Jeff Young is the Executive Director, Lower Mainland Integrated Protection Services overseeing Protection/Security & Heliport Operations and Parking, Access & Commuter Services (PACS) for Fraser Health | Providence Health Care | Provincial Health Services Authority | Vancouver Coastal Health

Jeff is the President of the International Association for Healthcare Security & Safety (IAHSS) and is a champion in the healthcare security industry in the use of evidence based processes, professional certifications, best-practice guidelines, collaboration with other healthcare based associations on the development and maintenance of safe secure environments and the development and mentoring of leaders in the security and safety industry.
Overview of IAHSS

- Membership
- Certifications
- Training
- Guidelines
- Strategic Direction
THE IAHSS GUIDELINES COUNCIL

Has produced 58 operational and 12 design guidelines and has a 130 operations guideline table of contents.

In addition to developing operational and design guidelines:

• Is represented on the Facilities Guidelines Institute (FGI) Health Guidelines Revision Committee (HGRC)
• Is part of a Agency for Healthcare Research and Quality (AHRQ) funded effort to educate on FGI Safety Risk Assessment tools
• Develops language for technical specifications developed by/with the European Committee for Standardization (CEN).
• Is working to utilize the guidelines as a foundation for an accreditation program.
• Is developing a risk based self assessment toolkit for use in emergency departments.
Kevin Tuohey is the Executive Director for Research Compliance at Boston University and Boston Medical Center overseeing services focused on the management of a safe and legally compliant environment.

Kevin chairs the IAHSS Guidelines Council; served as the facilities representative in the development of the IAHSS Security Design Guidelines; and is a member of the Health Care Guidelines Committee for the 2014 and 2018 Guidelines for Design and Construction of Hospital Facilities.

Kevin has 35 years of experience in healthcare and higher education emergency management, facilities, real estate, safety and security; and has been involved in the development, planning, threat and risk assessment, design, construction and operations of facilities with security requirements ranging from those with open access to those with significant protective design.
SESSION OBJECTIVES

- Overview of the Design Guidelines
- Putting the Guidelines to Work – Inside and Outside
- Putting the Guidelines to Work – High Risk Areas
- Question & Answer
This presentation with links to:

- Current Operations and Design Guidelines on IAHSS site (password)
- Health Care Revision Committee page
- FGI Guidelines site
- Center for Health Design Safety Risk Assessment Tool
• Appointed to develop non-prescriptive basic industry guidelines.

• Guidelines evolved into a mix of basic and more detailed guidelines.

• Became evident that guidelines for the built environment – during design - prior to “operations” – could improve program quality and compliment the operations guidelines.

• The concept for Design Guidelines was developed by the Guidelines Council in October 2009.

• The Council agreed to empower a Task Force to develop the HCF Security Design Guidelines.
<table>
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<tr>
<th>Membership</th>
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<tbody>
<tr>
<td>Chair, IAHSS Guidelines Council</td>
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<tr>
<td>Member, IAHSS Guidelines Council and Chair, Design Guidelines Task Force</td>
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<tr>
<td>Representative of Authority having Jurisdiction, Architect and Health Care Surveyor - Wisconsin</td>
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<tr>
<td>Representative of Health Care Facilities, Design &amp; Construction, IAHSS member - Massachusetts</td>
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• Met via conference call twice per month for 13 months and held one face to face meeting.

• Included expertise that complimented each other with significantly different view points and strengths.

• Drafted each design guideline, reviewed, revised, submitted for survey, revised again, submitted to board and when approved – set it aside and moved to next guideline.

• Included external subject matter experts in surveys.

• Evolved into general guideline with three sections representing the external environment, the internal environment and emergency management.

• Established need for security expertise at the table during concept discussion and design for construction or renovation.
Applicable to all Healthcare Facilities (HCFs) by addressing security expertise needed.

Address security **upfront** and **early** on during design.

Focus on ‘What should be done’ (checklist) not how or why.

Clear, concise & **reasonable** (more prescriptive than our Basic Industry Guidelines).

