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# Security Design Guidelines for Healthcare Facilities

July 13, 2021

**Thomas A. Smith, CHPA, CPP**





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# for Healthcare Facilities 3rd Edition

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# Beyond the Basics

As part of the Academy's multi-channel, on-line approach, these sessions are tailored to mid-level design professionals with enough exposure to jump-start interest in wanting to learn more.



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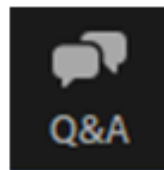
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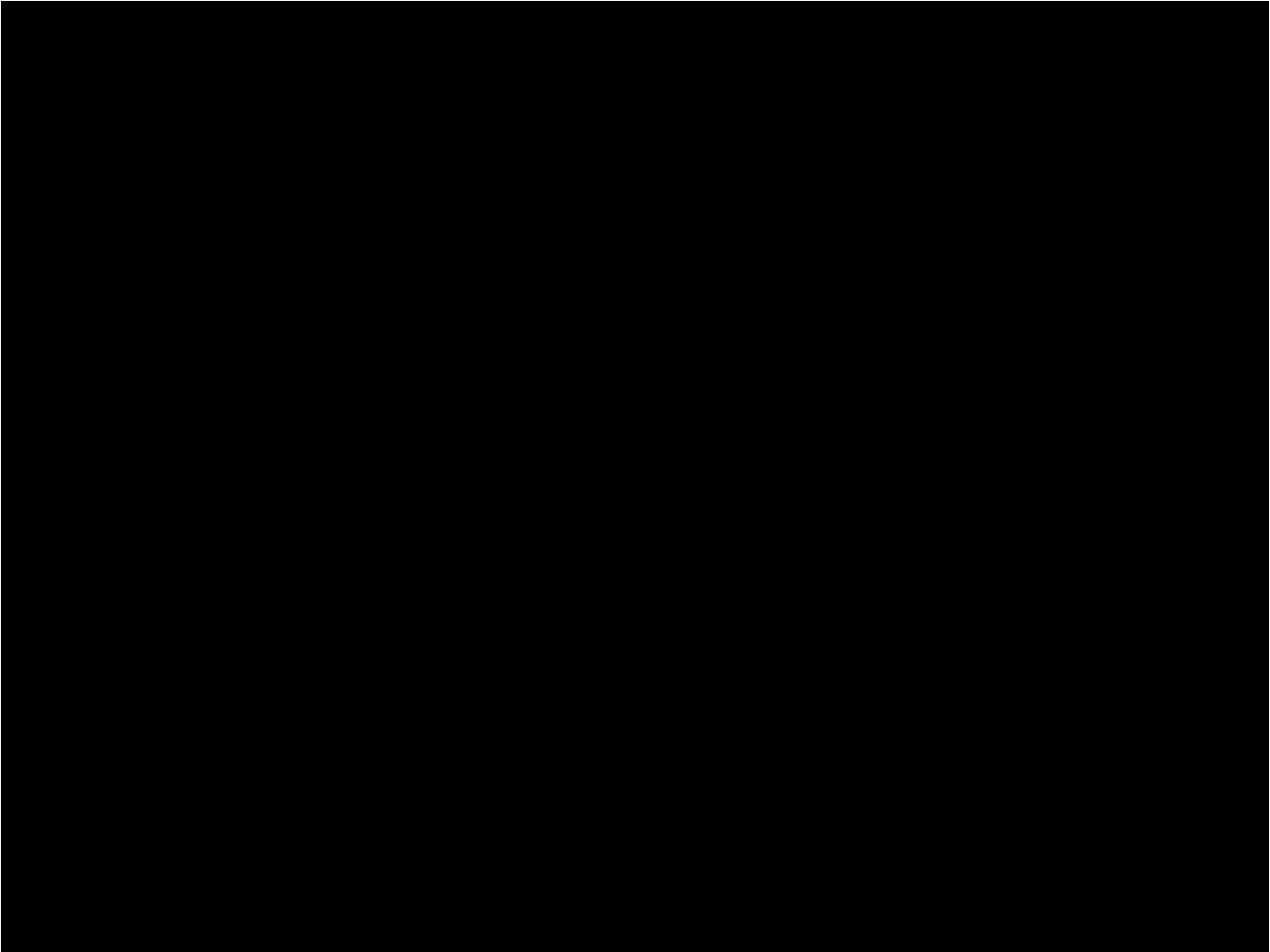
**Thomas A. Smith**, CHPA, CPP  
Healthcare Security Consultants, Inc.





