collaboration between similar practices
- Shared services
- OSHA resources – special section for nurses

Compliance

- Conduct a security vulnerability analysis (SVA) of your facility and review your workplace violence prevention plan (WVPP) annually.
- Review all (hospital, healthcare facility and office practices) workplace violence incidents and near-misses or close calls.
- Develop a "workplace violence" definition**.**
  - Workplace violence is not only an active shooter event.
  - One accreditation organization defines WV as: “An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, visitors, vendors and contractors.”

Compliance - continued

- Environmental design follow best practices and applicable federal, state and local laws?
- Provide a framework to guide healthcare facilities in developing effective workplace violence prevention systems.
- Security and workplace violence prevent programs should cover initial / annual training, education, resources, and drills.

Training

- Training is conducted for all new employees during orientation, annually for all individuals, and whenever changes occur regarding the security program and/or the workplace violence prevention programs.
  - Individual training is based on the roles and responsibilities of that individuals within your healthcare facility as outlined in your security and workplace violence prevention plan.

Facility

- Hardening of building and grounds
  - Access points
  - Hiding / stashing spots
  - CCTV camera locations, auto-rotate or stationary, night vision, sound, two-way communication
  - Address clearly displayed
  - Entrances clearly marked
  - Signage – directional and security
  - Exterior lighting
  - Secured parking area
  - Knox box
  - Doors identified
  - 911 or special emergency number
  - Locking main door (if allowed)
  - Nurse call stations
  - Nurse station countertops

Knox Box – locked box, secured to exterior of building with “master keys” inside. First Responders have a special Knox Key secured in vehicle for access. Contact your local fire department (not by dialing 911!) for information.

Workplace Violence Prevention Committee

- The Workplace Violence Prevention Plan requires the establishment of a Workplace Violence Prevention Committee.
  - The healthcare CEO or their designee is responsible for appointing members to the WVPC.
  - In a physician practice the WVPC could be a sub-committee off of the safety committee.
  - Representation should include: administration, nursing, human resources, security, and plant operations/maintenance.
  - The coordinator or chairperson of the WVPC should be someone who has had prior training in workplace violence and prevention activities.
  - The WVPC shall have enough time allotted to develop, direct and coordinate all processes of the WVPP. This committee shall provide guidance and problem resolution as it relates to workplace violence.

Workplace Violence Prevention Committee Responsibilities

- Analyzing security incident reports and tracking data, monitoring trends, employee accident reports, staff screening surveys, and worker compensation claims related to assaults. Security near-miss reports should also be analyzed.
- Reviewing the annual security vulnerability analysis (SVA) looking for real and/or potential risks outside and inside the healthcare facility (e.g., job or locations with greatest risk, isolated locations and duties, lack of lighting, security cameras, panic alarms, safety mirrors, safe rooms, security patrols, previous security problems, and patient diagnosis) for potential workplace violence incidents.
- Where patterns of assaults or staff injuries can be prevented appropriate proactive security measures, workplace adaptations, controls, policy revisions, and staff training shall be instituted accordingly.
- Reviewing federal crime statistics, local Police Department's or other law enforcement crime statistics, and any prevention recommendations they might offer.

Workplace Violence Prevention Committee Responsibilities - continued

- Monitoring current security trends and developing appropriate tracking tools.
- Developing a post-incident response plan.
- Developing mechanisms to express the healthcare's WVPP (computer updates, bulletin boards, and paycheck stuffers).
- Formulating policy governing the discussion of workplace violence incidents with the news media.
- Designing a process that offers a standardized format reporting for non-assaults and assaults, security incidents, and/or potential workplace violence incidents or near-misses. Flowchart the process for making and handling these issues or complaints.
- Meeting on a monthly basis and reporting to the Safety Committee on a monthly basis.

Between 1982 and 2011, a mass shooting occurred roughly 1 every 200 days.

Between 2011 and 2014, the rate accelerated to at least 1 mass shooting occurring every 64 days in the US

2.5% of mass shooting occurred in healthcare settings between 2000 and 2013

Next few slides briefly touch on Active Shooter events.

Feel free to excuse yourself if needed.

- Slides do not have pictures and have been scrubbed of any identifiers.
- If you have more information of the event, and would like to share, I invite you to do so.

Slides are not meant to scare or intimidate

Events

Active shooter

June 2015 – Elderly terminal patient in semi-private room.

