



CAMBRIDGE
SECURITY

THE CAMBRIDGE SECURITY
JOURNAL



Issue 2

HEALTHCARE SECURITY

JUNE / JULY 2015





Healthcare organizations have many kinds of physical security needs. From the hospital to care in the home, security officers play a major role in protecting employees, patients, medical supplies, and property. It is critical that you choose a security company that is experienced in healthcare security and understands the unique issues of this work environment.

Cambridge Security is a major provider of security for home healthcare workers. We launched our Clinician Escort Program in response to the growing need for security escorts for visiting nurses. Licensed, trained, and carefully recruited, our security officers provide peace of mind to nurses, therapists, hospice workers and their management. You can learn about this special service, security issues surrounding hospitals, and more in this edition of The Cambridge Security Journal.

*If you have any questions, comments or suggestions, we hope you'll share them with us by visiting the media room at **www.cambridgesecurityservices.com** or sending an email to **journal@cambridgesecurityservices.com**.*

We look forward to hearing from you.

All the best,

ETHAN LAZAR
CEO, CAMBRIDGE SECURITY

Issue 2

HEALTHCARE SECURITY

The number of people involved in U.S. healthcare, both patients and caregivers, is growing fast. The causes are clear. The number of Americans 65 or older is exploding. More than 40% of the population—133 million men, women and children—suffer from “incurable and ongoing, chronic diseases,” according to the National Health Council. And as of May 1, 20 million people have gained health insurance through the Affordable Care Act.

A great many of those needing care will head for the nearest hospital, but other kinds of facilities and options are on the rise. In places with a high concentration of seniors, such as Florida, a growing number of people are looking for long-term, rather than acute care. And the use of both outpatient facilities and home healthcare is growing nationwide.

What is common to all areas of healthcare is a rapidly escalating need for security. The often highly trained individuals that care for us, whether in hospitals or at home, are facing what an [article in *Scientific American*](#) called, “an epidemic of violence against healthcare workers.” Citing a recent survey published in the *Journal of Emergency Nursing*, the same article noted almost 80% of nurses “reported being attacked on the job within the past year.” And healthcare workers account for almost 70% of all nonfatal workplace assaults that caused days away from work, according to the Bureau of Labor Statistics.

In this issue, we take a closer look at the security challenges in healthcare and what it takes to meet them.

CONTENTS

Keeping Hospitals
Safe and Secure

02

Cambridge Security Snapshots:

“I take security very seriously.”

“It’s important to develop street smarts.”

04

Solid Advice:

How To Prevent Violence on the Job

05

Interview:

A Special Service for
Special Clinicians

06



KEEPING HOSPITALS **SAFE** **AND SECURE**



PEOPLE ARRIVING AT A HOSPITAL ARE NOT GENERALLY THINKING ABOUT SECURITY. THEY AND THE DOCTORS, NURSES, AND OTHERS WHO TREAT THEM ARE FOCUSED ON HEALING. IT FALLS TO OTHERS TO CONCENTRATE ON THE SAFETY OF THE CAREGIVERS THEMSELVES AND OF THEIR PATIENTS.

FOR THOSE INVOLVED IN HOSPITAL SECURITY, THERE ARE THREE AREAS OF CONCERN.

THE AREA OF THE HOSPITAL THAT EXPERIENCES THE MOST INCIDENTS IS OFTEN THE PARKING LOT.

The crimes are generally minor—purse snatching, theft from parked cars—but they can make people fearful, which interferes directly with hospitals’ mandate to encourage open access by everyone. A common response: roving security guards to help prevent parking lot incidents.

PROTECTING MOTHERS AND BABIES IS A MAJOR CONCERN FOR HOSPITALS.

In evaluating risk, experts consider both the likelihood and the severity of an event. For hospitals, the abduction of an infant is extremely unlikely, but the event is so devastating to all concerned, even if it is successfully resolved, that maternity departments have become a significant focus of hospital security plans.

According to the National Center for Missing and Exploited Children there were only 132 documented cases of infants being taken from hospitals in the 30 years prior to June 2014. Often, the abductor is a woman pretending to be a nurse or other hospital employee. In a few recent cases, parents themselves have been the ones pursued by police. In 2014, Montana police issued an arrest warrant when a young woman who had tested positive for methamphetamine fled a hospital with her newborn infant. In 2015, a father, also a drug user, was arrested on suspicion of child abuse after attempting to kidnap his infant child from the hospital by placing her in a plastic bag.

