

IAHSS: Hospital shootings study incomplete

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Among things missing from Johns Hopkins study: Hospitals should turn to a healthcare security expert, response says



IAHSS President Bryan Warren.

On the heels of the recent release of a study sponsored in part by Johns Hopkins entitled "Hospital-Based Shootings in the United States: 2000-2011," The International Association for Healthcare Security & Safety [IAHSS] wants to point out several flaws in the study.

According an official IAHSS statement, hospitals should seek out the consultation of a certified healthcare security expert to assist in the development of a healthcare security program -- something not specified in the study.

Although the report shed some light on the issues of violence in hospitals covering the 40 states considered in their research, the study stops short of addressing some of the critical issues facing hospital administrators on a daily basis: How to operate a facility with a well-trained, professional security team, which functions under a well-conceived security plan, and is prepared to handle any crisis situation that may arise.

"A security expert can help carry out a risk assessment of a facility, pinpointing specific details such as the demographics of the hospital location, economic condition, incidents occurring throughout the community, proficiency of current security team, etc., from which a plan can be further developed," the statement reads.

After completion of the due diligence phase, clear guidelines should be analyzed and implemented for specific issues, such as whether or not to arm the security staff. Such guidelines would encompass questions like what type of holster is being used for the firearm (low or high level of weapon retention capability) or what is the make and model of the firearms being considered? "These minor details need to be taken into account when considering whether to arm a security team," explains IAHS President Bryan Warren, "because there are certain safety features of some handguns for example that may provide added protection to the security team, hospital staff and patients in the event that the weapon falls into the wrong hands." Once these policies are in place, it is essential they become the framework around which hospital security officer training evolves.

The report did not speak to the training and professionalism of a security force, which is central to operating an effective security operation at any facility "There needs to be more emphasis on training for those responsible for healthcare security duties," Warren said.

In the event that an incident may occur, it is necessary to have workplace violence education and training for a hospital's clinical and ancillary staff as well. "Better preparedness for an emergency event is crucial. Staff should be taught warning signs, who to call, when to call, etc." Warren emphasizes. "Preparation is key to managing any crisis, and it should be an all hazards approach."

Another significant topic not touched on in the Hospital-Based Shooting study was the need to create a good relationship with local law enforcement. "The most important thing is being prepared as much as possible for an emergency event," Warren said.

Here is a link to the full Johns Hopkins

report: <http://www.annemergmed.com/webfiles/images/journals/ymem/FA-gdkelen.pdf>