Patient's spouse visited everyday. Nursing staff knew spouse by name. Spouse would bring staff snacks and treats on a regular basis to say thank you for the care they were providing. On this day, shortly after the patient's room-mate was transported out of room, 2 shots rang out. Proper Code was called into switchboard and promptly paged overhead. Administrators were notified via group text messaging. First responders notified via 911. Upon arrival of Security, (2) victims observed and firearm secured. Life saving measures initiated but were unsuccessful. Room sealed until law enforcement arrival. Law enforcement took control of room. Councilors were called in to assist staff members. Room was terminally cleaned and renovated. Room out of service for 4 days.

August 2024 – Firearm taken from police officer in Emergency Department

Patient pulls firearm from police officer's holster, brandishing it over his head. Reports from inside the building stated shots were fired, this turned out to be false. An "All-Clear" page was received by staff members, but not an Active Shooter page. Incident was over before it started.

Events

Active shooter

July 2020 – Worker killed, patient hurt in shooting in doctor's office

A correction's officer is being charged with murder after allegedly losing his temper over a doctor's appointment and shooting two people, killing one. The argument started regarding an appointment for the officer's father. Physician was not targeted, the medical worker was.

- March 17, 2022 – 2 doctors dead following dental office shooting

PD receives a 911 call concerning a shooting within a dentist's office. Upon arrival of PD, 2 male victims were located in the business suffering from gunshot wounds. The patient became angry with staff members, retreated to his truck. He then returned a short time after, walked into the practice. Shooter had a handgun and untimely shot two doctors inside the building, according to police reports. Prior to the shooting, he pointed his gun at a nurse who pleaded with the shooter saying she had children.

Quick thinking staff took pictures of the shooter's license plate, the police met the shooter as he was pulling into his home.

Worker Killed, Patient Hurt Shot at Mount Laurel, New Jersey, Medical Office – NBC10 Philadelphia, 2 doctors dead following Smith County dental office shooting

Events

Active shooter

May 2023 – Medical office shooting

Man shoots five women in Waiting Room of a medical practice, killing one. Patient wanted different anti-anxiety medication. Patient carjacked a car, fled to apartment complex and was found hiding in a pool building.

- July 2023 – Surgeon fatally shot by patient in exam room in a “targeted” attack

Appeared to be a one-on-one interaction. Patient had been in the clinic for several hours prior to the shooting, but is undetermined if it lead to the shooting. No previous reports on shooter. Possible mental health issues, was off his medications.

Medical office shooting suspect captured – YouTube, Tennessee surgeon fatally shot in 'targeted attack' by patient in exam room, police say

Events

Knife attack

July 2023 – Knife-wielding mother stabs hospital employees after taking her baby from NICU

Woman stabs (3) nurses after removing her 3-day old infant from neonatal intensive care against medical advice. Woman used a large serrated kitchen knife before driving away with child. A family member stated the woman has experienced mental health episode that recently escalated. Child's mother complained to family members about the baby remaining in the hospital, never made mention of removing child from NICU. Code Pink was initiated. Mother cut (3) employees as they tried intervening.

Woman arrested, accused of taking baby from hospital NICU, stabbing nurses

Events

Active shooter

February 2025 – Hospital ICU shooting / hostage event

Man enters ICU Unit, takes hostages, shooting / killing 2, injuring 5 more.

Suspect entered hospital, then ICU with a bag containing a pistol and zip ties. Subject barricaded himself. Then enters hallway with a female at gun-point and zip tied hands. Subject engaged in gunfire with responding PD, suspect and an officer were fatally wounded. A week prior to shooting, suspect entered ICU for a family member who had passed. Shooter had extensive criminal history and committed this shooting out of anger and sadness as per family.

Appears to be a targeted attack.

UPMC Memorial Hospital shooting - Wikipedia

Events

Assault

March 2025 – Man charged with assaulting nurses and officer

Several nurses and first responders assaulted after man allegedly attacked staff members after observing him trying to break into a locked medical staff office area. Suspect punched several nurses and police officer in the face. Suspect was treated for injuries at the facility before being transported.

March 2025 – Potential Terror Threat Targeted at Health Sector

American Hospital Association and Health Information Sharing and Analysis Center observed a social media post related to planning of a coordinated, multi-city attack towards the health sector. No general information was made available to corroborate or discount the threat. Later that week, FBI stated their was no credible threat.