**“Good judgment comes  
from experience and a lot  
of that comes from bad  
judgment”**

**Will Rogers**



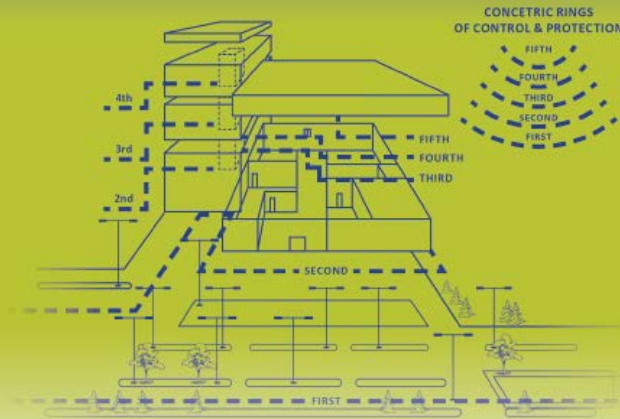
, <https://www.youtube.com/watch?v=fn2xHLuleBQ>

# Objectives

- Provide background and design elements to include in every project
- List security design elements of:
  - Parking and the External Environment
  - Buildings and the Internal Environment with emphasis on ED based behavioral health facilities
- Identify new elements in the 2020 IAHS Security Design Guidelines for Healthcare Facilities



# Security Design Guidelines for Healthcare Facilities 2020



## IAHSS Security Design Guidelines for Healthcare Facilities 2020

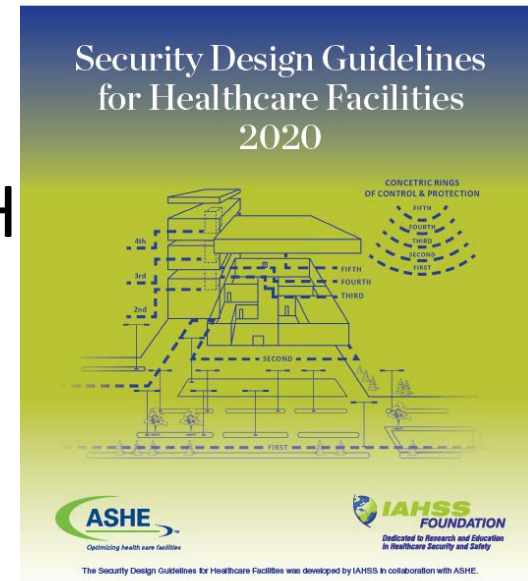
[https://www.iahss.org/  
store/ListProducts.aspx  
?catid=458948](https://www.iahss.org/store/ListProducts.aspx?catid=458948)

# 2020 Healthcare Security Design Guidelines Task Force Members

- **Tom Smith**, CHPA, CPP - Chair; Healthcare Security Consultants, Inc.
- **Randy Atlas**, Ph.D., FAIA, CPP – Atlas Safety & Security Design Inc.
- **Chad E. Beebe**, AIA, CHFM – ASHE
- **Dave Brown**, CHPA, CPP – Integrated Protection Services: Fraser Health, Vancouver Coastal Health, Providence Health, Provincial Health Services
- **Mike Lauer** – BJC Healthcare and Barnes Jewish
- **Don MacAlister**, CHPA – original SDGHF Task Force member; Paladin Security Group Ltd.
- **Tony York**, CHPA, CPP – Original SDGHF Task Force member
- **Dan Yaross**, CHPA, CPP – Nationwide Children's Hospital

# The IAHSS 2020 Security Design Guidelines

- Revised the 2016 edition.
- New area covering Long Term Care
- More extensive updates for ED and BH
- Additional material for clinics
- Updated reference materials.



# Security is often incident driven...



After a mental patient escaped from \_\_\_\_\_ Regional Medical Center's emergency room and shot himself in the head, hospital officials quickly altered visitation policies and tightened security.