The father's attempt was thwarted by one of the increasingly common security systems in use at hospital maternity departments throughout the country: a wristband on the baby's arm. According to John McGee, Vice President, Director of Healthcare Division for Cambridge Security, similar devices have been in use for decades. But new technology has made these systems increasingly effective. Soft enough to be comfortably attached to a baby's limb, the band is wirelessly connected to the hospital's security system. If the band is cut or removed, nurses and security personnel are instantly alerted and doors are locked down. If the band remains on a baby who is taken, the system alerts hospital staff and continually monitors both the baby's location and her physical condition.

Another common fear among new parents is baby mix-ups. These, too, are very rare, especially since DNA testing has made matching of mother and baby easy and foolproof. Still, hospitals want to avoid the need for DNA testing in the first place. For both the parents and the hospital's peace of mind, hospitals commonly use unobtrusive monitors that quietly alert staff of a potential problem. The technology is designed not only to prevent mix-ups but also to prevent embarrassing near misses. One product, for example, quietly alerts a nurse, before she enters a room, if the baby she's carrying is not the right one.

Nursing homes often use similar devices to prevent dementia patients from wandering into areas that are not safe or even leaving the premises (commonly referred to as "elopement").

ERS ARE PLAGUED BY SECURITY THREATS.

The Emergency department is the area of hospitals most likely to see violent behavior. Some of the patients that ERs treat arrive in an agitated state. Victims of violent crime, for example, can have severe emotional reactions to the assault they've suffered, and people experiencing psychotic episodes often turn to the emergency department for help. Drugs, too, play a role. A recent report on National Public Radio says that public health officials are seeing "an increase in the number of blazed [high] people showing up to the emergency room in the grip of a fleeting psychotic episode."

Emergency rooms are also facing a growing threat from active shooters. Writing in the *Annals of Emergency Medicine*, researchers reported that active shooter incidents at hospitals climbed from nine a year between 2000 and 2005 to 16.7 per year between 2006 and 2011—more than one per month. During the period studied, these incidents lead to the deaths of 161 people. FBI statistics show the same trend, which is why hospitals now have to have active shooter plans in place in order to be accredited.

"HOSPITALS THAT DO NOT INVEST IN SECURITY BECAUSE IT DOES NOT PRODUCE ANY KIND OF MEASURABLE REVENUE ARE TAKING A GAMBLE." Marilyn Hollier, president of IHSSF from the *Chattanooga Times Free Press*

Some hospitals have adopted violence-prevention programs, which train workers to recognize and defuse dangerous situations before they get out of hand, and the Occupational Safety and Health Administration (OSHA) has encouraged such programs by issuing guidelines for them. Mandatory reporting requirements have also proved helpful. A 2011 study by the Emergency Nurses Association (ENA) showed that hospitals with mandatory reporting policies experienced half the rate of physical violence compared to hospitals without reporting policies.

Even with proper staff training and reporting procedures in place, the presence of security guards in ERs is common. What is hotly debated is whether or not these guards should be armed (a study by the International Healthcare Security and Safety Foundation found that just over half are). In an article on the subject, the *Chattanooga Times Free Press* concluded that what is most important is "a strong partnership between medical and security staff, and the hospital's willingness to commit money, training and resources to guards." Marilyn Hollier, president of IHSSF is quoted as saying, "Hospitals that do not invest in security because it does not produce any kind of measurable revenue are taking a gamble." ■





SECURITY

SNAPSHOTS

1

“I TAKE SECURITY VERY SERIOUSLY.”

Holly H. is an occupational therapist who's been visiting people's homes for more than 25 years. She works for several different agencies and has her own business as well. While Holly has never had to call the police nor been assaulted, she has learned to take security very seriously.

“There was one time when I pulled onto a street and there was police activity near the home I needed to go to. So first, I removed myself from that location and got to a safe place. Then I called the person, explained the situation, and said I wouldn't be able to come that day.

“Another time, I was knocking on a door and I heard what sounded like an altercation inside. In that case, I left and called, but I didn't say anything about what I had heard. I just said I wasn't going to be able to make it in today and asked if they were OK.