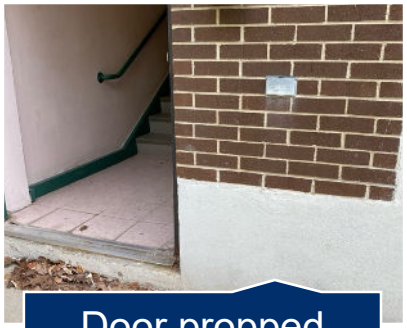
Man charged with assaulting nurses, officer at Jefferson Hospital | Pittsburgh Post-Gazette

Improvements during events

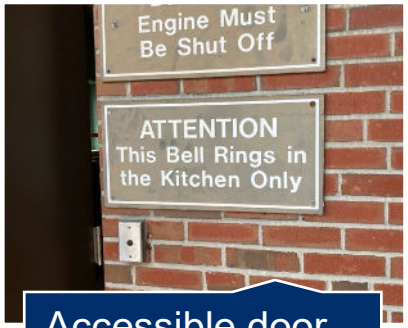
- Communications *(internal / external)*
- Compartmentalization education
- Resource allocation
- Local Emergency Preparedness Committee
  - Know who does what, know where to get supplies on a 24/7 basis

Common Observations

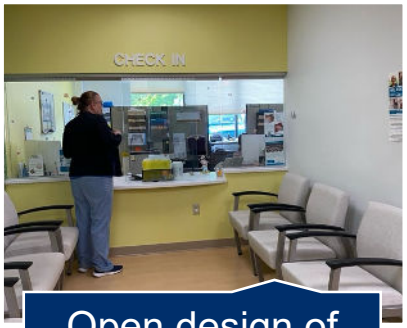
Propped open door to allow re-entry, door buzzer with no means of verification, low / open countertops



Door propped open to smoke



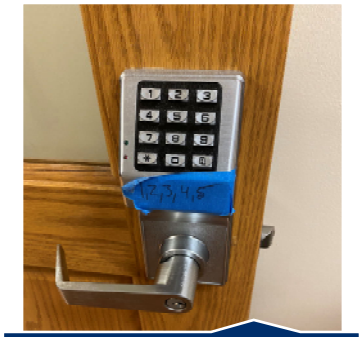
Accessible door – no peep hole



Open design of Reception Area

Common Observations

Security codes written on doors or frames, unlabeled exterior doors, dim / no lighting, blocked access to security alarm



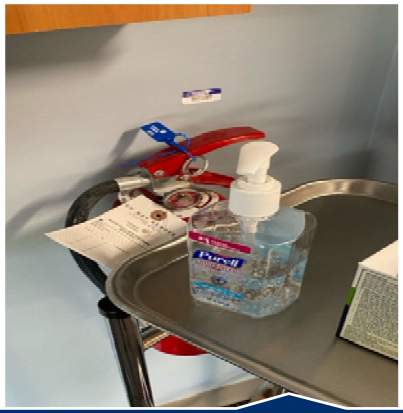
Lock code written on lock or door frame

Label exterior doors

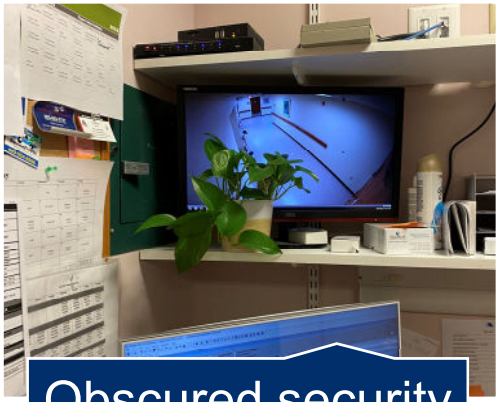
Access to alarm

Common Observations

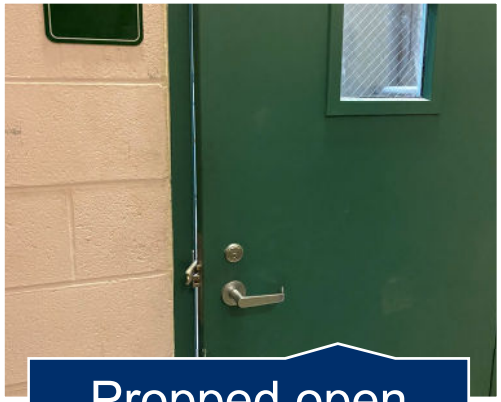
Electrical / Utility Closets / Med Rooms secured, syringes and medications available, blocked view on security camera



