

ODS SPECIAL REPORT:

DEFENSIVE WEAPONS AND EQUIPMENT IN HEALTHCARE





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COMPREHENSIVE DEFENSIVE WEAPONS AND EQUIPMENT BRIEFING

Prepared by ODS Security Solutions

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Michael Boyer serves as a consultant to ODS and provides research, data, and findings to support the evaluation and use of healthcare security solutions, including the use of firearms, Tasers, and other weapons. Michael highlights the Fourth Circuit decision on *Armstrong v. Village of Pinehurst*, 15-1191 (included in this report) as one of the most current and relevant resources circulating within security departments today as they grapple with the question regarding the use of force, weapons, and Tasers in particular. As the founder and Managing Attorney for Carolina Craft Legal, a business and administrative law practice located in Charlotte, North Carolina, Michael also focuses on innovative counsel solutions for local startups and entrepreneurs. He is an avid blogger and mentor to business professionals seeking to establish, enhance, or expand their businesses. Michael received his B.A. from North Carolina State University and his J.D. from Charlotte School of Law. You can learn more about Michael at Carolina Craft Legal.

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INTRODUCTION

ODS seeks to serve as a valuable resource to assist leaders of hospitals and healthcare systems when making critical decisions related to safety and security in their facilities. ODS provides this special report as a framework for organizations. The information and recommendations are supported by industry-leading research, citations, and appendices.

Healthcare facilities are no longer immune to crime that now ignores traditional boundaries. Violence has entered hospital doors at an alarming rate over recent years, and enhanced security programs are commonplace. Active shooters are an increasing threat to hospitals due to domestic disputes, lack of resources for mental health patients, increase in access to guns, and increase in treatment of forensics patients. The increase in substance abuse and access to hospital pharmacies along with many other high-risk factors also create a higher risk of violent crime within hospitals.

The risk of gun violence is a growing but not a new concern for hospitals. In 2009, JR Sawyer's abstract on, *"Preventing hospital gun violence: best practices for security professionals to review and adopt"* noted the following:

"Maintaining a safe, violence-free and therapeutic work place will become the greatest challenge for hospital security professionals, the author predicts, thanks to the surge in gun sales and the increase in gun violence." (Source: <http://www.ncbi.nlm.nih.gov/pubmed/19711798>).

With the increased frequency of violence and attention to crimes with firearms in hospitals, what is the appropriate response for an organization to take? For some organizations, it includes arming officers and for other organizations it does not. The decision regarding the use of firearms is one that requires thoughtful consideration of many factors.

REPORT DESIGN

This report examines critical areas of consideration relative to protecting the healthcare environment. Key areas include evaluating the need for firearms, making fact-based decisions, selecting and training security officers, evaluating firearms, and considering alternative weapons/other equipment. It is a preliminary guide to assist hospital executives, security professionals, and healthcare leaders to make informed decisions regarding the use of firearms for security. Decisions must be made using the most reliable data and information, including an analysis of the liability, benefits, and potential risks of arming security professionals in the healthcare environment.

The organization of this report analyzes:

- Past experience based on a review of actual incidents
- Trends and crime in hospitals based on current data and statistics
- Liability considerations – including acts committed by perpetrators on hospital property, and the use of deadly force by security professionals
- Trends in arming officers with firearms and weapons
- Foreseeability and conducting a Needs Assessment
- Execution of well designed policies and procedures
- Adherence to legal and regulatory requirements
- Training, safety, and alternative weapons considerations

Also included in this report are Firearms Affidavit Samples, research on alternative weapons, and a published case from the United States Court of Appeals for the Fourth Circuit regarding the use of force.



Evaluating the Need for Firearms

First and foremost, the decision to arm healthcare security personnel is one that requires careful consideration of all hospital aspects, including liability, community response, personnel training, and supervision. Decision-makers must understand the role armed security officers play in each of these categories and how the upside of an armed presence can outweigh the potential downside. In evaluating the various needs, liabilities, benefits, risks, trends, and other factors accompanying armed security officers, decisions to arm must be supported with facts, data, and statistics showing objective favor. Legal consultation is thus vital to this decision-making process.

ODS provides the following information as a framework for evaluating the use of firearms in a healthcare security setting.

TRENDS AND CRIME IN HOSPITALS

The use of deadly force in a healthcare environment is inherently contrary to the hospital's purpose. Indeed, hospitals exist to heal, not to injure or otherwise put lives at risk. However, in post-active shooter America, it is no longer prudent to assume our coveted healing institutions exist as islands of safety amid a sea of violence. This is particularly true when the victims of this violence rely on hospitals for medical treatment and often protection from renewed attack. People still intuitively trust hospitals to be safe environments.

As The Joint Commission (TJC) points out,

"There was at one time, an unspoken rule that medical facilities were exempt from the fighting and violence that went on in the surrounding community.... Such rules no longer exist.¹ The violence no longer stops at the door; it accompanies patients, presenting a threat to staff, other patients, and visitors to the facility as well."

2012 holds the distinction of being the year with the greatest number of fatalities reported by the International Association for Healthcare Security and Safety (IAHSS) since the association began surveying its member hospitals nearly 20 years ago. Eight (8) homicides were reported among member facilities during 2012. It is also the highest number of crimes ever recorded in the history of the IAHSS Crime Survey, with 20,515 crimes reported: an increase of 5,524 compared to 2010.²

In the July 2014 Final Report to the International Healthcare Security and Safety Foundation, the study showed that in the last 12 months "89% of

hospitals had at least one event of workplace violence."³ In addition, the 2015 Healthcare Crime Survey showed the rate of violent crime in U.S. hospitals rose from 2% to 2.8% between 2012 and 2014.⁴

Some of the reasons for this surge can be attributed to:

- Society's greater access to weapons, particularly guns
- 24/7 open access to both large and small healthcare complexes and campuses
- Continued long and frustrating waits in hospital emergency departments
- Increase in gang violence and the carry-over to the emergency departments and other areas of the hospital
- Deinstitutionalization of psychiatric patients who seek assistance at emergency departments
- Increase in treatment of forensics patients who are at high risk for violence
- Continued rise in substance abuse and easily accessed hospital pharmacies

¹ Potter, Anthony N., "Considerations When Arming Security Officers," page 1, 2006.

² Gray, Robin, "Healthcare Facility Public Safety-Related Deaths Reached All-Time High in 2012," Campus Safety E-News, January 2013.

³ Ashley Schoenfisch and Lisa Pompeii, "Weapons Use Among Hospital Security Personnel," page 12, 2014.

⁴ International Healthcare Security and Safety Foundation (IHSSF), "Healthcare Crime Survey," page 3, 2015.

LIABILITY CONSIDERATIONS

Hospitals and other businesses may be liable for acts committed on their property by third parties. In addition, juries are just as likely to find them liable for the use of force—especially deadly force—by security personnel.

This fact provides the hospital executives with a dilemma. The hospital must have adequate security to protect its patients, staff and visitors, as well as its physical plant and property, from criminal attack. To effectively accomplish this task, the use of armed security personnel may be required. Although the presence of firearms and other defensive weapons on the premises increases the potential for the use of lethal and less-lethal force, the presence of armed security officers as an effective deterrent for crime and/or acts of violence is well documented.

With hospital violence on the rise, an executive's decision to maintain an unarmed security force solely on the basis of potential for liability in the abstract may impose even greater liability in the future. One obvious hypothetical is the occurrence of a violent crime incident confronted by unarmed officers who prove ultimately to be powerless to intervene. It is the foreseeability of such a violent crime scenario in today's healthcare environments that obligates the decision-making executive to consider the liability associated with an inevitable failure to protect.

The decision to arm alone does not on its face remedy the potential for liability. The ongoing responsibility and commitment to select, train, equip and effectively supervise armed officers is of vital importance in this regard. Indeed, the decision to arm security personnel is impliedly the decision to minimize officer error and maximize officer potential to effectively deter and respond to criminal activity.⁵

If a decision is made to arm security personnel, or to utilize armed off-duty law enforcement to augment security, it must be made upon the understanding that a firearm or Taser could be discharged in the hospital. This further underscores the need for thorough and continuing officer training and supervision.