“There have been times when I've had to cut short a visit because a family member or someone else who was in the home made me uncomfortable, either by their behavior or because they were clearly intoxicated.

“One of the companies I work for now provides me with a security guard, who scopes out the neighborhood before I get out of the car. Then he waits outside, watching my car, and keeping track of who's going into the building. Once when I had some concerns I asked the guard to come in with me. Either way, just having him there helps me feel more confident—gives me peace of mind.”

“IT’S IMPORTANT TO DEVELOP STREET SMARTS.”

Mary S. is a nurse practitioner who visits patients on her own and sometimes with a fellow clinician. The people she visits often live in neighborhoods that are unsafe. Over time, she has gained an invaluable degree of “street smarts.”

“People are naturally wary of strangers, so the fact that I look different from just about everyone around me is a problem. I wear a prominent ID so people can tell that I’m not from the police or any other agency they might feel hostile to. And I have a sign in my car that lets people know I’m there to help someone. It’s important that the sign doesn’t make any reference to my status as a clinician, because I don’t want anyone thinking I’ve got drugs with me.

“The people I care for also try to look out for my welfare. Once I was in a project where half the buildings were boarded up. It was disconcerting. One of the young men in the family escorted me to my car, which I really appreciated. Another time, someone down below on the street yelled out a warning I didn’t understand, but the family I was visiting told me to get on the floor just in time before bullets were fired over our heads. As soon as it was safe, the family told me to leave right away and again escorted me to my car.

“I’ve had very little formal training in security but I’ve learned to take precautions.”

“I always put my purse in the trunk before I arrive. And I check all around me before I get out of the car, not just for people but also for dogs that might be dangerous. And I’m always aware of my surroundings. If I hear or see something that worries me, I wait in a safe place until I feel OK about going in, or about leaving to go back out to my car.” ■

SolidADVICE

The National Institute for Occupational Safety and Health (NIOSH) has a quick guide for home health care workers and their employers. After noting that these professionals “face an unprotected and unpredictable environment each time they enter a client’s community and home,” the NIOSH guide offers a range of important advice, including:

EMPLOYERS SHOULD

- » Establish a zero-tolerance policy for all incidents of violence.
- » Train workers on recognizing and preventing workplace violence.
- » Investigate all reports of violence.
- » Work with police to identify dangerous neighborhoods where special precautions need to be taken and provide that information to employees.

EMPLOYEES SHOULD

- » Participate in violence-prevention training.
- » Report to your employer all incidents of violence, no matter how minor.



THE CAMBRIDGE SECURITY JOURNAL INTERVIEW

A SPECIAL SERVICE FOR SPECIAL CLINICIANS



EVERY CLINICIAN faces risks and takes precautions, but those who spend their days visiting patients in their homes take added risks, frequently without the kind of security needed to keep them safe. We spoke to Cambridge national account manager Charles Casale about the company's Clinician Escort Program, which he directs.

THE CAMBRIDGE SECURITY JOURNAL: What kinds of clinicians are making home visits?

CHARLES CASALE: They're nurses, nurse practitioners, physician assistants, physical and occupational therapists, social workers—the list is long and growing longer.

THE CAMBRIDGE SECURITY JOURNAL: What kinds of patients or clients do they generally see?

Again, the range is enormous, but a lot of the work they do is for underprivileged people, often in poorer neighborhoods. Some are elderly and frail; some are recovering from surgery or have chronic conditions; sometimes even babies or children.

More and more, the clinician is trying to help prevent health problems, not just solve them; or in the case of hospice workers, they're trying to prevent pain and suffering at the end.

Some of the times, the people they visit don't speak English well or at all.

THE CAMBRIDGE SECURITY JOURNAL: It sounds challenging. What kinds of things do your clinician escorts do to help?

CASALE: Well, the primary thing our people do is to keep clinicians safe. They accompany the person throughout the day, riding in the car with them, making sure they get safely into the home they're visiting and back out again. And during the visit, they stay close at hand to ensure the clinician's safety while the exam or therapy or whatever is going on. Basically the escort is there to keep a lookout for possible threats so the person they're protecting can stay focused on the person they came to help.

THE CAMBRIDGE SECURITY JOURNAL: Have there been any incidents when your guards have had to step in?