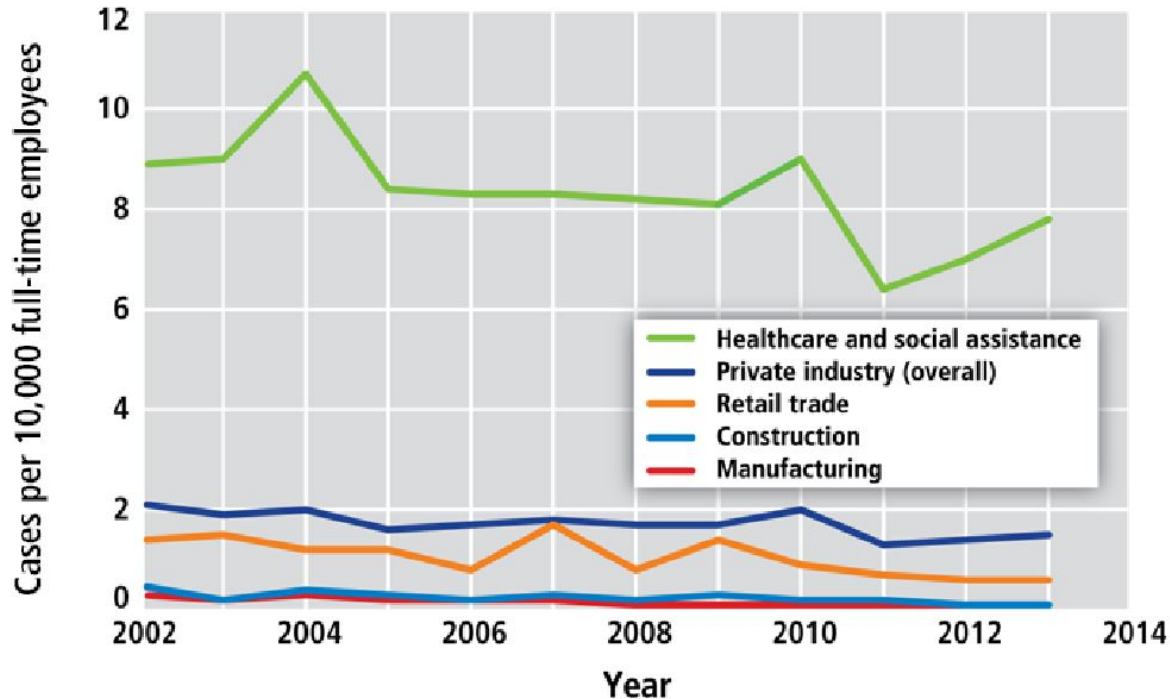
***“Health care workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored.”***

# Health Care Risk Factors

- **ED Wait Times**
- **Unrestricted Movement of the Public**
- **Lack of Mental Health Resources**
- **Higher Patient Acuity**
- **HCFs Open 24/7**
- **Forensic (prisoner patient care)**

Reducing workplace violence incidents - How health care facilities can improve workplace safety, Thomas A. Smith, Health Facilities Management, 5/6/15, Accessed 11/17/10, <https://www.hfmmagazine.com/articles/1544-reducing-workplace-violence-incidents>

# Why is security increasingly important



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

# Security is increasingly important to others...



**CAL**  
**OSHA®**

**OSHA®**





# So what is the IAHSS doing?



## Published Violence Related Guidelines Including:

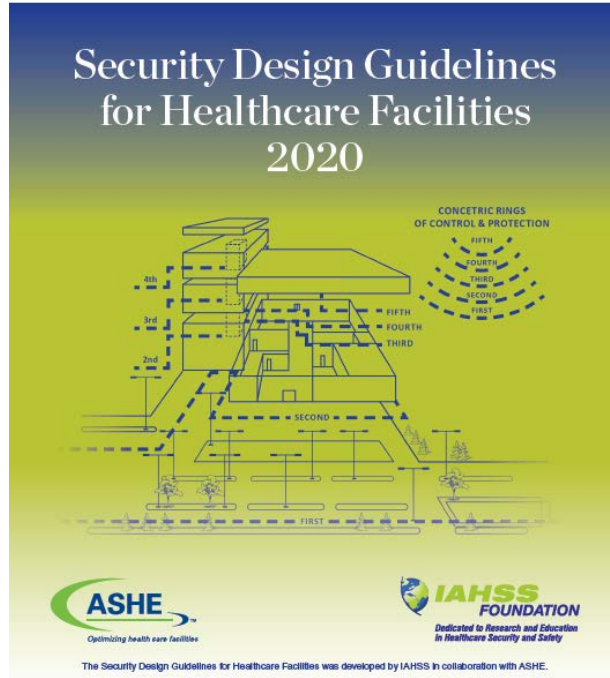
- Violence in Healthcare
- Violent Patient Visitor Management
- Targeted Violence
- Management of Weapons
- Threat Management
- Visitor Control
- Violent Patient / Visitor Management
- Security Role in High-Risk Patient Watches