The circumstances around a firearm's discharge are often tricky. FBI statistics once indicated that between 18 and 20% of the law enforcement officers slain each year were disarmed and shot with their

own handguns. However, the use of secure holsters and weapons retention training reduced that statistic to one officer total over the years 2011-2014.⁶

To avoid confirmation bias, major policy matters such as the decision on whether to arm hospital security officers should hinge on thorough research, not as a response to a single incident.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) STANDARDS

The CMS State Operations Manual, (CMS Manual Appendix A, Section 482.13(e))⁷ has stated that:

"CMS does not consider the use of weapons in the application of restraint as safe appropriate health care interventions. For the purposes of this regulation, the term 'weapon' includes, but is not limited to, pepper spray, mace, nightsticks, Tasers (sic), cattle prods, stun guns, pistols and other such devices. Security staff may carry weapons as allowed by hospital policy and State and Federal law. However, the use of weapons by security staff is considered a law enforcement use, not a health care intervention. CMS does not support the use of weapons by any hospital staff as a means of subduing a patient in order to place that patient in restraint or seclusion."⁸

CMS is clear that the use of firearms is to secure the facility from criminal acts (noted as "law enforcement use") and not to subdue patients.

TRENDS IN ARMING OFFICERS

According to Doctors Lion and Danto, "[m]ost urban hospitals now have at least a portion of their security staff armed."⁹

According to Russell Colling (author of the book "Hospital and Healthcare Security – Fifth Edition," published in 2010), about 12% of the hospitals surveyed had armed security officers. However, there is no national trending data available after 2009 – and in response to the myriad of active shooter events.¹⁰

In a recent study by Ashley Schoenfisch and Lisa Pompeii, the results indicated that officers were armed with handguns in 52% of the hospitals studied.¹¹ Further, the results revealed that handguns



and Tasers were “more likely to be available in hospitals who had police and/or sworn security personnel (versus non-sworn security personnel only) as well as among hospitals with security personnel having more powerful abilities related to the control of perpetrators (i.e., the authority to arrest and/or issue citations).”¹²

OFF-DUTY LAW ENFORCEMENT

Many hospital administrators see the use of off-duty law enforcement officers as an alternative to arming their security staff. However, the cost of off-duty law enforcement officers has escalated, and the additional demands placed on many police departments has reduced the availability of officers for off-duty assignments. Their first duty is to their city or county jurisdiction, not off-duty employers. This can create an issue with access to off-duty law enforcement officers and can create inconsistencies in staffing and adherence to policies.

It is often difficult for the hospital to ensure that the off-duty law enforcement officers comply with the many regulatory requirements surrounding patients in an acute-care and behavioral health care environment. The Patient- and Family-Centered Care (PFCC) environment is unlike other environments encountered by law enforcement officers. Healthcare security officers are trained in many aspects of PFCC that are typically outside the scope of other law enforcement training.

FORESEEABILITY

The foreseeability of violent crimes against persons on the hospital campus and in the surrounding area is the primary reason for the arming of hospital security officers. The community environment in which the hospital exists, as well as the services it provides (e.g., emergency department, trauma center, behavioral health units, drug rehab units, etc.) must be considered when determining the foreseeability of criminal activity.

Additionally, if the foreseeability of violent crime is used in determining the need for arming security officers, the hospital executive should consider all types of crime occurring on and in the vicinity of the hospital campus. One interrupted crime could lead to more violent crimes in the same area by the perpetrators. This can potentially steer them to other facilities including local hospitals and healthcare facilities. Assessing the crime statistics

in the surrounding vicinity is a key component of consideration.

A large number of illegal weapons, both firearms and edged weapons found on patients/visitors at the hospital over a period of time, may also indicate a need for an armed security presence.

Prior criminal activity is still the best and most readily available indicator and predictor of future activity (foreseeability). Each hospital should keep comprehensive records of all criminal activity on its property. Additionally, crime statistics for the surrounding area should be obtained from the local police or sheriff's department on a regular basis.

CAP Index CRIMECAST® reports are an excellent tool to identify the risk of criminal activity on the hospital campus and all remote locations (urgent care centers, clinics, etc.). These reports show past, present and projected crime risk based on national, state and county crime rates for each location.



⁵ Potter, Anthony N., “Considerations When Arming Security Officers,” page 2, 2006.

⁶ Law Enforcement Officers Feloniously Killed-Victim Officer's Weapon Stolen (Washington, DC: Federal Bureau of Investigation, 2014), https://www.fbi.gov/about-us/cjis/ucr/leoka/2014/tables/table_15_leos_fk_victim_officers_weapon_stolen_by_offender_2005-2014.xls.

⁷ http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

⁸ Potter, Anthony N., “Considerations When Arming Security Officers,” page 16, 2006.

⁹ John R. Lion and Bruce L. Danto, “The Hardware of Violence Containment” in John R. Lion, William R. Dubin and Donald E. Futrell, eds., “Creating a Security Workplace: Effective Policies and Practices in Health Care” (Chicago, IL: American Hospital Publishing, 1996), p. 203.

¹⁰ Potter, Anthony N., “Considerations When Arming Security Officers,” page 3, 2006.

¹¹ Ashley Schoenfisch and Lisa Pompeii, “Weapons Use Among Hospital Security Personnel,” page 14, 2014.

¹² Ashley Schoenfisch and Lisa Pompeii, “Weapons Use Among Hospital Security Personnel,” page 15, 2014.

EXPLANATION OF CAP INDEX RESULTS

Hospital security and police crime statistics coupled with a CAP Index Report will provide accurate and verifiable, as opposed to anecdotal information, for making an evidenced-based decision on the need for armed security officers in a hospital environment.

There is much written research regarding foreseeability and the duty to protect. This subject should be discussed with the hospital legal counsel and risk manager.

THE ARMED OFFICER AS A PSYCHOLOGICAL DETERRENT

It is important to recognize that physical security controls cannot protect all persons/assets in all situations. Thus, organizations must employ psychological controls as necessary. Security is a proactive rather than a reactive discipline, and armed security officers can significantly increase their effectiveness as a deterrent to criminal activity.

Although this increased effectiveness has never been proven by quantitative analysis, the consensus among experienced security executives is that armed officers command a more formal police-like appearance and therefore are a greater deterrent



to the criminal element. “If you accept the logic that a security officer is a deterrent, then it follows that an armed security officer is an even stronger deterrent.”¹³

When evaluating the presence of armed security officers in the healthcare environment, it is important to consider the efficacy of such as a psychological deterrent of crime.

CRITERIA FOR ARMING OFFICERS

Doctors Lion and Danto’s considerations for arming security officers in *Creating a Secure Workplace* are as follows:¹⁴

- “The institution’s history with violent incidents;
- The institution’s location;
- The population served; and
- The crime rate of the surrounding community from which police bring patients.”

This list is not all-inclusive. There are many other considerations.

National and local issues, and attitudes, must be considered. The reaction to these issues by hospital employees, the medical staff, and the community served by the hospital must also be considered.

If the decision is made to arm security officers, the hospital should attempt to educate and ensure that the community (both within and surrounding the hospital environment) understands the need for armed officers and has confidence in the professional training and judgment of the security force.

Timely local law enforcement response cannot be relied upon when making the decision to arm the security officers. Incidents requiring the use of deadly force by hospital security officers may be of an immediate nature.

¹³ Potter, Anthony N., “Considerations When Arming Security Officers,” page 5, 2006.

¹⁴ John R. Lion and Bruce L. Danto, “The Hardware of Violence Containment” in John R. Lion, William R. Dubin and Donald E. Futrell, eds., “*Creating a Security Workplace: Effective Policies and Practices in Health Care*” (Chicago, IL: American Hospital Publishing, 1996), p. 203.

