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Aspects of Hospital Security:

Protecting the VIP - Part II

**Ben Scaglione, CPP, CHPA, CHSP and
Anthony J. Luizzo, PhD, CFE, CST, PI**

The need for a hospital VIP protection plan has become even more important today than in 2011 the co-authors first wrote about the subject because security, safety and terrorism concerns have heightened considerably. In this update, the authors present a plan they believe will avoid a situation that could result in loss of life, compromised medical records and photos of the catastrophe on the evening news networks--not to mention the loss of future business.

(Ben Scaglione, CPP, CHPA, CHSP directs security programming for Lowers & Associates, part of the Lowers Risk Group. He currently serves as the chairperson for the IAHSS Affiliations Council and is also a member of the IAHSS Education Council and the ASIS Healthcare Council. From 2012 until 2016 Ben served on the IAHSS Board. He is past Chairman of the ASIS International Healthcare Council and past President of the New York City Metropolitan Healthcare Safety and Security Directors Association. He has served as an adjunct professor at The Pratt Institute, Interboro Institute and John Jay College Peace Officer Academy in New York City and has been a contributing author to this journal and a columnist for Security Magazine.)

(Anthony J. Luizzo, PhD, CFE, CST, PI is a member of the board of advisors of Vault Verify, LLC. He was the former Corporate Director of Loss Prevention for the NYC Health & Hospitals Corporation and former Director of Security Programs for the NYC Mayor's Office of Economic Development and Business Services. He was a contributing editor/editorial advisory board member for Reuters-Warren, Gorham & Lamont /RIA Group: Thomson Publications, and is a frequent contributor to this Journal. Dr. Luizzo is a member of IAHSS.)

INTRODUCTION

The potential for an adverse event due to a VIP visit is a real hospital security concern which has increased significantly since we authored our first article in this journal on the subject in 2011 (*Aspects of Hospital Security: Protecting the VIP--Vol.27, No.1.*) That article offered a compendia of security initiatives for security administrators to follow when protecting high profile personage during their hospital sojourns. The article addressed several important issues that hospital security executives should consider when piecing together a VIP security protection plan. It furnished a roadmap to follow when a VIP is admitted to a hospital for both short and long stays. It spoke to aspects of how to prepare the risk assessment survey, how to formulate a pre-event assessment tool, how to frame the protection risk grid, how to ade-

quately handle transportation security-related prerequisites, and how to conduct a walk-through assessment.

WHO IS A VIP?

To many a VIP (very important person) conjures up the image of a bodyguard with sun glasses and earpieces ushering a celebrity amid flashing cameras and throngs of observers straining to catch a quick glimpse and/or take a selfie. In healthcare however, the designation "VIP" signifies a patient with a greater need for healthcare service, privacy, confidentiality and security. Many of these VIPs are entertainers, super star athletes, politicians, foreign leaders, royalty, or simply patients with a unique healthcare need. Notwithstanding, VIP protection in hospitals is a thousand percent more challenging than in other venues because their exposure to scrutiny is more than simply a fleeting second in the limelight – it could be for days and or weeks.

PREPARING FOR A VIP VISIT

Preparing for a VIP visit requires the development and implementation of a pre-determined plan, assessing the risk to the pa-

tient, visitor or the hospital and implementing a plan that will mitigate those risks. While the goal is to mitigate risk, VIP medical treatment must proceed without interrupting the ebb and flow of the hospital's orderly operation. This is often, not an easy task since curiosity oftentimes causes diversion and diversion causes delay and delay challenges the integrity of the orderly ebb and flow of the institution's care-giving protocol. From a protection specific perspective, a successful VIP health care visit should be measured by the simple reality that most staff within the institution had no prior clue that a high-profile patient is within the hospitals' inner environs. This is often not an easy task, but viable.