Accessible medical supplies



Obscured security camera display

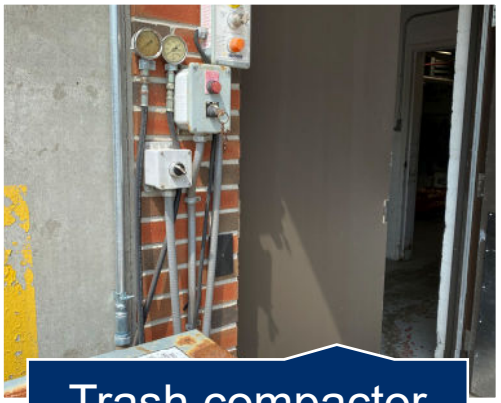


Propped open door

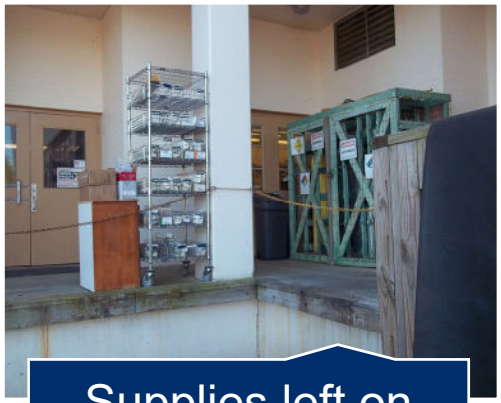
Common Observations

Doors propped open to secure areas, unsecured trash compactor / regulated medical waste, open loading area / dock

Propped open door to secure area



Trash compactor keys left in controls

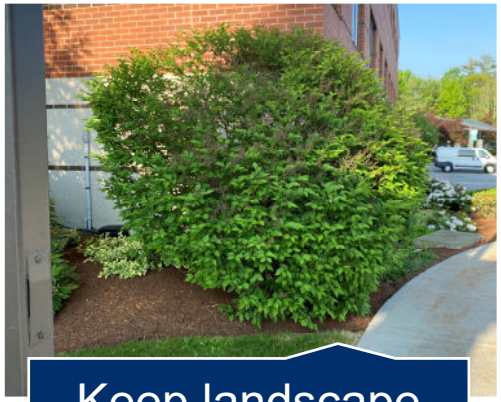


Supplies left on Loading Dock

Photos by Jim Echard & Bud Miller

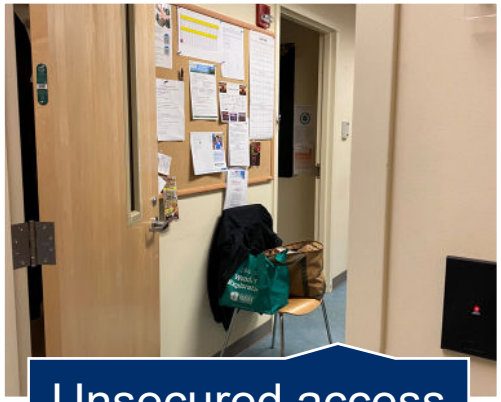
Common Observations

Access to unsecured areas, obstructed views



Keep landscape materials trimmed

Unsecured access to basement

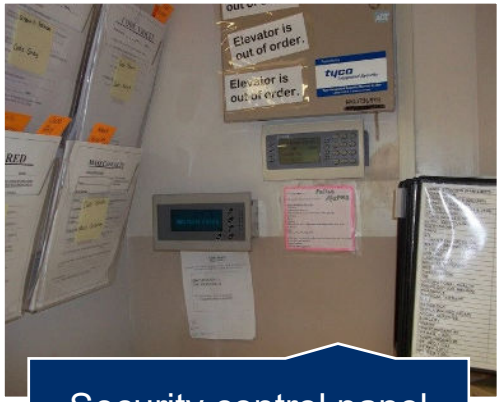


Unsecured access to Locker Room

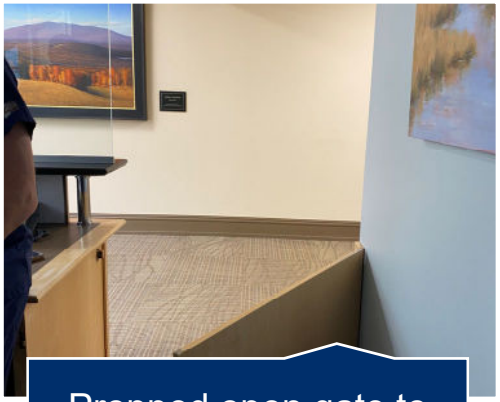
Photos by Jim Echard & Bud Miller

Common Observations

Access to unsecured areas, missing assistance / security alarms in courtyards, PA speakers for courtyards, fire alarm notification for courtyards, phone in courtyard