Once the Decision is Made

After careful evaluation of all facts and data, an informed, evidence-based decision can be made. The evaluation must have included a detailed review and considerations in concert with legal counsel/risk management.

If the decision is made to arm some or all of the on-site security force, it is imperative that the actions listed below are included in the process. Additional clarification and justification of these recommendations are contained within this paper as well as within the attached appendices:

- The applicant selection process is the most important part of the process. Officers must meet minimum state requirements; successfully pass integrity testing and psychological screening; exceed firearms qualification requirements; and other specified requirements.
- Equipment should be evaluated and selected for quality and safety in a healthcare environment. For example, with Level III Safety/High Retention Holsters, firearms/Tasers can be made “safe” without removal.
- In an armed security officer environment, an armed security supervisor must be on duty at all times.
- A security officer who is issued a firearm should additionally be armed with less-lethal equipment to ensure that he/she has an alternative to using deadly force. Taser and ASP baton should be considered as defensive weapons in addition to firearms. Security officers should be trained to use the least amount of force to effectively contain a situation and avoid liability issues.
- An armed officer should be issued a Level III ballistic vest (body armor) as personal protective equipment (PPE) and be required to wear the vest at all times he/she is armed on duty.
- Specific policies and procedures—in concert with state law, hospital policy, regulatory requirements, industry standards and patient safety—must be written and approved.
- Training must be provided initially and ongoing in concert with state law, hospital policy, regulatory requirements, industry standards and patient safety. Second to the applicant selection process, training and supervision are extremely important and minimum requirements should be exceeded.

- Continuous evaluation of the effectiveness of the program should be conducted and appropriate actions and enhancements implemented as needed.

AUTHORIZATION TO CARRY FIREARMS

If the decision is made to allow security officers to carry firearms, the hospital administration must establish specific policies governing who is authorized to carry firearms and under what circumstances. Some hospitals arm all of their security officers, while others qualify all officers in the use of firearms but arm only those officers assigned to specific locations such as emergency departments and exterior patrols. Metal detectors are also frequently designated as armed posts.¹⁵

Other questions regarding the use of firearms will arise.

- The question of arming on-duty officers at night but not during the day may arise. This question may be answered easily since it limits the deterrent effect, as well as the response level (if the time of day to qualify the response level is considered). If the hospital is able to show a greater level of criminal activity during the hours of darkness, an effective response may be to schedule more officers at night versus day.
- Only arming outside security officers may be another recommendation. While this is a viable consideration, the crime statistic details show that crimes requiring an armed response can occur anywhere, inside or outside the hospital. If only outside security officers are armed, there must be a clear policy and security officer training regarding outside armed officer intervention in the event of potential crimes occurring inside the facility.

¹⁵ Potter, Anthony N., “Considerations When Arming Security Officers,” page 12, 2006.



- Arming only security supervisors is a common compromise and can be supported—especially as a first step in the process.

Note that in an armed environment, the security supervisor should be armed *in addition* to any other armed officer(s). The supervisors should possess the judgment, experience and ability to immediately respond to any location on the hospital campus and supervise other armed officers.

LEGAL AND REGULATORY CONSIDERATIONS

There are two legal considerations when arming security officers:

1. The authority for officers to carry firearms, and
2. The justification to use deadly force.

It is imperative to adhere to the state laws governing the arming of security officers. Another consideration is the possibility of increases in insurance premiums (for the hospital and for the security contractor if applicable) when armed security officers patrol in public areas.

There are rules governing security officers which may include:

1. Requirements for licensing or registration.
NOTE: These will always include a criminal history check and it is recommended that they include a psychological examination as well.
2. The type and caliber of firearms that may be carried.
3. Training curriculum, qualification scores and requalification requirements.
4. Uniform and insignia (badge, nameplate and shoulder patch) requirements.
5. The manner in which firearms are carried (concealed, off-duty, etc.).
6. The reporting of any discharge of a firearm except on a firing range.
7. The certification of instructors.
8. Insurance and bonding requirements.

With regard to regulatory and interpretive considerations, the Centers for Medicare and Medicaid Services (CMS) provides guidance on the use of weapons in the application of restraint or seclusion and the implications on safety as applied to healthcare patients and visitors. Decision-makers

should consult the CMS Interpretive Guidelines, section 482.13(e) for detailed interpretation on this topic. See: http://cms.hhs.gov/manuals/Downloads/som107ap_a_hospitals.pdf.

Hospital policies governing armed security officers should be carefully written to comply thoroughly with all state laws and regulations in addition to hospital protocol.¹⁶

EXPOSED OR CONCEALED WEAPONS

Typically, the firearm should be exposed on the uniform to serve as a crime deterrent. However, there may be volatile situations that warrant a supervisor or manager to carry the firearm concealed if the jurisdiction allows. If an officer is authorized to *carry a concealed weapon*, he/she should carry it so that it is invisible to the hospital population at all times (jackets should not be removed in a public area, etc.).

FIREARMS SECURE STORAGE

All firearms issued to security personnel should remain on the hospital's premises and secured in a locked safe that is designed for that specific purpose. Firearms should never be locked in desks, filing cabinets or other unsecured or easily accessible locations. Officers should check out firearms when reporting for duty and check them back in when going off duty. The unauthorized removal of a firearm from the hospital premises should result in automatic and immediate termination.

If for some reason, such as a temporary assignment to a remote facility or secure storage is not available and an officer is required to take a hospital firearm home, the hospital or security management should provide the officer with a secure lockbox for storage. The officer should only take a hospital firearm home with explicit direction and approval from designated management staff.

BALLISTIC VESTS

If the expectation of criminal attack is enough to justify arming hospital security officers, then the purchase and issuance of ballistic vests is equally justified.

However, there are four principal considerations related to ballistic vests:



1. Vests are bulky, heavy and hot, especially during the summer months. As a result, many officers will resist wearing a vest. Policies must be enforced regarding this aspect.
2. Vests are expensive (currently \$500.00 for a brand-name vest).
3. They have a labeled shelf life as low as five years.
4. They are not stab- or puncture-resistant, and hospital security officers encounter edged weapons far more frequently than firearms.

Body armor is made in six levels of ballistic protection: I, IIA, II, IIIA, III and IV. Care should be exercised in determining the most effective type of ballistic vests to utilize.

FIREARMS AFFIDAVIT

A firearms affidavit should be developed, issued and signed by each armed officer. The firearms affidavit is intended to ensure that all officers thoroughly understand the serious obligations of carrying a firearm in a healthcare environment.

See *Addendum E - "Sample Firearms Affidavit"* for an example.

The last section is intentional in order to emphasize the fact that there is no room for error when carrying and using firearms: "I completely understand these rules and regulations, and acknowledge that any violation will result in disciplinary action including dismissal, possible revocation of my weapon permit, and/or arrest for violation of appropriate state statutes."¹⁷

FORCE POLICY

The use of deadly force in healthcare environments should be strictly limited to defending human life when no other means are available to do so. Hospital policy on the use of deadly force should be reviewed and approved by both the hospital's attorney and an outside counsel experienced in the use of force litigation to ensure that it complies with applicable statutory and case law. Training and supervision are critical.

If firearms are carried, the officer should carry a less lethal alternative weapon as well. This gives the officer options other than deadly force to effectively contain a situation.

The importance of the prohibition against an officer

drawing a firearm "unless in imminent danger" cannot be overemphasized. Drawing a firearm will guarantee panic in a crowded hospital, and removing a firearm from its holster significantly reduces the officer's ability to retain control of the officer's weapon in a physical confrontation. The use of force by hospital security officers is sometimes necessary to maintain order and safeguard staff, patients and visitors in a healthcare environment. Hospital security officers must occasionally use a certain amount of reasonable force, both non-physical and physical, to overcome resistance and ensure compliance.