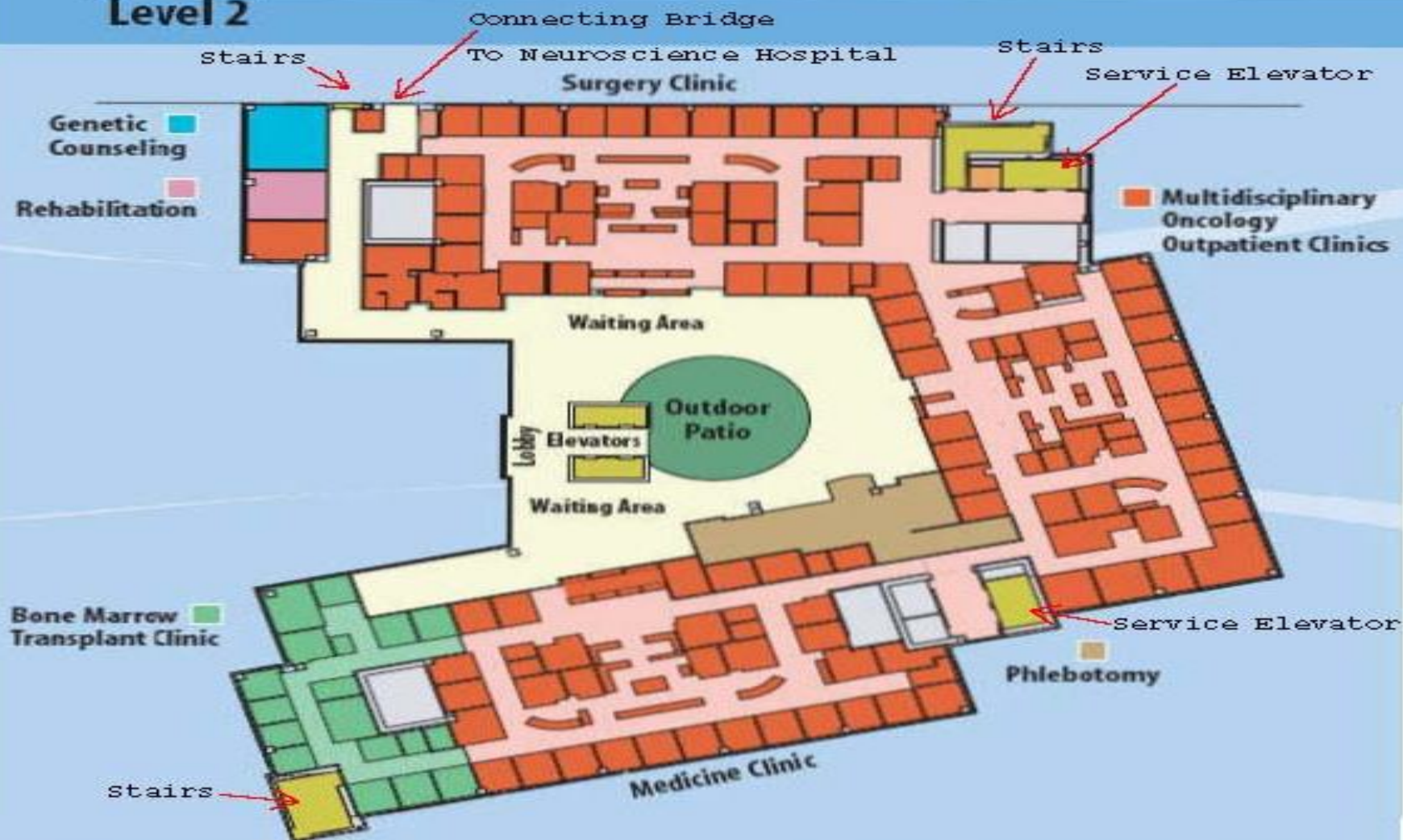
# Basic Tenants



- Applicable to **all** HCFs
- Address security **early** on during design
- Supports FGI “**Safety Risk Assessment**”
- **Clear, concise, reasonable & Cost effective**
- **Security emphasis** impacting Safety, Emergency Management, Regulatory Compliance.