THE VIP SECURITY PLAN

Every security plan has its own unique set of security challenges which can change from visit to visit. Whether it is an in-patient stay, a quick doctor visit, or simply a visit to a patient, every time a VIP comes onto the property the level of risk to the hospital needs to be assessed. Developing a protection plan requires devising policies and procedures that ade-

quately control all aspects of the VIP's visit. This includes from the very beginning of the visit to its conclusion.

Other than patient-specific protection concerns, the plan must address visitor's protection, oversight of flower and gift deliveries, staff access to the VIP, medical record integrity, media control, dietary needs, electronic and telephonic communications protocol, and the formulation of a customized "unforeseeable incident security plan" that addresses adequately handling all unforeseen occurrences. A physical needs assessment must be conducted of all the areas that the VIP, his family, colleagues, and friends will possibly visit. The assessment should include all possible anticipated routes to treatment /diagnostic rooms, and other areas within or outside the hospital that the VIP might visit during their stay.

The key contact persons that need to be interviewed for this process include: VIP contact personnel, medical staff, hospital security executives, law enforcement (i.e., Secret Service, State or local police). Oftentimes, the VIPs contact person will provide

all the information need concerning the VIPs itinerary and related pedigree, personal needs and potential visitors. Once these initial meetings are effectively adjudicated, it's time to meet with hospital department representatives to discuss the ebb and flow of the visit and draw distinct lines of responsibility. Most important, early coordination can reduce the chance of mistakes later. This process should include a tour with both key hospital staff and the VIP's representative.

UPDATING IN THE VIP PROCESS

Since we wrote our first VIP article in 2011, security, safety and terrorism concerns have heightened. Explosive/emotive issues that have measurably contributed to raising the temperature involve: the refugee crisis, Korean disarmament talks, and today's overall political atmosphere. These and other issues, help to make the task of adequately protecting the VIP more difficult. For additional information on hospital terrorism prevention, see a recent article in this Journal written by the undersigned: "*Aspects of Combating Terrorist Activities in*

Healthcare" Vol. 34, No.1. The article offers several terrorism prevention strategies to help security administrators keep their institutions safe, secure and terrorism-free.

Threats to Consider

It's most important that threats from stalkers, political fanatics, and from highly emotive, patients, visitors, employees and mentally-ill fanatics need to be included in the VIP planning process. These and other issues strongly suggest that a more detailed VIP plan is needed beyond what was previously considered in our first article. We believe that in addition to the approaches previously outlined in our first article, it's important that intensive investigative-screens are conducted of the VIP's family, visitors, colleagues, and associates so that all possible impending threats to the institution are anticipated and contemplated. Virtually, everyone including stalkers read newspapers and/or listen to news reports about where VIPs are being treated. One possible strategy to counteract these raising threats is for hospitals to consider using aliases when admitting VIPs into their institutions.

Political Concerns

One of the most effective methods of ascertaining a VIPs threat level is to contact the appropriate federal/ state and local agencies for assistance and additional guidance. These agencies include: The U.S. Department of Homeland Security, The U.S. Department of State, The U.S. Department of Justice. This will help ascertain whether the VIP has adverse political ideals, or comes from a politically active country, or other relevant information germane to the threat level your institution is likely to face. The more research you obtain prior to accepting a VIP will undoubtedly help to avoid an embarrassing situation from occurring. Lastly, it's important to remember that healthcare staff who have displayed strong political views and/or opinions should be excluded from treating, visiting or interacting with VIPs.

PROTECTION REQUISITES

During the VIP visit continued patrols of public areas entrances, stairwells and other areas surrounding the VIPs whereabouts should be continually monitored to ensure there is no one loitering

or gathering in and around the quarantined area. In addition, strong consideration should also focus on whether potential demonstrations from outside groups is anticipated.

Many hospitals do not consider the potential for internal threats from employees, vendors or volunteers when developing a VIP plan. Oftentimes, staff will volunteer to take care of a VIP as a rouse to voice their opinion or obtain an autograph. They may attempt to view medical records or ask questions about diagnosis or treatment for their own knowledge or to sell to the Media. Careful evaluation of staff used to treat a VIP should be conducted to ensure that the VIP is not subjected to this inappropriate behavior.