A well-written use of force policy will also provide the hospital's security director, attorney and executive with specific elements that can be used to review and evaluate an officer's conduct after any incident involving the use of force. A force policy should include:

- The nature of the incident which caused the officer to perceive that physical control needed to be established;
- The level of subject resistance;
- Whether the force used by the officer was proportionate to the level of subject resistance;
- The extent of the injury, and whether it was proportionate to the subject's resistance;
- Whether the officer was acting in good faith;
- Whether the officer ceased the use of force when all resistance stopped; and
- If the subject received medical attention, if injured in the process of the officer's attempt to establish control.

The use of force continuum is a system used by law enforcement and security to calculate the appropriate use of force in any given situation. If the suspect continues to rise in hostility, the officer must raise the force to counter the actions of the suspect. Some use of force policies may differ between departments, and from state to state in small detail, but generally speaking, most use of force continuum policies are consistent. These typical response levels are as follows:

¹⁶ Potter, Anthony N., "Considerations When Arming Security Officers," page 11, 2006.

¹⁷ Potter, Anthony N., "Considerations When Arming Security Officers," page 15, 2006.

- Officer presence
- Verbal commands
- Soft techniques (control tactics/wrist locks/OC spray)
- Hard techniques (Tasers/strike points/impact weapons)
- Lethal force (firearm/strike points to vital areas)

Additionally, officers should:

- Ensure that those injured receive medical aid.
- Ensure that the family of any injured person is notified timely.

Officers receive guidance from their department policies, but no universal set of rules governs when officers should use force or how much. The level of force an officer uses will vary based on the situation. Because of this variation, guidelines for the use of force are based on many factors that are covered extensively during training.

Written policies are critical to management and a signed Firearms Affidavit is essential (see *Appendix A: Firearms Affidavit Sample*)

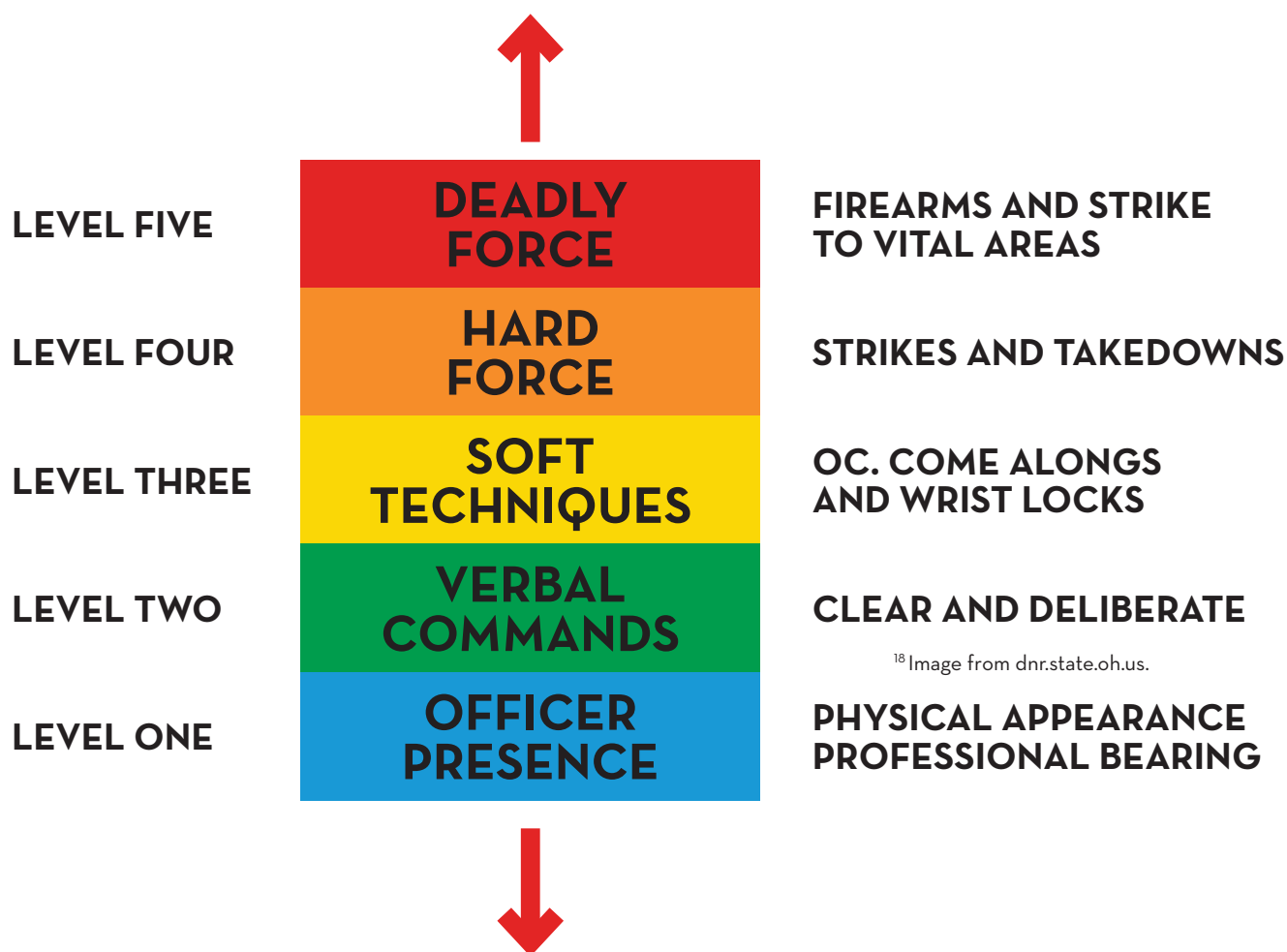
THE IMPORTANCE OF COMMUNICATION SKILLS

The first level of force in most continuums is verbal persuasion. “It is no secret that an officer’s verbal and non-verbal communications have the ability to either de-escalate or escalate hostilities with the subject.”¹⁸ Communication and de-escalation skills are essential qualities for a security officer. This is also a key component of a comprehensive training curriculum.

¹⁸ Bruce K. Siddle and Wally White, *PPCT Defensive Tactics Instructor Manual, Series A*, 2nd rev. ed. (Millstadt, IL: PPCT Management Systems, 1991), pp. 2-41 and 2-42.



USE OF FORCE CONTINUUM



DEVELOPING A HOSPITAL-SPECIFIC USE OF FORCE CONTINUUM

When developing a hospital-specific use of force continuum, the security director should consider the following factors:

1. The legal authority (both statutory and case law) for hospital security officers to use force in that jurisdiction.
2. The unique nature of the healthcare environment.
3. Any restrictions placed on the use of force by hospital policy.
4. The weapons authorized to be carried by hospital security officers.
5. The basic and regular in-service training received by hospital security officers.
6. The use of force continuum in which officers are trained.

REPORTING THE USE OF FORCE

Timely and accurate reporting of every use of force incident is essential to both evaluating the officers' actions and limiting allegations of excessive force and potential liability. Any use of physical force should be the subject of a Use of Force Report. Copies of these reports should then be forwarded to administration and the hospital attorney for review and documentation in the event of any complaint and/or legal action.

Officers' awareness that all incidents involving the use of force are scrutinized by security management, administration and the hospital attorney is of itself a significant deterrent to the unnecessary use of force.



Selecting and Training Security Officers

Once the decision is made to arm security officers, the most important step is to select the best possible officers for this responsibility. Armed officers must be selected with special care to eliminate candidates who are physically or psychologically unfit to carry a firearm. In healthcare, security officers who would prefer not to carry firearms on duty, but will do so when they are necessary to maintain a secure environment, should be considered and recruited.

POSITIVE SELECTION CRITERIA

For any armed or unarmed healthcare security position, the selection criteria should be based on positive rather than negative standards. In other words, the process should select the *candidates most qualified* for the hospital security profession, rather than simply rejecting those who are obviously unsuitable. Security officers must also exhibit the ability to adhere to the standards of delivering security services in the PFCC environment with a focus on safety, security, and customer service.