## Level 2

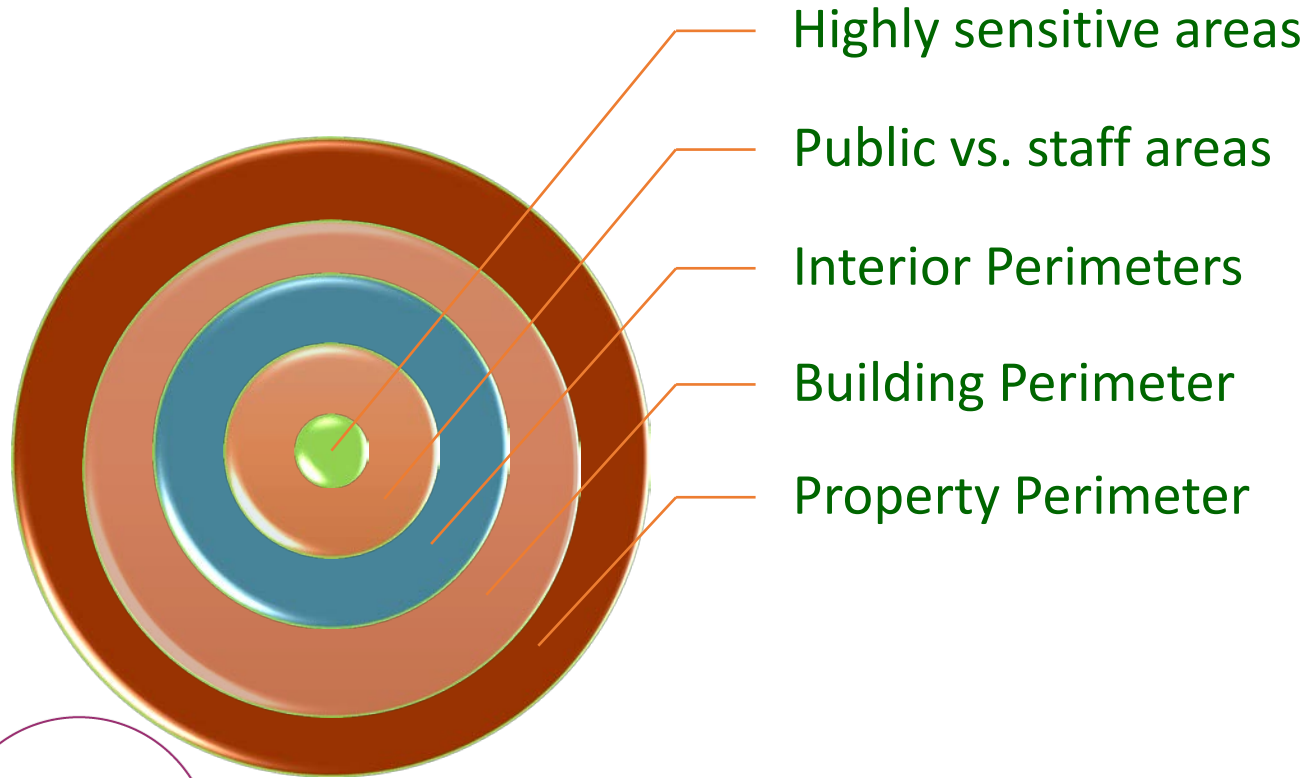


# General Guideline



- **Background** and framework for all guidelines
- **Best practices** to design teams
- **Security Vulnerability Assessment** led by a “qualified security professional”.
- **Use of CPTED** principles (*Crime Prevention Through Environmental Design*)

# Basic CPTED Principles Applied to Healthcare



# Apply this lens & appropriate security measures to each area...

- Areas accessible to the public at all times.
- Areas restricted to the public during non-visiting hours, periods of lesser activity, or other periods of increased vulnerability.
- Screened public areas
- Staff and accompanied public areas.
- Staff-only areas.
- Areas for designated staff with appropriate clearance

# General Guideline - Construction, Commissioning, and Occupancy

**Risk Appropriate Security Project Plan to include:**

- **Impact of demolition and phasing of existing site functions and protection efforts**
- **Need for temporary security measures**
- **Early** implementation of security measures

# Property Perimeter – Parking & the External Environment

- Perimeter defined by fencing, landscape, or other barriers
- Site Security Plan Depicting – control points, circulation routes, landscaping and illumination.
- Controllable during events requiring heightened security levels.