**Cost effective** (expense avoidance).

**Security emphasis** impacting wide range of areas including Safety, Emergency Management, Regulatory Compliance.

**Compliance and consistency** with regulatory requirements and best practices.
IAHSS SECURITY DESIGN GUIDELINES

General Guideline
- Parking and External Campus Environment Design
- Buildings and the Internal Environment Design
  - Inpatient Facilities
  - Emergency Department
  - Mental Health Areas
  - Pharmacies
  - Cashier and Cash Collection Areas
  - Infant and Pediatric Facilities
  - Protected Health Information Areas
  - Utility, Mechanical, and Infrastructure Areas
  - Biological, Chemical, and Radiation Areas
- Emergency Management Design
LAYERS OF PROTECTION

CPTED Principles

- Highly sensitive areas
- Public vs. staff areas
- Interior Perimeters including areas segregating visitors
- Building Perimeter
- Property Perimeter
PARKING AND THE EXTERNAL CAMPUS ENVIRONMENT

STATEMENT

The security of parking facilities and the external campus environment is a significant concern for Healthcare Facilities (HCFs) and for users of those facilities. The proper design and effective management of the external campus environment can minimize violent and property crime, promote efficient resource management, and provide a welcoming environment.
The physical design of buildings and integration of electronic security systems within the internal built environment are important components of the Healthcare Facility (HCF) protection plan and the patient, visitor and staff experience. Security design considerations must address the particular requirements and services offered by the HCF.
Inpatient Facilities Guideline

• A safe and secure environment contributes to the quality of care rendered by inpatient Healthcare Facilities (HCFs). Security design considerations must address the particular risks associated with the services offered by the inpatient HCF, patient demographics, and other environmental factors.

• The project design team should develop a comprehensive security plan that indicates a layered approach, including zones, control points, circulation routes, and required egress paths.

Emergency Departments Guideline

• The physical design of the Emergency Department (ED) should promote an all-hazards approach to the safety and security of those working in, visiting, or seeking emergency services from the Healthcare Facility (HCF). The security layout and design of the ED should be viewed as a secured area that serves as an added layer of protection between the HCF, public areas, and treatment areas.

• Includes internal, external, compartments, seclusion, forensics
Behavioral / Mental Health Areas Guideline

- The design of Behavioral/Mental Health (BMH) patient care settings should address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their medical condition. The BMH patient environment should protect the privacy, dignity and health of patients and address the potential risks related to patient elopement and harm to self, to others and to the environment......

- Addresses internal, external and adjacent space, seclusion, safe rooms.

Pharmacies Guideline

- The design of Healthcare Facility (HCF) pharmacies should address the unique risks presented by the storage and distribution of narcotics and other controlled substances. The design should create a secure physical separation between pharmacy operations and the public while integrating security systems used for access and audit functions. Design considerations should be applied to associated medication distribution points, sub-pharmacies, medication rooms, or offsite pharmacies.
Cashiers and Cash Collection Areas Guideline

- The collection, storage, and handling of cash present unique security risks to Healthcare Facilities (HCFs), including design considerations tailored to areas where cash transactions occur or where cash is stored. The design and construction of primary cash management areas should be viewed as a compartment and have a secured physical separation from the public. Security design considerations for primary and secondary cash collection areas should integrate the physical location and layout with security controls and technology.

Areas with PHI Guideline

- The design should address the multiple ways in which this privileged information can be compromised and should protect that information utilizing integrated physical and electronic security systems. The design should include access and audit systems to be applied, as appropriate, to electronic and written PHI locations in areas, including, but not limited to, registration, interview, clinical, storage, and waste areas as well as within data systems.
Infant and Pediatric Facilities Guideline

- Materials Mgmt/SPD/Stores
  Access to the infant or pediatric care area should be limited. Access to all doors, interior elevators, and stairwells into the infant or pediatric care area should be controlled and restricted to authorized personnel only. All stairwells and emergency exits serving the infant or pediatric care area should be equipped with delay egress hardware in accordance with applicable codes. Where possible, consideration should be given to a designated staff entry/exit that is separate from public entrances. Relational factors, including movement of personnel and equipment to and from adjoining departments, should be considered when designing the secured compartment (e.g., labor, delivery & recovery, post-partum, NICU).
Utility, Mechanical & Infrastructure Areas Guideline

- The design of Healthcare Facility (HCF) utility, mechanical, and infrastructure related space should include the recognition that such space and the mechanical, electrical plumbing, and information technology (IT) systems within it are critical assets for the HCF that provide for uninterrupted patient care, basic building comfort, and extraordinary emergency response capabilities.