In order to implement a positive selection process, the most desirable qualities in a hospital security officer must be defined and then each candidate fully measured against them.

Examples of positive selection criteria are illustrated below:

- Two years (60 semester hours) of college or two years of successful public contact, police or security experience.
- At least 21 years of age.
- Possession of a valid driver's license.
- No previous criminal convictions.
- Successful completion of physical and drug screen.
- Initiative and the ability to assume responsibility.
- Ability to function effectively under stress.
- Excellent communications and customer service skills.
- Social skills and the ability to communicate effectively with persons of all ages, ethnic and economic backgrounds.
- The mental capacity to learn and retain a wide variety of subject matter.

- The ability to adapt his/her thinking to constant technological and sociological change.
- The desire to serve and protect others in a healthcare environment, to help those in need, and to provide a safe and secure environment for quality patient care.
- The emotional maturity required to remain calm and objective at all times, and to provide leadership and direction in emotionally charged situations.
- The willingness to call for assistance when required, and the judgment to use force only when absolutely necessary.
- The ability to understand and willingly comply with hospital policies and procedures.
- The absence of any desire to "play cop" based on previous or vicarious experience.
- The physical strength and endurance to perform all required duties.

PSYCHOLOGICAL ASSESSMENT

One of the most important components of the selection process for hospital security officers, especially armed officers, is the psychological assessment. Each armed security officer should be required to successfully complete a psychological assessment that mirrors the assessment utilized by the local law enforcement agencies.

INTEGRITY TESTING

Integrity testing must be administered to assess each potential officer's ability to effectively serve as an armed security officer. This is a critical component of the selection process.



TRAINING APPROACH

A hospital security director must look far beyond state laws and regulations to determine the training necessary for his or her armed officers. Training in the use of deadly force must conform to statutory and case laws governing private security officers, which may differ from those governing law enforcement officers, and must also comply with hospital policies and procedures.

Many hospital executives have opted for an unarmed security force because of the hazards of introducing a firearm into an already tense environment. If armed officers are deemed necessary to protect the hospital and provide a secure environment for patient care, they must be thoroughly trained to effectively retain their firearms.

The value of continued training and improved marksmanship cannot be overemphasized. In addition to state requirements, we recommend implementing additional firearms training on a quarterly or semi-annual basis at a minimum.

COMPETENCY-BASED TRAINING

Training must be competency-based. Officers must demonstrate competency in each phase of the training process before being allowed to continue on to the next phase. This ensures that training focuses on what is learned rather than simply measuring what is taught.

As we know, the purpose of security is proactive, not reactive, and the primary goal of armed security officers is to deter criminal activity. But when deterrence fails, as it inevitably will, armed officers must be trained to do everything possible to resolve the situation without resorting to deadly force. Experience confirms that an officer who is competent in the use of firearms and confident in his or her ability to use weapons only when absolutely necessary is far less likely to do so.



Firearms Selection

Deciding whether or not to equip hospital security officers with a firearm is only the first step in a long decision-making process. Once that policy decision has been made, a number of other decisions must be made before it is implemented. They include selecting the appropriate firearm and ammunition to be carried, the type of holster in which the firearm will be carried, and the alternative weapons to be authorized. Selecting firearms requires attention to specific details as described below.

CALIBER

The .40 caliber semi-automatic is a good choice for use by hospital security officers. Additionally, the Smith & Wesson, M&P is produced with a “magazine dis-connector safety” version: if the magazine is removed, the weapon will not fire. This type of weapon is an excellent choice in a patient environment because it allows the officer to remove the magazine without removing the weapon from the holster when he/she is entering a behavioral, or other areas. Thus, the risk associated with removing the weapon from a safe holster is eliminated and yet the weapon is made safe.

Whether or not the caliber is the same, the criteria used to select the proper ammunition for a healthcare environment are very different from those used by law enforcement.



AMMUNITION

Selecting the ammunition to be carried by hospital security officers is as important as selecting the firearm. Both police and security officers demand maximum stopping power, but while a police officer needs as much penetration as possible to deal with the glass, metal and walls that may stand between the officer and the target, the hospital security officer's environment demands minimum penetration and as little ricochet as possible.

The essential characteristics of ammunition to be used in a healthcare environment are:

- The use of force continuum specifies that the purpose of deadly force is to stop the subject.
- The bullet should not exit the subject and strike another person.
- The bullet should be frangible and not ricochet when striking concrete or metal surfaces.
- There is virtually no chance of frangible ammunition over-penetrating the primary target and killing or injuring an innocent bystander.²⁰



²⁰ Potter, Anthony N., “Considerations When Arming Security Officers,” page 20, 2006.



Alternative Weapons and Equipment

The use of force and weapons by security officers is one of the most visible and controversial aspects of hospital security. A hospital must carefully choose the weapons and techniques it authorizes its security officers to use to protect its patients, visitors and staff.

In addition to consulting with legal counsel, the healthcare facility should also review the Occupational Safety and Health Administration General Duty Clause when making this decision:

- (a) Each employer –
 - (1) shall furnish to each of his employees employment and a place of employment that are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees;
 - (2) shall comply with occupational safety and health standards promulgated under this Act.
- (b) Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act, which are applicable to his own actions and conduct.²¹

There are advantages to alternative weapons. In addition to firearms, security officers should carry other equipment to allow them to exert the least amount of force required to contain a situation. These additional items are listed below, as well as other equipment necessary for Security Officers.

CHEMICAL WEAPONS

One chemical weapon used in hospitals today is oleoresin capsicum (OC) aerosol restraint foam.

Advantages

- 1. It is relatively inexpensive.
- 2. It is lightweight and inconspicuous when carried in uniform. It can also be easily concealed when officers are wearing a blazer, uniform, or plain clothes.
- 3. It does not require extensive training or retraining. (No more than four hours of OC training is required in most officer training curriculums.)

Disadvantages

- 1. Training protocols typically require officers to be sprayed with OC. Some officers may object or refuse to participate.
- 2. Chemical agents are not effective on some individuals, especially those who are mentally disturbed, intoxicated and/or under the influence of certain drugs.
- 3. Some persons become more combative when they experience the discomfort associated with chemical agents.
- 4. A time lag sometimes occurs between application and effect, which may not stop aggressive behavior rapidly enough.
- 5. A person with a knife or blunt instrument whose vision is impaired by a chemical agent may strike out indiscriminately, putting bystanders at risk.
- 6. OC has a shelf life of not more than three years.²²

IMPACT WEAPONS

Advantages

- 1. They are lightweight, extremely durable and relatively inexpensive.
- 2. The public is accustomed to seeing police and security officers carry them.
- 3. They extend an officer's reach.
- 4. They can be used in a non-offensive blocking fashion to ward off blows or push back an attacker.
- 5. They can be used to assist in safely moving an individual from one location to another.
- 6. A blow from an impact weapon can immobilize a combative person, and disarm a subject carrying an offensive weapon.
- 7. Training programs are available from a variety of public and private sources.
- 8. Many manufacturers offer validated certification programs.



Disadvantages

1. If dropped or lost in a struggle, they can be retrieved by a subject and used against an officer.
2. Unintended facial strikes may cause visible lacerations and substantial blood loss.
3. It is difficult to avoid head strikes when using a baton. Although intensive training minimizes this risk, it cannot be entirely eliminated. Paralysis or death may result, even days later, caused by a subdural or bilateral hematoma.
4. Officers must be retrained periodically to retain proficiency with impact weapons.
5. Officers must be in close proximity to the combative subject in order to use the baton and often will receive additional injuries.

Many hospital security departments have adopted the expandable baton, first marketed in the United States by Armament Systems and Procedures (ASP). Although inconspicuous on the officer's equipment belt, opening the expandable baton generates an effective psychological deterrent and will frequently forestall any further hostile action by a subject. Its design creates a controlled shock blow, which has less injury potential than a heavier baton.