CASALE: Our job is to prevent incidents before anything can happen, and we've been 100% successful. Say a patient is on an upper floor of an apartment building and the elevator is out. If the officer sees that the stairwell is poorly lit and spots some people lingering on the stairs, he's going to advise the clinician to reschedule that visit.

THE CAMBRIDGE SECURITY JOURNAL: You said that safety was the escorts' primary goal. What else do they do?

continued on page 8



CASALE: Well, in our driving program, they also provide transportation. They pick up their client at the beginning of the day, drive them from one appointment to the next, and then take them back to their home or office at the end of the day.

We also provide translation services. If someone is visiting people who only speak Spanish, for instance, we provide an officer who is fluent in the language and who has at least a working knowledge of medical terms. Usually, we wait in another room, to safeguard the patient's privacy, but when translation services are needed, the Cambridge officer stays with the clinician and translates back and forth for the patient and the caregiver.

THE CAMBRIDGE SECURITY JOURNAL: Is Spanish the only language you offer?

CASALE: No, we also have security officers who can speak Russian, Mandarin, and Cantonese. And when someone needs another language, say Korean, we can provide that as well.

THE CAMBRIDGE SECURITY JOURNAL: Isn't patient privacy a concern when a security officer is serving as translator?

CASALE: Absolutely, which is why we make sure all our translation officers are fully HIPAA trained. They know all about the information that must be kept confidential.

THE CAMBRIDGE SECURITY JOURNAL: I would imagine home visiting programs are on pretty tight budgets.

CASALE: You're right, and some smaller nonprofits simply can't afford private security. But I would urge them to still do all they can to educate their staffs about how to stay safe [see Solid Advice on page 5].

The clients we serve see Cambridge Security as an essential cost of doing business. With the number of workplace assaults being reported, it makes sense to hire well-trained security personnel to escort their clinicians and allow them to do their work safely. And offering security helps agencies attract and keep quality clinicians.

We've also recently developed a new service designed to help our clients reduce costs by improving their efficiency.

THE CAMBRIDGE SECURITY JOURNAL: How does a security company help a home visiting program improve efficiency?

CASALE: We capture a lot of information through our Clinician Escort Program—what time someone is picked up, when they were scheduled to be picked up, travel time between visits, time spent with each patient, down time, the location of each visit, what services we provided, etc.

We work with our clients to design reports that use some or all of this data to spot trends or areas where things could be done more efficiently. Of course, the clinicians don't have complete control of what they do or when. They have to meet patients' needs first. But just making people aware of what they are doing can help them think through ways they might be able to do it more efficiently. As one example, we can help companies make more efficient use of our services—that way the reports more than pay for themselves.

THE CAMBRIDGE SECURITY JOURNAL: How have your clients responded to your recommendations?

CASALE: Very pleased. We're excited about the potential and so are our clients. ■

With the number of workplace assaults being reported, it makes sense to hire well-trained security personnel to escort clinicians and allow them to do their work safely.

CHARLES CASALE
National Account Manager
Cambridge Security



LOOK FOR THE NEXT ISSUE OF *THE CAMBRIDGE SECURITY JOURNAL*

ISSUE 03 | FOCUS ON REAL ESTATE | AUGUST/SEPTEMBER



We'll be covering the latest in safety protocols and technologies for protecting people and property in commercial and residential settings in the next issue of The Cambridge Security Journal.

If you're planning your operating budget for next year, don't miss this edition.

Not on our email list? There's no time like now. Sign up for your copy of The Cambridge Security Journal at
www.cambridgesecurityservices.com.



**CORPORATE OFFICE
NEWARK, NJ**

90 Mulberry Street
Newark, NJ 07102
t. 973.566.9400

TOMS RIVER, NJ

1108 Hooper Avenue
Toms River, NJ 08753
t. 732.244.5001

NEW YORK, NY

224 West 29th Street, 9th Floor
New York, NY 10001
t. 212.889.2111

PHILADELPHIA, PA

1500 Walnut Street, 7th Floor
Philadelphia, PA 19102
t. 215.496.0700

FORT LAUDERDALE, FL

5100 N. Federal Highway
Fort Lauderdale, FL 33308
t. 954.320.4407

MIAMI, FL

11890 South West 8th Street
Miami, FL 33184
t. 305.227.7090

lic.#B2800283

www.cambridgesecurityservices.com