# PARKING AND THE EXTERNAL CAMPUS ENVIRONMENT



- Use of fencing and or protective barriers to channel Access (vehicles and pedestrian)
- Lighting (IES Standard G-1-16)
- Surface lots and decks
- Security Systems

# Lighting

- ***“Hospitals and Trauma Centers – Emergency medical and trauma facilities are by their very nature, places that require a high quality of outdoor lighting where visibility at night is a critical life safety issue.”***
- **Medical Offices and Clinics**
- **Helipads**

# Outline of Areas Covered



- Inpatient Facilities
- Emergency Services
- Behavioral / Mental Health Areas
- Pharmacies
- Cashier and Cash Collection Areas
- Infant and Pediatric Facilities



# Outline of Areas Covered

- Protected Health Information Areas
- Utility, Mechanical, and Infrastructure Areas
- Biological, Chemical, and Radiation Areas
- **Residential / Long-term care facilities**
- Emergency Management Considerations

# Building and the Internal Environment

- Areas for designated staff with appropriate clearance
- Interview spaces, exam rooms and clinical treatment areas



# Building and the Internal Environment

- Materials Management
- Shipping and Receiving
- Mail Rooms
- Health Information Management
- Human Resources
- Call Centers
- Research Facilities
- Urgent Care
- Operating rooms & Sterile Areas

# Central Distribution Center Project

- Converted retail to Healthcare
- Central Pharmacy, IT, and Materials Management
- Retail site had traditional guards, guns, gates, fencing, alarms.
- Extensive renovations after move in required to minimize security risks



# Long Term Care (**New Guideline**)

- Sometimes conflicting goals
  - Safety
  - Privacy, dignity and health
  - Institutional vs. Residential
- Designs should support changes in level of care



# Residential / Long Term Care (continued)

- Perimeter considerations
- Consider needs of residents with dementia, etc.
  - Fencing of grounds
  - Video surveillance
  - One primary entrance/exit
  - Consider vestibule-like design

# Design of Door Access



Is this an acceptable exterior door access system for a 55+ apartment associated with a LTC facility?

# Design of Door Access



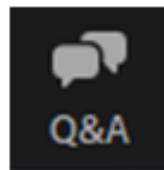
After “the incident”  
this is what was  
implemented.

## Questions?

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# New Elements – ED



- Extensively updated
- Added section on Behavioral Health Areas
- Control of access:
  - Parking
  - Waiting areas to treatment
  - Treatment to interior of hospital
  - Hospital to ED
  - Ambulance to treatment areas



# New Elements – ED (continued)

- High Risk Patient Observation Rooms
- Locked Emergency Psychiatric Sections
- Forensic Patient Rooms (Prisoner Patients)
- Decontamination Rooms

# Locked Crisis Intake Center / Behavioral Health

- Inside the ED or stand alone
- Considerations include:
  - Secure pathway between ambulance and walk-in entrances
  - Screening of visitors and patients upon intake to include evaluation of metal screening.
  - “Elopement Buffer” Zone
  - Secure access into and out of waiting area

# Locked Crisis Intake Center / Behavioral Health (Continued)

- Communication capabilities for staff to include system for rapid response
- Alternative access point for staff members responding to emergency behavioral situations
- Secure storage for patient belongings
- Secure storage for LEO weapon storage
- Space for Metal Screening of Patients and Visitors







***Officials said after seeing what happened at Middlesex, they are making safety improvements.***

Eyewitness News 3. Accessed December 31, 2019. [https://www.wfsb.com/news/hospitals-take-precautions-after-man-drives-into-middlesex-emergency-dept/article\\_316cd262-d14b-5d7b-a736-a1027c345a59.html](https://www.wfsb.com/news/hospitals-take-precautions-after-man-drives-into-middlesex-emergency-dept/article_316cd262-d14b-5d7b-a736-a1027c345a59.html)

# New Elements – Behavioral Mental Health Areas

- Extensively updated
- Control of access
  - Perimeter
  - Elopement Buffer Zones
  - Courtyards
  - Exit door locking configurations
- Patient and Visitor Screening

# New Elements – Behavioral Mental Health Areas (Continued)

- Security Systems
  - Video Surveillance
  - Duress alarms
- Safe Room Considerations
- Medication Dispensary Considerations
- High Risk Observation Rooms
- Treatment of BH Patients in non BH facilities