BODY CAMERAS

Advantages²³

1. Body cameras may help prevent confrontation between officer and others.
2. A body camera can help resolve officer complaints by offering information as to what occurred.
3. The use of body cameras helps improve agency transparency.
4. Body cameras help identify and correct integral problems within an agency.
5. The use of body cameras improves evidence documentation by presenting evidence that would not otherwise be available to those not present.

Disadvantages

1. Body cameras do not have a 360-degree view. Thus, some aspects of an incident may be outside the camera's line of sight.

2. Officers must be trained on when the cameras should be worn and when the cameras should be turned on.
3. Body cameras may be expensive depending on the type of camera purchased.

The use of body cameras in healthcare facilities also presents an issue regarding the United States' Health Insurance Portability and Accountability Act (HIPAA).²⁴ HIPAA sets forth standards for the privacy protection of individuals' personal health information. The Act prevents certain disclosures of an individual's health information. HIPAA also provides guidance as to when and what type of disclosure of health information is permitted.

The Act does not offer any guidance with respect to the use of body cameras in healthcare facilities or state that the use of body cameras would be considered a breach of confidentiality. Healthcare facilities must be aware of the potential conflicts the use of body cameras may present with respect to HIPAA. Facilities should have standard policies in place regarding the use of body cameras and procedures to prevent unnecessary disclosure of health information.²⁵ In addition to policies addressing real-time collection of patient information via body cameras, departments should also give great consideration as to the mechanics of storing such information, security of such storage, and develop policy surrounding the length body camera storage is maintained.

ELECTRONIC WEAPONS

Taser® (Thomas A. Swift's Electric Rifle) technology has become ubiquitous as an alternative to lethal force in police and security departments nationwide. The Tasers Smart Weapons, the X26P and the X2,

²¹ OSHA General Duty Clause, 29 USC 65.

²² "Time to Can Outdated OC Spray?" Police, Vol. 19, No. 3 (March 1995), p. 16.

²³ Allison Irish and Tara Shubert, "Body Worn Camera Use in Health Care Facilities," 2015.

²⁴ Allison Irish and Tara Shubert, "Body Worn Camera Use in Health Care Facilities," page 4, 2015.

²⁵ Allison Irish and Tara Shubert, "Body Worn Camera Use in Health Care Facilities," page 5, 2015.



have two modes: (1) Dart Mode, and (2) Stun Drive Mode. When utilized from Dart Mode, the Tasers expel a pair of probes on copper wires, propelled by compressed nitrogen at 100 miles per hour, delivering 50,000 volts of low-amperage current into the subject (1.76 Joules (X26P) compared to 150 – 400 Joules (AED)). The energy can pass through up to two inches of fabric.

The subject loses neuromuscular control for about five seconds, and can be shocked again if required. When fired, the Taser ejects up to 40 small ID tags, called AFIDs, which show the serial number of the cartridge fired. The X26P is also equipped with a “TaserCam” which records audio and video as soon as the device is turned on.

When utilized from Stun Drive mode, the Tasers are held against the subject without expelling those aforementioned projectiles as a pain compliance tool in close-proximity scenarios.

Current Taser models have the following advantages and disadvantages:

Advantages

1. A Taser may be more effective on violent persons who are mentally ill, intoxicated or under the influence of drugs who do not respond to OC.
2. The use of a less lethal Taser may make it unnecessary to resort to deadly force to control a person armed with a knife or other weapon.
3. The appearance of a Taser (and the “red dot” laser) presents a significant psychological advantage over other alternative weapons.
4. They have an effective range of 21 feet, so physical contact is not required.

Disadvantages

1. Tasers are expensive (almost twice as expensive as most firearms).
2. Long-term studies are ongoing, but there is “some potential for causing harm, such as an irregular heartbeat, that could lead to death (in persons with existing cardiac issues).”
3. Prongs can cause small scars.
4. Sparks can cause flammable materials or fumes to ignite.

UNARMED SECURITY OFFICERS EQUIPPED WITH TASERS

It is important to note that some healthcare facilities have opted to equip all or some of their unarmed security force with Tasers. This decision is often in response to a significant number of reports of assaults and injuries occurring against patients, visitors and staff within a given facility or campus. The issuance of Tasers alone (without a firearm) should not be seen as an adequate substitution for a firearm. A Taser should not be used in response to anyone who is in possession of a firearm. However, in some situations, the issuance of the less lethal alternative is a very adequate response.

For additional information, it is strongly encouraged to review J.D. Ho et al. (2010). Introduction of the Conducted Electrical Weapon Into A Hospital Setting. *The Journal of Emergency Medicine*, Vol. xx, No. x, pp. xxx, 2010. doi:10.1016/j.jemermed.2009.09.031 [http://www.jem-journal.com/article/S0736-4679\(09\)00929-9/abstract](http://www.jem-journal.com/article/S0736-4679(09)00929-9/abstract).

NEW CASE LAW ON TASER USE

On January 11, 2016, the U.S. Fourth Circuit Court of Appeals issued an opinion in *Armstrong v. Village of Pinehurst*, giving the law enforcement industry guidance on the standard governing the use of Tasers under the Fourth Amendment to the United States Constitution. For purposes of state application, the Fourth Circuit Court of Appeals presides over North Carolina, South Carolina, Virginia, West Virginia, and Maryland. The District of Columbia is not included within the Fourth Circuit’s reach. Lower courts in these states will thus look to the standard reinforced in *Armstrong* when presented with Taser-related constitutional claims arising under the Fourth Amendment.

I. Facts

The relevant facts driving the Court’s opinion are straightforward. A mentally ill man, Armstrong, had been off of his prescribed medication for five days and began poking holes in his own skin. Armstrong’s sister convinced him to go with her to the local hospital for treatment. He willingly checked into the hospital, but upon being examined became frightened. Armstrong subsequently eloped from the emergency department and his attending physician issued an involuntary commitment order to have him brought back. The commitment order specified that Armstrong was a danger only to

himself, not a danger to others. Three local police officers were dispatched.

Once the commitment order was finalized, the three law enforcement officers advanced toward Armstrong who sat down and wrapped himself around the post of a street sign. The officers attempted to pry Armstrong from the post but were unsuccessful. With two hospital security guards and Armstrong's sister looking on, and just thirty seconds after attempting to pry Armstrong from the post, one of the law enforcement officers drew his Taser and commenced to deploy it against Armstrong five separate times within two minutes. Shortly after being tased, the three law enforcement officers and two hospital security guards were able to successfully remove Armstrong from the post.

Once the law enforcement officers shackled Armstrong's hands and feet, Armstrong's sister noticed he was completely unresponsive. Armstrong was subsequently pronounced dead shortly after admission back to the hospital.

2. The Fourth Amendment and 'Immediate Danger'

The Court in *Armstrong* found that the officer's Taser deployment against a patient was "unreasonable force in response to resistance that [did] not raise a risk of immediate danger." The officer's Taser deployment was thus concluded to be a violation of Armstrong's Fourth Amendment right. Where the Fourth Amendment to the United States Constitution guarantees an individual's freedom from unreasonable searches and seizures by government officials, the Court noted that the key inquiry in analyzing whether an officer's actions violate a subject's Fourth Amendment right revolves around proportionality.

To guide the analysis about the balancing of an individual's interests against the government's, the *Armstrong* Court articulated three (3) factors for consideration:

- (1) the severity of the crime at issue;
- (2) whether the subject poses an *immediate threat* to the safety of officers or others;
- (3) whether the suspect is actively resisting arrest, or attempting to evade it by flight.

With respect to Taser deployment, the *Armstrong* Court found that "Taser use is severe and injurious regardless of the mode to which the Taser is set."

Moreover, the Court advised, "Force that imposes serious consequences requires [considerable restraint in its deployment]." It was thus concluded that the use of a Taser would only constitute proportional force under the Fourth Amendment when a reasonable officer would perceive some *immediate danger* that could be mitigated by deploying it.

