

STATEMENT:

Several factors affect the staffing model required to provide reasonable protection for Healthcare Facilities (HCFs), and its patients, visitors and staff. No single formula determines an appropriate staffing level for a given HCF. Staffing must provide for inspection, response and service capabilities.

INTENT:

- a. Staffing levels are best determined after conducting a security risk assessment by a competent security professional or security administrator.
- b. The HCFs philosophy may emphasize a responsive (after-the-fact) posture or more strongly toward a preventative posture. A consideration of the factors listed below can lead to a reasonable and appropriate staffing configuration.
 - 1) Philosophy of the Organization – The level of protection provided and the services rendered by the security department are based on the individual facility’s philosophy and identified priorities to meet their unique needs.
 - 2) Staffing Models - The most used staffing models include proprietary, contract, off-duty law enforcement, and various combinations of same. Smaller facilities, without dedicated security, will likely assign responsibility to other departments such as Facility Services. Regardless of the model selected, effective training must be provided.
 - 3) Crime Analysis – Consider the type and volume of criminal activity occurring in and around the HCF. Also consider potential untoward circumstances in the event the HCF may provide services to crime victims (i.e. being a Level I Trauma Center).
 - 4) Incident Activity, History, and Environmental Conditions – The severity and frequency of past on-site and nearby incidents will help determine staffing levels.
 - 5) Duties and Expectations of the Security Staff
 - a) Emergency and Service Response Time – In cooperation with senior administration, develop acceptable average security response times for both emergency response and routine service requests. Track, trend and monitor these response times.
 1. Priority I - Emergency situations such as crimes in progress, fire, and other emergency codes
 2. Priority II - Urgent calls such as patient assists and responding to incidents
 3. Priority III - Routine calls such as unlocking an office, patient valuables, patient transport, motorist assists, unlocking or locking perimeter doors
 4. Priority IV - Scheduled tasks such as, opening or closing gates, preventative patrols, opening conference rooms, wheelchair recovery

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- b) Patrol Frequency – Establish a desired frequency of routine day to day patrol. In planning patrol areas and frequency it is helpful to divide areas up into the following general areas:
 - 1. Security Sensitive Areas
 - 2. Parking Areas
 - 3. In-Patient Bed Areas
 - 4. Clinic Areas
 - 5. Public Areas
 - 6. Ancillary Patient Care Areas (Radiology, Labs, Physical Therapy)
 - 7. Support Areas such as Food Services, Medical Records, Maintenance and Engineering, Administrative Space
 - 8. Medical Office Buildings / Satellite / Off campus Facilities
- c) Fixed Post Assignments –Fixed post assignments may reduce the ability to provide for proactive patrol and effect response times if resources are limited.
- d) Scheduled Routine Functions – Evaluate the number of scheduled functions such as cash escorts, pharmacy escorts, locking and unlocking areas, deliveries, equipment checks, or other similar duties separate and apart from routine patrol.
- e) Scheduled Special Functions – Based on the crime analysis of the location and within the guidelines of the HCF, provide for crime prevention activities such as personal safety talks, security assessments and security consultations designed as a pro-active service of security.
- f) Non-Scheduled Activities – Evaluate non-scheduled activities and calls for service that are routinely performed by security personnel such as:
 - 1. Investigative activities
 - 2. Problem resolution
 - 3. Lost and found
 - 4. Unscheduled locking or unlocking,
 - 5. Patient assistance including mental health watches
 - 6. Processing court documents
 - 7. Acting as a witness or preparing incident reports.
 - 8. Special Assignments – Evaluate special events and celebrations which may dictate the use of significant staffing allocations.
- 6) Physical and electronic security measures deployed.
- 7) Response Capabilities of Police and Fire Services - The availability and timing of law enforcement and fire responses may affect the staffing model. A lengthy or unpredictable response by outside agencies will usually require additional HCF based staffing and capabilities.
- 8) Fringe Benefits – Examine fringe benefits including paid time away from work for vacation, sick time etc. In certain models this may affect the staffing and deployment model which may determine the need for overtime utilization or part-time or per diem personnel to maintain consistent staffing levels.



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- 9) Training Time – A calculation of the amount of training required for the HCF is also helpful in determining amount of hours required for staffing.
- 10) Total Campus Area – The total area of the HCF (square footage / acreage) of the HCF is but one factor related to security staffing and deployment and should not be used as an exclusive factor in determining staffing levels.
- 11) Patient Volume, Mix & Acuity Level – Patient related factors based upon time of day, day of week or seasonal factors can have an impact on security staffing in the areas of fixed posts, scheduled and non-scheduled activities and must be considered.
- 12) HCF General Staffing Levels– Reductions in other HCF staff due to reduced patient days or other factors may result in the need for additional security to provide increased patrols of unprotected areas.

REFERENCES:

Colling, Russell L. and York, Tony W. Hospital and Healthcare Security (2010). Woburn, MA: Butterworth-Heinemann.

SEE ALSO:

IAHSS Guideline 02.04, Security Role in Patient Management

IAHSS Guideline 09.01, Security Sensitive Areas

IAHSS Guideline 09.10, Parking General

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