Security control panel unsecured and cluttered



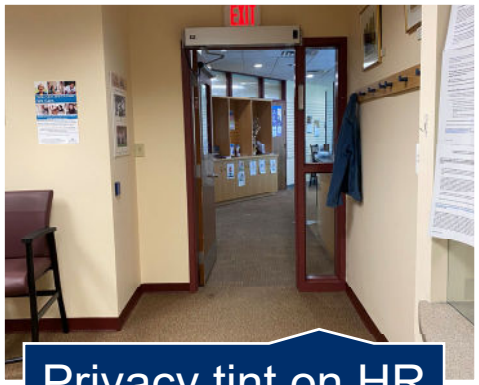
Propped open gate to Nurse Station

Missing Assistance / Security alarm

Photos by Jim Echard & Bud Miller

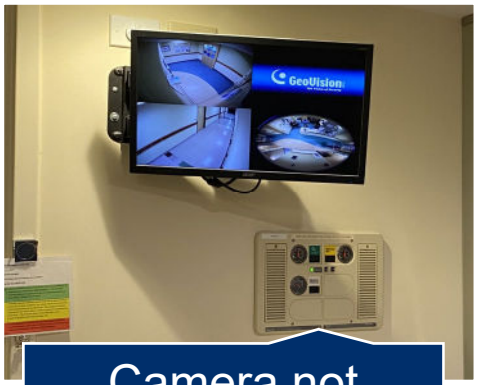
Common Observations

Privacy into secure suite, disconnected security alarm (was being bumped by knees), security camera not functioning



Privacy tint on HR door

Missing Security Alarm

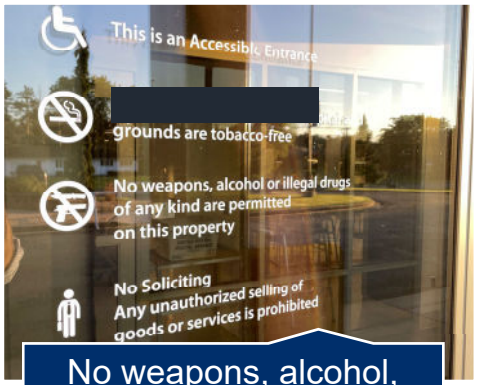


Camera not functioning

Best Practices

Signage on all entrances

Tobacco & Smoke Free Facility



No weapons, alcohol, illegal drugs permitted on property

No weapons signage

Safeguards in Design (Signage)

Consider posting signage at entry points and by registration desks with the following statements:

This is a Place of Healing and Mutual Respect
Aggressive behavior will not be tolerated

No Abusive Language
No Threatening Behavior
No Physical Assault
No Sexual Harassment
No Illegal Drugs
No Weapons

Anyone participating in the above activities can be immediately removed from the property and prosecuted to the fullest extent of the law.
In some states, it is a felony to assault a healthcare worker.

Safeguards in Design

Parking Lot / Main Entrance

Well lit parking lot and entrances / exits, trimmed shrubbery, defined visitor / patient entrance, secured employee entrance, security cameras (stationary)

Reception Areas / Waiting Rooms

Countertops or pass-through window height, countertop width, well lit, convex mirrors in Waiting Room and corridors, security cameras, half lite doors into Waiting Room from outside, separated Waiting Area from Exam Area, vision lite in self-closing door to Exam Area, locked door to Exam Area, arrangement of Waiting Room chairs, restroom in Waiting Area, “no weapons” signage on exterior door(s), Staff only restroom

Medical Gas / Medication Storage

Vision lite as permitted by local codes, keyless locking / self closing doors, telephone

Safe Room

High / solid, continuous ceilings, secured furniture, anti-ligature furnishings / fixtures / accessories, light switch

Counseling / Interviewing Rooms

Two means of egress, lightweight furniture affixed to floor & arranged to prevent entrapment, convex mirrors, security cameras, duress alarm, phone

Safeguards in Design

Badging / ID

- Staff wear ID's with personal information shielded or removed, first name / staff function / department
- Staff use ID as keycard

Staff Entrance / Main Entrance

- Only staff use Staff entrance, all others use Main entrance, do not allow ghosting into facility, all vendors / contractors / visitors must register at main desk or with "special" departments, wear proper badging

Summary & Thank you

Preparation and collaboration are key for a facility’s preparedness and response.

Feel free to reach out to us with any questions regarding a HVA, SVA, or EoC survey.

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