'Immediate danger' was unpacked and explained. The Court noted that immediate danger exists where a suspect poses a continuing threat to an officer or another's safety. However, the Court made it clear that "At bottom, 'physical resistance' is not synonymous with 'risk of immediate danger.'" Moreover, "Even noncompliance with police directives and non-violent physical resistance do not necessarily create 'a continuing threat to the officers' safety.'"

3. Application

As applied to the attendant facts of the case, the *Armstrong* Court found that the officers failed to meet the aforementioned standard of proportionality in deploying a Taser against Armstrong. Where a reasonable officer would have perceived a "static stalemate" with regard to Armstrong's resistance to the officer's force; where Armstrong had only failed to submit to a lawful seizure for a mere thirty seconds prior to being tased; where Armstrong was seated on the ground clinging tightly to a post; where Armstrong's status as being a danger only to himself was known by the responding officers; and where Armstrong was surrounded by six people in total; the Court reasoned that there was "not an immediate danger so severe that the officer must [have begotten] the exact harm the seizure was designed to avoid." Indeed, because there was no immediate danger under the circumstances, use of the Taser could not be a proportional force under the Fourth Amendment. Thus, the officer's conduct amounts to a constitutional deprivation of Armstrong's Fourth Amendment rights.

4. Conclusions

The Fourth Circuit's decision in *Armstrong* is interesting in terms of its applicability to hospital security officers. The case focused on a state-regulated law enforcement agency. Under the U.S. Constitution, an individual's rights are violated only by a state actor. Healthcare and hospital security



needs are often met through the implementation of private companies and independent contractors, which are not traditionally considered to be state actors.

The reason ODS has chosen to include this Fourth Circuit decision is simple: the theme of proportionality should guide when appraising use-of-force in a healthcare security context. Regardless of whether the security presence within any hospital is properly deemed a state actor for purposes of constitutional scrutiny, there exists tremendous upside to creating a departmental culture that holds itself to a constitutional standard in protecting the liberties of those within its boundaries. It is often difficult to standardize use-of-force training across differing state civil and criminal law. Giving serious consideration to developing the nuances in department use-of-force protocol from leading federal cases around the country can not only bridge that gap, but also help make the fundamental department decisions, such as whether and how to arm healthcare security personnel.

In view of the *Armstrong* decision, ODS offers the following suggestions to decision-makers within hospital security:

- (1) Write or update department policy to reflect this legal development; and
- (2) Prepare officers to articulate why utilizing the Taser is likely a necessary and proportionate use of force given various fact scenarios.

To view the *Armstrong v. Village of Pinehurst* opinion in its entirety, see *Addendum H: Estate of Armstrong v. Village of Pinehurst*, 15-1191; <http://www.ca4.uscourts.gov/Opinions/Published/151191.P.pdf>

METAL DETECTORS

The decision concerning whether to equip hospital security officers with firearms addresses only part of the problem. Keeping unauthorized weapons out of the hospital is equally important to the safety of patients, visitors and staff. Every healthcare facility should post signs at all entrances prohibiting the carrying of firearms and other weapons on the premises.

- Some healthcare facilities have made the decision to install walk-through metal detectors at their emergency department based on some of the same factors cited previously in this paper (considerations when making a decision

of whether to equip some or all of the security officers with a firearm). Whether or not a walk-through metal detector is in use, portable metal detectors should be available for scanning violent or unconscious patients or patients transported to the hospital by ambulance once they are settled in a treatment area.

- Any person who refuses to enter through the metal detector or refuses search will be denied entry (but will not be denied medical treatment). The use of the phrase “For your safety and the safety of others” often assists in convincing persons to comply.

It is important to deploy closed-circuit television coverage outside the entrance protected by a metal detector. This area should be kept clear of bushes, benches and anything else where a person entering the hospital can hide weapons or other contraband for retrieval later. Hospital security officers should immediately recover anything hidden or discarded in this area.

It is also important to note that officers assigned to a metal detector at a hospital entrance should carry firearms as a visible deterrent to anyone seeking to enter the hospital with a weapon.

OTHER SECURITY MEASURES

Hospitals can be violent places. The answer to changing that unfortunate fact is not to simply arm hospital security officers. Firearms, whether carried by officers protecting the hospital or brought into it by others seeking to do harm, are only part of the equation. They cannot cure the epidemic of violence in our society that carries over into its healing institutions; they can only treat the results.

It is imperative that the entire healthcare organization work as one unit in the management of violent patients and potentially violent situations, regardless of improvements in security systems and the presence of security personnel. Seamless integration of armed and/or unarmed security officers into the PFCC environment is critical to the ongoing safety and security for everyone.



SECURITY

Other Equipment for Security Officer Safety and Security

Other considerations to protect armed or unarmed security officers and those they serve are included below.

Handcuffs

Consideration of handcuffs as a deterrent and law enforcement restraint device is recommended.

The Centers for Medicare and Medicaid Services (CMS) considers handcuffs to be law enforcement restraint devices and not safe appropriate healthcare restraint interventions for use in restraining patients (see CMS State Operations Manual, Appendix A, Sections 482.13(e)).²⁶

Since this manual appeared, several hospitals no longer issue or authorize their security officers to carry handcuffs, even those authorized to carry firearms.

"It is my opinion that this is an over-reaction and significantly compromises officer safety by removing the most effective means of controlling a person under arrest. Instead, a simple policy stating that patients cannot be handcuffed should suffice unless they are being placed in detention by the security officer awaiting arrest by a responding police officer."²⁷

Flashlight

Every officer should be issued and carry a flashlight at all times to be used during night shift and in response to a power outage at any time of day. Officers should be trained to hold the flashlight, as well as keys, radio, and other equipment, in their non-dominant hand in case he/she needs to respond alternately with his/her dominant hand (self-defense, etc.).

Key Holder

The key holder should be the silent type, with a leather or fabric case enclosing the keys to prevent jingling.

Radio

The radio should be carried on the officer's non-dominant side, opposite the firearm, to distribute

the weight of equipment equally on the belt. The remote speaker/microphone should be positioned so that its cord does not interfere with drawing the firearm.

Gloves

Several pairs of latex-like gloves should be carried in a pouch on the equipment belt, and replenished when used.

ARMED HEALTHCARE SECURITY OFFICER

We recognize that an armed Healthcare Security Officer is distinctly different than the unarmed Security Officer. There are changes in roles, appearance, training, and equipment required to maximize the capabilities and respond to a wide range of security events.

The selection process for armed Healthcare Security Officers is similar to the unarmed Security Officer. Given the utilization of weapons, armed Healthcare Security Officers are subject to additional requirements and enhanced training.

In addition to the required training of armed officers through DCJS, all of the ODS armed Security Officers also receive MOAB training (Management Of Aggressive Behavior) and BLS/CPR before assignment to a post. These officers are also required to complete the IAHSS Basic Certification within the first 6 months of deployment.

All of the armed Healthcare Security Officers will be attired in a tactical-style uniform. Firearms will be secured with a Level III holster for added safety.

²⁶ http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

²⁷ Potter, Anthony N., "Considerations When Arming Security Officers," page 22, 2006.



The table below summarizes some of the differences between an unarmed Security Officer and an Armed Healthcare Security Officer.

	UNARMED SECURITY OFFICER	ARMED HEALTHCARE SECURITY OFFICER
APPEARANCE	Class B uniform with white button-down top, black dress pants, black footwear.	Tactical uniform with black BDU top and BDU pants with tactical boots.
EQUIPMENT - Traditional and Defensive	Radio Keys Flashlight	Radio Keys Flashlight Body Armor Duty Belt Handcuffs (<i>optional</i>) OC Foam (<i>optional</i>) Baton (<i>optional</i>) Taser with Taser Cam (<i>optional</i>)
TRAINING	CPI BLS/CPR	CPI BLS/CPR MOAB IAHSS Basic Security Officer Handcuffing (<i>based on equipment selection</i>) OC Foam (<i>based on equipment selection</i>) Baton (<i>based on equipment selection</i>) Taser (<i>based on equipment selection</i>)

Over **90%** of our ODS client base is from healthcare, with **100%** retention of healthcare clients. We know healthcare.

