



Healthcare Facility Hardening Tip Sheet

Sept 2022

The Northwest Healthcare Response Network (NWHRN) continues to work with local response partners to prepare for potential threats to healthcare staff and facilities. This Facility Hardening Tip Sheet is designed to support facilities and organizations in their active assailant preparedness and response efforts.

State and regional responses to a variety of man-made and natural hazards continues to prove that organizations are most resilient and effective when partners are pro-active in their planning efforts, share and learn from each other, and most importantly, work together.

Preparedness Considerations

Threats to healthcare staff and facilities have continued to increase over the last several [years](#). This trend is not likely to diminish in the near-term. Threats to healthcare staff and/or facilities can encompass a variety of scenarios which impact healthcare operations. Harassment, verbal threats, and assault on individual healthcare workers can result in staff physical or psychological injury or worse and increase burnout and require additional security resources. Threats and/or acts of violence can result in lockdowns, reduce access to patient care, and in rare cases result in mass casualty incidents. Healthcare settings adds additional complexity as evacuations, lockdowns, and/or security/law enforcement responses can lead to additional stress on regional hospital and EMS capacity, present complexities with medical equipment and fragile patients, and require a regional response and healthcare coordination.

Preparedness

A. Planning

- Develop emergency action and communication plans (the NWHRN can support in external notification)
- Consider regularly convening a threat assessment team to review suspicious behavior reports, site security, coordinate with partners, etc.
- Review/establish emergency lockdown procedures that consider access and functional needs of patients, staff, and visitors

B. Facility Hardening

- I. **Built Environment** - Consider the following:

Access Control

- Monitoring/closing/locking all non-essential entrances/exits
- Installing stronger doors and locks (that are accessible to those with dexterity challenges)
- Moving staff or patient areas near external facing windows closer to the facility's inner core
- Utilizing key card locks for access to non-public/clinical areas, consider badge-access checkpoints to avoid tailgating
- If possible, limit the number of public entrances
- Identify secure entrances for vendor usage. Ensure these entrances are monitored
- Automatic closing doors that will alarm if door is propped open
- Doors that can be locked remotely
- Ability to disable key card access from command center

- Designated life sustaining areas (fragile patient care locations such as ICU, dialysis, L&D, operating rooms, etc.) should be equipped with devices that can lock and secure doors/entry points and contain stop-the-bleed supplies

Lighting

- Entrance areas that are well lit
- Ensure areas where patients or staff may be alone are well lit. This should include parking areas.
- Exit routes are well marked

Surveillance (as regulatory appropriate)

- Security cameras are located at all entrances, main corridors, sensitive security areas, and other high trafficked areas
- Security cameras are visible to deter suspicious behavior
- 24/7 recording of security footage

Alarms

- Panic buttons installed in clearly visible areas for patients and staff. Less visible panic buttons can be placed for staff (patient care rooms, reception, etc.)
- Facility alarms accompanied by visual cues (ex: flashing lights) and training that distinguish between the need to evacuate vs. shelter-in-place
- Plain and simple language rather than color-coded notifications to alert patients, visitors, and others
- Alarms on doors in case of unauthorized access

Other

- Trauma kits to stop excessive bleeding, clearly marked and available throughout the building
- Designated shelter-in-place locations in each unit (thick walls, solid doors with locks, minimal interior windows, trauma kits, public address system). Communicate these locations to staff

II. **Personnel** - Consider the following:

Reporting

- Clear processes for staff and patients to report all harassment, threats, illegal activities, [suspicious](#) or violent behavior
- Posters in that explain the importance and procedures for reporting suspicious behavior to security
- Consider a staff alerting system and/or text structure for reporting

Security

- Visible security such as off-duty law enforcement officers at main entrances
- Metal detectors / handheld metal detectors for security staff
- Regularly patrol external facility grounds/campus
- Secured first responder kits with facility layout, key cards, and two-way radios.
- Security training to identify [pre-planning activities](#)

Other

- Pre-establish healthcare incident command teams to centralize preparedness and response activities
- Staff should carry facility badges / identification with them at work and in transit to and from work
- Opportunities for staff to suggest security improvements
- A 'buddy' system for staff leaving the facility: parking lots, transit points, etc., especially at night
- If in a heightened security environment, encourage staff to change clothing before leaving the facility

III. Lock-Down Procedures

- Evacuation plans and clearly designated exit routes, audio/visual cues to support those with access-functional needs
- Utilize staff mass alerting/notification technology that is customizable to staff preferences or needs
- Utilize speaker/visual cue to alert patients. Ensure alarms can be heard/seen from outside the facility as well as public areas within or adjacent to a facility to alert people to not enter or shelter-in-place.

C. Training

Offering training opportunities for staff is vital to prevent or mitigate impacts from an active assailant. Mandatory training is ideal as it ensures all staff are prepared. The following courses are recommended and should be considered on a regular training cycle:

- **Run-Hide-Fight** with **Secure-Preserve-Fight** modifications for clinical staff
- **Stop-the-Bleed**
- **Triage training (SALT) for mass casualty scenarios**
- **Healthcare Incident Command System (HICS)**

D. Exercises

Exercises help facilities test/validate their response plans, allow staff to practice their training, and opportunities to identify strengths and areas for improvement. Like training, making exercises mandatory can help to ensure greater staff participation and preparedness. The following exercises should be considered on a regular exercise cycle:

- **Active Shooter**
- **5-minute drills**
 - Run-hide-fight drill
 - Access drills (identify a point person to periodically see how far into facility they can get without access cards. Include social engineering techniques).
 - Notification/communication drill
- **Facility Evacuation**
- **Civil unrest targeting healthcare** [[NWHRN Civil Unrest Tip Sheet](#)]

Local Response and Healthcare Partners

Communication amongst healthcare and response partners can support the development of a common operating picture, exchange of vital information, improve response coordination, and identify synergistic response opportunities. The NWHRN supports this communication via gathering and disseminating situational awareness information and convening response coordination calls.

In addition to your organization's active involvement in the healthcare coalition, organizations should be proactive in developing relationships with key local law enforcement partners. Do not hesitate to reach out to the NWHRN for support in identifying local and regional response/security agency points-of-contacts.

How to reach NWHRN

Support from NWHRN

- 24/7 duty officer line - **Duty Officer at 425-988-2897**
- Response support [coordination, contacts, patient tracking, resource and information sharing]
- Weekly NWHRN Coalition coordination calls.