Moreover, consideration should be given to determining the potential for an attack due to their visit. Often when discussing terrorist attacks, we assume persons from a foreign country with strong political views are the most likely culprit. However, in the evaluation of terrorist activity, local or US based terrorist groups should be considered as well. Information pertaining to the political or personal opinions of the

VIP should be reviewed to ensure that their public views are not extreme or influential enough to create the possibility of a fanatical group using a hospital stay as an opportunity to promote violence.

CONTINGENCY PLANNING

Because of the potential for an adverse event, a solid contingency plan should be created and reviewed with the medical team and the VIPs contact person before the VIP arrives. The contingency plan should include several optional escape or evacuation routes, alternate routes of travel in and out of the hospital, to and from the VIP's room and to and from specialty areas like x-ray or operating rooms. These routes should be checked continuously to ensure the environment has not changed and evacuation is still possible. As rare as it may be, the facility itself may experience emergency situations including: fire, an infant abduction, chemical spill, natural disaster, or service outages; each of these should also be addressed as well.

ASPECTS OF FRAMING THE CONTINGENCY PLAN

A contingency plan is in many

ways similar to preparing a security survey. The security survey is analogous to a medical CT Scan (Computed Tomography) which is an important device used by medical experts to diagnose and treat illness. Similarly, security executives use the security survey to diagnose and proscribe remedies for frail security programs. In essence "what is CT scan is to a physician, the security survey is to a security diagnostician. In professional hands, the security survey profiles deficiencies, risks, and hazardous conditions, and offers corrective/creative approaches to correct these shortcomings.

ABCs of Structuring the Survey

A great way to understand how a security survey is structured is to frame the discussion using medical terminology:

1. Physicians examine patients--security surveyors examine facilities
2. Physicians diagnose ailments--security surveyors diagnose frail security policies and procedures
3. Physicians write prescriptions--security surveyors offer corrective solutions to heighten

and deepen facility protection availability

The process of drafting the VIP security needs assessment begins with putting pen to paper and drawing a sketch of the area under consideration, beginning with diagrams of the VIPs room, the nursing station, emergency ingress and egress portals, escape routes, surveillance / locking systems, patient room locking systems, and other security-related issues affecting the security and safety of the VIP.

The next step begins with asking the institution's engineering department to prepare a diagram of treatment facilities that the VIP will most likely use during his or her stay. These include but may not be limited to: radiology, MRI, CT scan rooms, etc. It's important that security save these drawings after the VIP leaves the hospital for future utilization. Oftentimes, more forward-thinking security administrators prepare an after-action report to their superiors possibly suggesting that these same facilities be used to house new VIPs in the future. Additional information on drafting and structuring security surveys can be found in a recent article written

by the undersigned “The Security Survey: An Investigative Tool” PI Magazine March/April 2017.

CLOSING COMMENTS

A VIP protection plan is a coordinated team approach for the care and safety of high profile patients. In the court of security opinion, the most effective method of controlling crime related exposures is to diagnose it before it occurs. Hospital staff, VIP's, their employees as well as government and private security personnel may all share the same goals but have different implementation schematics. Hospital administration may not always consider the security of a VIP an

important part of the VIP's stay. Still and all, consider the alternative, poor security can result in loss of life, compromised medical records and photos of the catastrophe on the evening news networks - not to mention the loss of future business.

References: Suggested Readings

- Kowalczyk, Liz: “Was Patient with Apparent Ties to Royalty Worth Breaking Hospital Protocols?” - The Boston Globe --April 03, 2016.
- Guzman, Jorge, MD, et el: “Caring for VIPs: Nine Principles” - Cleveland Clinic Journal of Medicine--February 2011.
- Herrersley-Gray, Robin: “Protecting VIP Patient Privacy” – Campus Safety Magazine--2011--[https:// www.campus-safetymagazine.com](https://www.campus-safetymagazine.com)