Risk Alert

Pandemic Crises Will Intensify Security Needs for Healthcare Facilities

A pandemic crisis will intensify the need for facility security and could put healthcare workers at greater risk to threats and acts of violence. According to the most current Bureau of Labor Statistics (BLS) data, incidents of serious violence (those requiring days off for the injured worker to recover) were on average four times more common in healthcare than in private industry. The broad category of "healthcare and social assistance" business sector has 7.8 cases of serious violence per 10,000 full time employees. These numbers could increase as more patients enter healthcare facilities due to COVID-19 and anxiety and uncertainty grows; and self-quarantine/social distancing create increased feelings of isolation in the general public.

Facility security, and specifically patient and staff safety, will be an essential function during a pandemic. A pandemic will require healthcare facilities to limit and restrict access in different ways, potentially requiring changing the footprint of treatment areas (e.g. temporary outdoor triage and treatment facilities) and may require changes to isolation measures to separate suspected infectious disease cases from visitors, staff and other patients. Security personnel and patient care staff will be interacting with a scared and potentially dangerous public. Not only will staff be at risk for infection, but they may have to confront violent individuals demanding resources and healthcare.

Important safety and security best practices to minimize injuries associated with workplace violence.

The Occupational Safety and Health Administration (OSHA), and other agencies, as well as organizations such as The Joint Commission on Accreditation of Healthcare Organizations have provided the following guidance for healthcare employers to minimize the potential for violent incidents and injuries.

- **Use Current Hazard Vulnerability Assessment (HVA)** – HVA identifies and prioritizes physical security and access control measures and communication protocols. Confirm Medical Executive Committee (MEC) and Environment of Care (EOC) leadership teams understand existing security plans, policies and procedures, and have reviewed them with departmental staff.
- **Activate Emergency Response/Incident Command Communication Protocols** – Utilize the HVA and follow communication plans with staff. Primary and secondary communication systems should be tested for reliability and access control drills should be initiated and evaluated.
- **Incident Command Communications with Community Resources** – Schedule planning meetings with local, county and state law enforcement, and emergency response agencies to review and coordinate internal resources and established HVA plans.
- **Implement Appropriate Engineering Controls** – These may be a mix of physical controls (access restriction, physical barriers, lighting and camera monitoring, and HVAC airflow evaluations, etc.). Certain tool and equipment changes may also be identified.

To learn how Aon can empower results for your organization, contact:

Deborah E. Weigand
Managing Director
Aon Global Risk Consulting
Casualty Risk Control
1.248.936.5217
deborah.weigand@aon.com

Vicki Missar
Assoc. Director
Aon Global Risk Consulting
Casualty Risk Control
1.469.867.6196
vicki.missar@aon.com

Security will be essential during a pandemic

Train security staff on specific roles and pandemic scenarios

Ensure sufficient infection control resources

Integrate facility security with local and state law enforcement agencies

Inform and train staff on security measures expected during a pandemic

Conduct regular tabletop and practice drills

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- **Implement Appropriate Administrative Controls** – These are typically a mix of staffing and personnel changes, as well as training and education regarding the application of the HVA plan. Review and test de-escalation, self-defense, and responding to emergency codes with department leaders. The [Crisis Prevention Institute developed these 10 de-escalation tips.](#)
- **Conduct Facility, Department and EOC Tabletop Practice Drills** – This should include response to a full spectrum of violent incidents ranging from a verbally abusive family member to an active shooter. These drills should be part of an ongoing safety program as indicated in the Joint Commission Environment of Care (EOC) Standards.
- **Supply Chain Management (SCM) Review** – Due to logistic and economic concerns, this element of disaster planning is often neglected or inadequately assessed. The Department of Health and Human Services (HHS) has recommended developing institutional stockpiles of critical medicines and medical supplies and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommends a minimum of 48 to 72 hours stand-alone capability. However, pandemic situations may require a minimum of six to eight weeks of stand-alone capability. A SCM review should be conducted and include physical security and access control to facility inventories.

Available resources:

US Department of Health and Human Services - 2017-2022 Healthcare Preparedness and Response Capabilities Manual. https://www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx

Occupational Safety and Health Administration – Pandemic Influenza Preparedness and Response Guidance for Healthcare workers and Employers. https://www.osha.gov/SLTC/pandemicinfluenza/

Centers for Medicare & Medicaid Services – Emergency Preparedness Rule. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule

Department of Homeland Security – Healthcare and Public Health Sector Specific Plan https://search.usa.gov/search?utf8=%E2%9C%93&affiliate=dhs&dc=&channel=&query=hospital+pandemic&search-type=dhs&commit=Search

Aon's Healthcare Risk Consulting Solutions

The Aon Client Promise™ is our continuous improvement model to discover, develop, deliver and review the success of our solutions for the benefit of our clients. The Promise ensures a thoughtful and thorough approach is taken to align client goals and needs with targeted solutions to achieve the overall goal of continuous improvement and total cost of risk reduction.

Aon Healthcare consultants conduct a program review which evaluates our client's current workplace violence prevention (WVP) program utilizing compliance requirements, and industry specific and generally accepted best practices. Metrics-driven diagnostic tools (Laser, Casualty Analytics, and Spectrum) are leveraged as part of the analysis to identify incident trends and cost drivers and evaluate their relationship to program controls.

The goals are to identify strengths and gaps, develop improvement strategies that reinforce what is working well, and close program gaps to reduce the frequency of incidents, improve employee and patient safety, and help reduce the total cost of risk.

About Aon
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