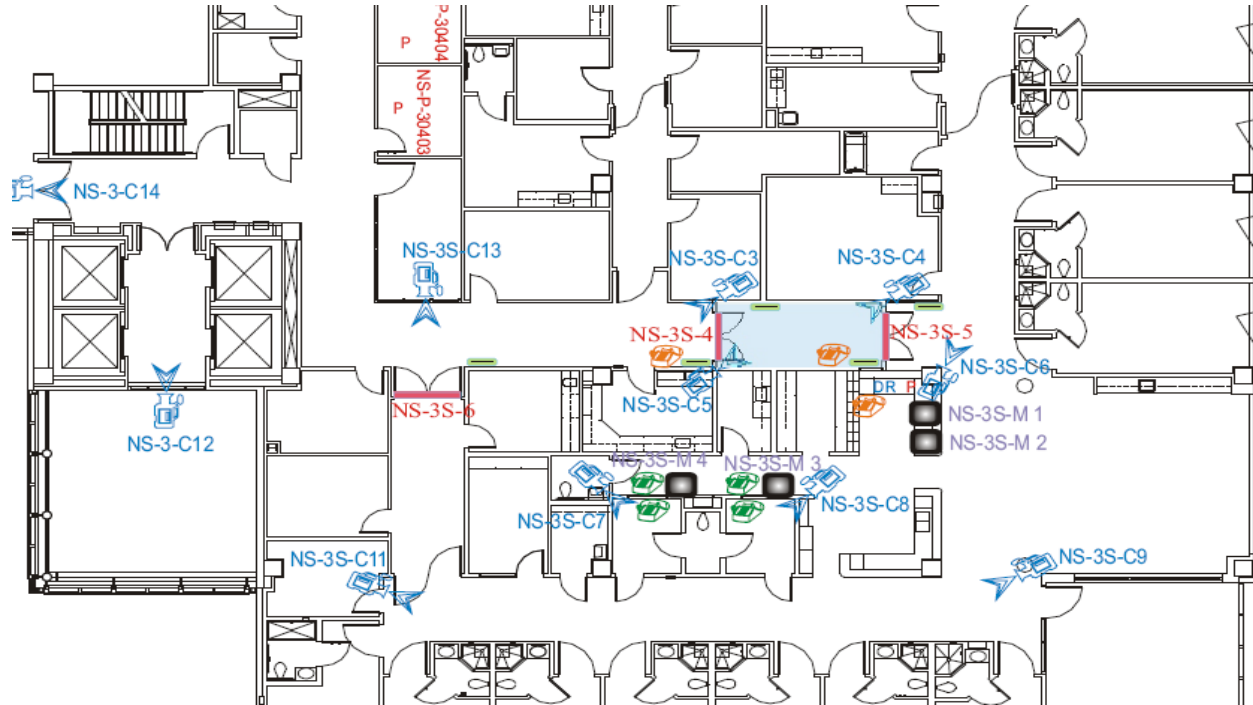
# Patient Elopement Case Study



- **Mental Health or Closed Head Injury Elopement**
- **Security Implications:**
  - Patient Off Unit Procedures
  - Missing Person Search Procedures
  - Training
  - Design “elopement buffers” into BH units if Security Risk Assessment warrants



# “Elopement Buffers”







# What can YOU do?

- **Get your copy of the SDGHF 3<sup>rd</sup> Edition**  
<https://www.iahss.org/store/ListProducts.aspx?catid=458948>
- Include a **qualified security professional** in early stages of design to assist in your Security Vulnerability Assessment
- Familiarize your team with the **Security Design Guidelines for Healthcare Facilities**
- Build **reasonable and appropriate security measures** into each new construction and renovation project
- Introduce these guidelines to leaders in each of your security sensitive areas (ED, BH, W&C areas, etc.) **Develop our own security design standards** for your organization based on these guidelines





, <https://www.youtube.com/watch?v=H4SpQqP2zuU>



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# Time for Questions and Comments





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The U40 List is nomination oriented recognition to celebrate individuals making a significant contribution to the advancement of health facilities design. Each year up to two individuals will be selected to have their names added to the distinguished U40 List. The recipients will receive a travel stipend to attend the Summer Leadership



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# Upcoming Webinars

Date	Series	Topic
8/10	Beyond the Basics	ASHRAE 170-2021: Unpacking the Newly Released Ventilation Standard for Healthcare Spaces
9/7	Master's Studio	Functional Programs
10/12	Beyond the Basics	Mockups in Healthcare Design

Dates & topics are subject to change