Biological, Chemical and Radiation Areas Guideline

- Healthcare Facilities (HCFs) should address the unique security risks presented by highly hazardous materials (HHMs), including, but not limited to, biological, chemical, and radioactive materials and should be aware that areas housing HHMs are frequently regulated and must be designed accordingly. HCFs should design and construct to provide integrated physical security, the protection of the internal and external environment and the surrounding community, and to assist in the audit of materials in accordance with policy, regulation, best practices, and assessed risk.
EMERGENCY MANAGEMENT

STATEMENT

The design of the Healthcare Facility (HCF) should consider emergency management practices that allow for the flexibility and resilience required to manage emergency events. An all-hazards approach to design should be applied to help the HCF prepare for, respond to, and recover from manmade events and natural disasters.
The design should support the ability of the HCF to shelter-in-place and repurpose space during emergency operations to accommodate the intake and care of a surge of patients. This should include consideration for:

• Assignment of patient populations to avoid evacuation complications based on patient mobility.
• Mass triage during such events as epidemic or pandemic outbreaks.
• Increased inpatient capacity.
• Increased isolation capacity, including installing medical gasses and other necessary patient care elements in walls and ceilings of rooms intended to be dual-use, convertible space.
• Staging area(s) for emergencies.
• Community support related to widespread utility outages or severe weather conditions.
• External areas for supplies or other support vehicles or trailers.
• Areas for permanent or temporary helipad facilities.
• Increased morgue capacity, including racks for storage and cooling capability.
Background on IAHSS Design Guidelines

**Who Are the Design Guidelines For?**
(healthcare security practitioners, designers, engineers, architects, project planners, building owner representatives, department stakeholders)

**How and Why Were they Developed**
(multidisciplinary expertise, proactive and more prescriptive approach. Includes tools to design and build security into each renovation or new construction project)
In 2012, the IAHSS Guidelines Council, Security Design Guidelines Task Force, submitted approximately 40 comments to the FGI Health Guidelines Revision Committee.

The response was very positive and two IAHSS members were appointed, mid-cycle, to the 2014 HGRC.

It was made clear that design information related to security and emergency management was needed.

The IAHSS Design Guidelines are now referenced within the 2014 FGI Guidelines.
Applying the Guidelines at your facility

Safety Risk Assessment Team

- Patient Handling (existing)
- Security
- Medication Safety
- Falls
- Psychiatric Injury (existing)
- Infection Control (existing)
- Immobility
<table>
<thead>
<tr>
<th>SRA Component</th>
<th>Facility Type/Area</th>
<th>Project Scope</th>
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<tbody>
<tr>
<td>Infection control risk assessment (ICRA)</td>
<td>All</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. All renovations</td>
</tr>
<tr>
<td>Patient handling &amp; movement assessment (PHAMA)</td>
<td>Where pt handling, transport, transfer and movement occur</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space</td>
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<td></td>
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<td>3. Minor and minimal renovations where patient handling occurs</td>
</tr>
<tr>
<td>Patient fall prevention</td>
<td>Any area to which a patient or family member has access</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space</td>
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<tr>
<td></td>
<td></td>
<td>3. Minor and minimal renovations where patient falls may occur</td>
</tr>
<tr>
<td>Medication safety</td>
<td>Medication safety zones</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Minor and minimal renovations where medication preparation, processing, and distribution occurs</td>
</tr>
<tr>
<td>Behavioral and Mental Health Risks</td>
<td>Any area where behavioral health patient care is provided</td>
<td>1. New construction</td>
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<tr>
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<td>2. Major renovation and renovations changing functional use of space to include the care of behavioral health patients</td>
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<td>3. Minor/minimal renovations where behavioral health patient treatment occurs</td>
</tr>
<tr>
<td>Patient Immobility</td>
<td>Inpatient</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space to inpatient use</td>
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<td></td>
<td></td>
<td>3. Minor and minimal renovations where inpatient care occurs</td>
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<tr>
<td>Security Risks</td>
<td>All</td>
<td>1. New construction</td>
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<tr>
<td></td>
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<td>2. All renovations</td>
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Link to tools to assist in the implementation of Safety Risk Assessment
Health Guidelines Revision Committee (HGRC) appointed in early 2015

- 100 members appointed with two specifically to provide expertise in designing for security

- Three year process including assignment to:
  - Hospital, Outpatient or Residential Guidelines Group
  - Specific parts / section of document to identify “fundamental” verses “beyond fundamental” language
  - Two meetings in person in 2016 and 2017
2018 Guidelines development includes concerted effort to address seven specific areas throughout the three documents.