ODS specializes in both
armed and **unarmed** security solutions.



Conclusion and Recommendations

The increased risk of violence in healthcare facilities is a growing concern for hospital executives, security professionals, and healthcare staff. It's also a concern for your patients, family members, and the community.

Many factors unique to the hospital environment escalate the risk of violence. Continuously conducting environmental analyses and identifying strategies to strengthen security are vital to safety and security. The better prepared you are to mitigate risks and keep a 'never event' from occurring in the healthcare environment, the greater peace of mind you deliver.

Understanding both the risks and benefits of armed security professionals is critical when considering the use of firearms and other weapons. Decisions must be made on facts, trends, foreseeable risks, and the unique challenges of each hospital. A thorough review and risk assessment led by highly qualified healthcare security professionals will enhance your organization's ability to make these critical decisions. Engaging experienced partners to assist in the evaluation and decision-making process engages valuable resources.

Based on the findings and data in this report, we recommend the following:

1. **REVIEW THE HISTORICAL DATA AND TRENDS.**

It's important to understand the scope of the issue as it relates to historical incidents, data, and statistics specific to the healthcare industry. National, state, and local trends should be reviewed in detail.

2. **KNOW YOUR LIABILITY.** Equipping Security Officers with firearms does come with some liability. But not equipping them also presents liabilities. Hospitals are 'safe haven's that are open to the community. Understanding the liability associated with decisions made about security strategies is critical for everyone involved.

3. **CONDUCT A THOROUGH RISK ASSESSMENT.**

Every decision should be made with a focus on the current environment and ways to strengthen any areas of vulnerability. This includes evaluating the high risk areas such as the Emergency Department, Pharmacy, Mental Health, and other areas. Hospitals offer 24/7 access to services and a risk assessment will help determine the types of security required. Evaluate the existing security solutions and determine what is required for the highest level of security for your facilities.

4. **MAKE A DECISION.** One of the worst decisions you can make is not to make a decision! Don't wait for an incident to occur. Evaluate the benefits and risks, identify the liabilities, understand the options, recognize the value and benefits of options, and make a decision. Once the decision is made, it's time to move forward.

5. **EXECUTE A COMPREHENSIVE PLAN.** The decision to equip Security Officers with firearms and/or optional weapons is not made lightly. And execution of the plan requires careful thought and consideration too. Detailed policies and procedures must be established. Training programs, ongoing evaluation, and continuous review are essential. Careful consideration of legal requirements and regulatory expectations will also drive policies. Partnering with experts in healthcare security will help ensure adherence and execution of a flawless plan.

6. **STAY UP-TO-DATE.** Keep all training, policies, and procedures current. Stay current on legal and regulatory requirements and recommendations. Evaluate the plan based on comparative data, incident management, community response, and other indicators of success. Continuously update and strengthen the plan and processes.

Keeping the healthcare environment safe and secure is one way to ensure peace of mind for hospital leaders, staff, patients, families, and the community. Don't wait until a 'never event' happens in your hospital. Evaluate available options to enhance security and make proactive decisions to maintain the safest environment possible.

Partnering with healthcare security professionals who are experienced in both armed and unarmed security is important. ODS specializes in this field and has the expertise and resources to evaluate and facilitate implementation of a plan. Whether you choose to partner with ODS - or manage the evaluation and execution internally or with other resources - ensure the resources you choose are highly experienced healthcare security professionals. The healthcare environment is unique and your partner must have an intimate background in healthcare security solutions.

Avoid a 'never event' from happening in your hospital - proactively evaluate security options and take action now.



Appendix A:

Firearms Affidavit Sample

SAMPLE

SECURITY DEPARTMENT

FIREARMS AFFIDAVIT

1. The firearm that I carry in the performance of my duties has been issued to me for the protection of LIFE. It is intended to be used only as a LAST RESORT to protect my life or the life of another person when there are no other means available to do so.
2. While on duty, I will keep my firearm holstered with the safety strap SNAPPED. I will not draw my firearm unless I intent to use it to protect LIFE. I will not remove it from its holster to show or display it to any person, except for regular inspections by my supervisor.
3. When approaching an out-of-control patient or participating in a patient restraint, I will remove the magazine from my firearm, rendering it incapable of firing, and place the magazine in my uniform trouser pocket. As soon as the patient is secure, I will reinsert the magazine in my firearm.
4. I know that all firearms are dangerous and they will KILL. I also know that when handled with common sense, respect and proper safety precautions there can be no excuse for an unintentional discharge of my firearm.
5. I will not leave my firearm where anyone else can handle it. When not on my person, my firearm will be locked in the gun locker assigned to me.
6. I will never draw my firearm as a bluff. I will never place my finger inside the trigger guard unless my firearm is pointed at a target and I intend to fire. I will never point my firearm at anyone or anything I do not intend to shoot. I will never fire a warning shot. Regardless of the circumstances, I will never shoot my firearm when doing so would jeopardize the safety of innocent people.
7. I will never engage in "quick draw" contests or other horseplay with my firearm, or with any other firearm on hospital property or on the pistol range. I will practice shooting my only on a pistol range approved by the Director of Security.
8. I will keep my firearm clean at all times. I understand that a dirty or rusty firearm is grounds for disciplinary action. I will not attempt to disassemble my firearm beyond field stripping in accordance with departmental procedures, or to modify my firearm or holster in any way. I will not allow anyone other than a gunsmith approved by the Director of Security to perform any work on my firearm other than routine cleaning, which is my responsibility. I will never use WD40 or any other aerosol lubricant on my firearm.
9. I will load my firearm with and carry only regulation .40 Smith & Wesson caliber service ammunition issued to me by the Security Department. I will be especially careful not to load my firearm with practice or training ammunition.
10. I will not carry any other firearm other than the one issued to me while on duty unless authorized to do so in writing by the Director of Security and I have qualified with it as required by the rules of the State Board of Private Detective and Security Agencies and departmental regulations.
11. I understand that I am required to store my firearm in the gun locker provided and assigned to me at Metropolitan Memorial Hospital. I know that my gun locker may be opened and my firearm inspected at any time by the Director of Security or my supervisor, and that I may be subject to disciplinary action if my firearm has not been properly maintained.



12. I will always remove the magazine before placing my firearm in the gun locker, and replace it before removing and holstering my firearm. I will always use the clearing barrel when chambering a round or ejecting a round from the chamber of my firearm prior to cleaning.

13. I know that I am not authorized to remove my firearm from the hospital unless I have signed it out with my supervisor to practice on an approved pistol range in accordance with departmental regulations. I acknowledge that removing my firearm from the hospital under any other circumstances or for any other purpose is grounds for termination.

14. If I sign out my firearm for practice on an approved pistol range, I understand that I cannot carry it on my person, either openly or concealed, since my weapon permit is valid only on hospital property (NOTE: This does not apply to officers going to and from the pistol range in uniform for scheduled requalification while on duty). I also understand that it is my responsibility to safeguard my firearm at all times. I will keep it unloaded and not accessible to family members or other unauthorized persons.

15. I completely understand these rules and regulations, and acknowledge that any violation will result in disciplinary action including dismissal, possible revocation of my weapon permit and/or arrest for violation of appropriate state statutes.

Officer's Signature

Officer's Printed Name

Signature and Title of Witness

Date

DISTRIBUTION: Original to Officer's Personnel File
Duplicate to Officer

ABOUT ODS SECURITY SOLUTIONS

ODS is earning a reputation as one of the most respected and highly recognized security providers in the country. ODS focuses on preemptive solutions that avoid or defuse situations before they become events, so our client partners can focus on their core business objectives and mission.

ODS values our clients and we are committed to providing a safe and secure environment for client staff, visitors, constituents and the community. With a host of security solutions for small to large public, private, and governmental organizations, we don't just keep your facilities safe, we make them alarmingly secure.



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