

Are hospitals doing enough to protect healthcare workers?

by [Joel Griffin](#) On Jan 30, 2015



Healthcare security experts offer varying opinions as to what additional security measures hospitals should be employing to prevent acts of violence against doctors, nurses and other staff members.

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Last week, authorities say a man upset over his mother's death walked into Brigham and Women's Hospital in Boston and shot the doctor who he thought was responsible. According to published reports, the gunman, identified as Stephen Pasceri, asked for Dr. Michael Davidson by name and then shot him twice outside an examination room before turning the gun on himself.

The incident has raised questions about the adequacy of security at hospitals and other healthcare facilities around the nation.

Of course, violence against doctors, nurses and other hospital staff is not a new phenomenon. According to the International Association of Healthcare Security and Safety Foundation's "[2014 Healthcare Crime Survey](#)," violent crime incidents (murder, rape, robbery and aggravated assault) at hospitals in the U.S. and Canada increased 16 percent in 2013.

Some industry experts say hospitals, by and large, are doing the best they can to balance the need for openness with security in the healthcare environment, while others believe they could be doing more. Bonnie Michelman, CPP, CHPA, director, police, security and outside services at Massachusetts General Hospital, says that hospitals have made tremendous strides over the past decade to minimize their risks and prevent incidents like these from occurring.

"Just as in most other industries, there are some incidents that are unforeseeable and that you can't protect against because they are not predictable," says Michelman. "I think what we try to do is create a balance and that consists of a really well-trained, alert and educated workforce that understands they have to be part of the security solution. A second part of that solution is having state-of-the-art technology designed to mitigate inherent risk — whether it be access control, CCTV or alarm systems — all of that needs to be properly designed to fit the risks in hospitals. The third piece is policies and procedures and just having good protocols so people are being as safe as they possibly can be and the fourth is having well-trained and confident security staff who are able to be proactive, identify risks, conduct risk assessments and respond when incidents occur."

Metal Detectors and Access Control

Caroline Ramsey-Hamilton, president of Fort Lauderdale, Fla.-based security consulting firm Risk and Security, LLC, says shootings like the one that occurred last week in Boston are going to continue until hospitals adopt metal detectors on broader scale.

“Some people say we don’t use metal detectors or we don’t want to use metal detectors. Great, I’m happy for you. If you don’t want to use metal detectors then don’t use them, but you are going to have people coming in with guns and killing people in your hospital,” says Ramsey-Hamilton. “I also think signs are effective. Everyone says signs are such a low-tech solution and never stop an active shooter, but what if it is not an active shooter? This man didn’t fit the profile of an active shooter — a young man with no particular motive, unemployed, not happy — that was not this guy. If he had seen a sign, he might have thought he was going to be frisked and not have done it. Those are the people who get discouraged by a sign, the honest people, not the criminals.”



According to Michelman, only a very small percentage of hospitals across the country have metal detectors, which do not always prevent acts of violence from occurring in the first place.

“I think it is very difficult to have metal detectors because you have numerous entrances, they require a lot of staffing, they stop and slow down people from being able to get in, and some people simply walk through a metal detector with a weapon anyway,” adds Michelman. “I think there are better ways of protecting an environment and metal detectors can be very, very difficult and can set a tone that is uncomfortable as well as be quite cost-prohibitive. That doesn’t mean that I don’t think they ever work in certain places, but I think you have to be very careful and it’s not something most hospitals would want to do.”

Ramsey-Hamilton says hospitals are going to argue that they have to be open environments for patients and their families, but that unless they have solid access control measures in place then their chances of mitigating violent crimes is going to be greatly diminished.

“I’ve been to a lot of hospitals where they have good access control and it is not that hard. It takes about

one minute and people get screened instantly and walk right through,” Ramsey-Hamilton says. “Now that we’re getting where we have these (violent incidents) every two weeks, they’ve got to do something. What else are they going to do, because even if someone had seen this man pull a gun out...it all happens so fast you don’t have time to respond. Even if security is just down the hall, there is not enough time to call them. Why have a security department if you’re not going to do security? It’s about more than just recording it so you can watch it later to figure out what happened — you have to be able to prevent these things from happening.”

A Delicate Balance

Michelman admits achieving that desired balance between openness and security is a challenge; however, she adds that trying to turn a hospital, which has multitude of entry and exit points, into a fortress is an impossibility.



“It is a 24-hour-a-day environment that has to be open to everyone. There are usually many entrances and exits in hospitals. Many are locked at night at most places, but during the day some hospitals have thousands and thousands of people coming through their doors, so you can’t lock it up like a fortress,” says Michelman. “You also don’t want to make people feel like it is unsafe coming to a hospital. For most (hospitals), we have a lot of layers of protection, but we try to make them as subtle as possible so people don’t necessarily see or feel them.”

According to Ramsey-Hamilton, every healthcare facility needs to have some level of access control and screening for individuals when they enter the building regardless of their purpose for being there.

“You have to have some kind of access control. They have no access control right now. Anyone can just walk right in and I think that is the main part of the problem and you’re never going to stop anything like that,” says Ramsey-Hamilton. “A lot of the standards, including the IAHS standard, it has these things in it. It has signage in it, it has at least hand-held metal detectors in it, but you have just got to find a way to keep these people out because once they are in... this is what you get over and over and over.”

For those that think openness in hospitals cannot coexist with more stringent access control and screening measures, Ramsey-Hamilton challenges people to visit the hospitals that have made it work.

“In Florida, for example, they have these huge hospitals of course because there are more old people and more sick people than most other places due to the retiring population, but everybody goes right through the scanners, it’s no big deal, it’s not big problem and they get used to it,” she says. “I can’t see how hospitals are even going to want to go on like this in a place that is supposed to support health and healing to have people shot and doctors shot.”

Risk Assessment

Michelman encourages hospitals to take a proactive approach to their security program by conducting risk assessments of all of their high-risk areas, tracking incidents to determine where more resources are needed, creating comprehensive training programs for staff members, and comparing how their facilities stack up against established benchmarks for the industry.

“Hospitals have made great strides over recent years in being better protected, there’s been a lot of investment made by hospitals for security and there have been a lot of regulations around security, which is good,” says Michelman. “I am very optimistic that there are a lot of good strategic and technical things being done, but we certainly have our large share of risks and we have to constantly be on top of our game. There is no doubt about that.”