Topic Groups addressing the above include:

- Security Topic Group
- Emergency Management Topic Group
- Technology Topic Group

Security Topic Group chaired by two members of IAHSS Guidelines Council as well as five public volunteers - two other IAHSS Senior Members, one nursing administrator, one facilities administrator, and one design professional.
The IAHSS Security Industry Guidelines
Approximately 6 new guidelines developed each year
Approximately 15 existing guidelines reviewed and/or revised each year (3-4 year cycle)
New or significantly revised guidelines are reviewed by entire Council on Guidelines, other SME as needed, entire IAHSS membership via survey and IAHSS Board
Effort is prioritized by current industry needs.
Table of Contents is reviewed and/or revised annually
The IAHSS Security Industry Guidelines

- Are intended to be applicable to:
  - Rural, suburban, urban environments
  - All size healthcare facilities
  - All levels of risk and hazard vulnerability
- Provides healthcare facilities with solid direction in the management of security regardless of expertise in the area.
- Provides references to supporting documents, regulations and best practices.
- Like the design guidelines – are risk-based and strongly suggest collaborative multi-disciplinary processes
The IAHSS Security Industry Guidelines

Workplace Violence Assessment & Response Team

Clinicians

Security & Internal Responders

Risk Management

Leadership

External Responders

Human Resources

Mental Health

Clinicians

Leadership

Human Resources

Risk Management
The IAHSS Security Design Guidelines

Continues to “Open Doors”

• Provided for use as reference material to:
  • American Organization of Nurse Executives
  • American Society for Healthcare Engineers
  • American Society for Industrial Security
  • Emergency Nurses Association
  • Joint Commission

• Presented at Annual Meetings to:
  • American Society for Healthcare Engineers
  • Canadian Healthcare Engineering Society
IAHSS Guidelines
IAHSS Guidelines

- Like FGI Guidelines, refer to other guidelines, requirements, regulations including NFPA, WHO, etc.
- Both Design and Industry Guidelines offered as reference material to Accreditation Canada and The Joint Commission.
- Can be used as checklist for safe operations, secure design, sensitive area preparedness, program audit, staff development, worker safety, strategic direction of security function and many other uses.
- Recently provided to American Hospital Association and ASIS for use as reference material.
Both the FGI and IAHSS guidelines rely on an informed and collaborative approach to design and if applied early may allow for enhanced security and safety with significant savings.

The guidelines should be applied according to HCF specific risk. The protection of vulnerable patient populations, visitors and staff as well as assets, health information and regulated materials are different at each facility.

Share the guidelines with those involved in the design, construction and renovation of facilities at your HCF.

Submit the guidelines for inclusion into HCF specific design standards.

Utilize the guidelines by sharing them as specific guidelines (emergency department, etc.) with the users of the area being designed or as a series of guidelines (emergency department + buildings and the internal environment + general)
Applying the Guidelines at your facility

• Review the guidelines as well as the appendix and reference material included in each. Be aware of the regulations and best practices referenced and align them with HCF policy.

• Prepare yourself to apply security as it relates to sensitive areas including those that are typically managed by security professionals as well as those related to information, infrastructure and regulated materials.
  • Align wiring / cable / network / fiber needs with IT.
  • Align systems needs related to security systems with Facilities building systems.
  • Align access control and CCTV needs with others that may use the same for the security of biological and radioactive materials or the monitoring of patients via camera.

• The inclusion of security design early in the process allows for both design coordination and the development of bid packages inclusive of the technology and unique construction needs related to security.
Applying the Guidelines at your facility

The Big Picture – The Theory and Goals
- Design as a facilitator for security
- Address issues early to not go back later to fix things

Implementation: balancing competing priorities
- Sustainability, energy efficiency vs. air changes, lighting
- Access (landscaping, public design, CPTED)
- Privacy (patient monitoring)
- Hazardous materials (radiation areas/clinical labs)
- Emergency Preparedness

How to get there:
- Be part of the SRA team
- Provide information and expertise to those managing projects