

The importance of having external alliances

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Forging alliances with governmental and nongovernmental organizations helps to strengthen and deepen hospital security.

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When the COVID Express stormed into town in the early days of the second decade of the new millennium, hospital security was challenged like never before. Hospitals were deluged with COVID patients laying in stretchers everywhere. During this catastrophic period, many security-related lessons were learned as to which protection strategies worked or did not work in this horrific crisis. Now that the COVID storm has subsided, security upgrades are consistently being implemented. In our previous article for this journal, "Protecting the Built Environment," we highlighted how hospitals need to be reviewed through the lens of how the built environment and security are intertwined [1]. We believe that these and other changes are allowing hospital security executives to better prepare for tomorrow's next pandemic or other catastrophes.

Amid the plethora of security enhancements being instituted at

hospitals nationwide are ones meant to strengthen and deepen strategic alliances with governmental agencies—such as police and fire departments—and to forge new alliances with nongovernmental entities—such as local development organizations, enterprise zones, and other community organizations interested in neighborhood safety and security (community crime prevention). Here, we define a strategic alliance as involving two or more organizations that agree to join and share community crime fighting statistics and may agree to procedures for handling events that involve the alliance's members. Many of the organizations we have listed have quite sophisticated crime analysis capabilities and have unique insight into what is going on in their neighborhood. Establishing strategic alliances with both governmental and nongovernmental entities is an important step in erecting a superhighway for exchanging criminological information.

(One of us, Luizzo, previously worked for the NYC Mayor's Office of Economic Development and Business Services as Director of Security Programming and worked shoulder to shoulder with

governmental and nongovernmental entities on crime control planning. Find further information on the benefits of security networking in an article he wrote for PI Magazine in 2021 [1].)

FORGING THE INFORMATION AND RESPONSE CHAIN

Forging an information and response chain begins with finding the right strategic partners to connect with. To put a finer point on this concept, strategic partner alliances not only help to enhance surrounding global community security, they also work hand in glove with healthcare institutions in protecting employees, patients, and visitors. As an example, many large cities have law enforcement liaison programs that help hospitals, along with other organizations, to exchange information and foster closer working relationships. Programs like New York's NYPD Shield, one of the oldest in the country, have set the stage for other cities in the exchange of information and enhancement of police and private sector interactions.

Unfortunately, not every town or city has access to a Shield-type program. Notwithstanding, as

previously mentioned, there are other potential alliance partners—among them local political offices, local development organizations, business improvement districts, enterprise zones, chambers of commerce, and religious organizations. The list of potential strategic partners is endless. The bottom line is that each alliance partner's main goal is to have safer streets, schools, theaters, and of course, hospitals.

So how can healthcare institutions go about forging these alliances? It is easier than you think. Given that hospitals provide life-saving services, they are often the place to go in emergency situations. It is no wonder that all community agencies and organizations want to have a close working relationship with local hospitals. On the other hand, hospitals need outside agency help as well, to advise them in advance of potential crime-related issues.

GOVERNMENTAL— HOSPITAL LIAISON

Law enforcement is often called to help subdue or arrest violent patients and visitors or help restrain a behavioral health patient who has lost control and became violent. Obviously, the

need for these two organizations to work together is more important than ever. If healthcare institutions do not have working relationships with law enforcement, they need to start establishing them ASAP. Working together benefits all parties, helping to improve the response to emergent events and prevent future events from occurring.

A program can start with a simple phone call and invitation to talk. This process should be initiated by the security director or manager. The initial talk should be at the governmental agency's offices. The discussion should include what is needed by both parties to develop a working relationship. Once the ice is broken, the local emergency response and governmental organizations should be invited into the hospital for an old-fashioned fireside chat. They should walk through the hospital to learn where key departments and high-risk areas are located. Management within the response agencies should be introduced to all key hospital personnel and, specifically, members of the emergency department. Meetings with emergency response personnel should be ongoing and occur on a regular basis.

Several key issues should be worked out as part of the governmental–hospital alliance. Many healthcare organizations struggle with these issues, which are often resolved on the fly and, at times, not in the best interest of the hospital or the emergency response agency. Some key issues that should be considered for discussion and resolution with emergency response agencies include:

- How injured emergency response personnel will be treated within the emergency department.
- Protocol for the arrest of a patient or visitor, and guidelines related to police arrest of employees.
- Issuance of law enforcement warrants or subpoenas.
- Handling of behavioral health patients at the hospital or who are brought to the hospital by law enforcement.
- Coordination of the handling of hospitalized prisoners.
- Review of hospital response equipment available for emergency responders.
- Emergency responders' access to the emergency department.
- Emergency-response agency support during a disaster.
- Drills related to active assailant, fire emergencies, or evacuation.

MORE ON ISSUES REQUIRING NEGOTIATIONS BETWEEN LAW ENFORCEMENT AND HOSPITAL SECURITY

Treatment for injured or sick law enforcement personnel. Often, law enforcement agencies seek quick and decisive treatment for injured or sick personnel. Although this is not generally a possibility, an approach to the expedient treatment of first responders should be hashed out. This is an important conversation for all first responders and can make or break relationships. When discussing this topic, it is important for the hospital to understand the need for injured emergency responders to get back out into the field as quickly as possible. It is also important to keep in mind that both parties are in this together and that compromise helps each other's cause.

Response issues involving patient or visitor arrest protocols. Also, how will arrests, warrants, and subpoenas of patients

or staff be adjudicated? If these issues are not discussed in advance, the hospital's security department will be stuck with the responsibility of handling these delicate situations on the fly on its own. At times, these issues are handled by the legal department, which can complicate relationships between law enforcement and hospital security.

The handling and treatment of behavioral health patients brought into the emergency room for evaluation. Frequently, law enforcement will drop off behavioral health patients and leave, getting called back to the hospital when the patient loses control and becomes violent. Some hospitals require law enforcement to stay until the patient is discharged or admitted. Law enforcement agencies do not like to leave an officer in the hospital for hours whilst the officer is not available for standard patrol services. Many times, hospital staff have questions about the patient, such as, is he or she under arrest, and is the person free to go when discharged? These queries need answers.

The handling of prisoners. Although the Joint Commission provides standards for the care of

prisoners within the healthcare environment, they only require the tracking and education of law enforcement personnel who are guarding a prisoner. Most times the day-to-day operations of prisoner management are not fully worked out. For example, how do law enforcement officers take bathroom breaks? Are patient or outpatient rooms cleared of potential weapons? Can the treatment of prisoners be expedited so that they do not stay within the hospital for extended periods? Hospitals need to discuss and formulate processes for properly handling these issues.

Medical supply sharing between emergency responders. This can be beneficial for both parties if properly managed and monitored. However, in some cases, this relationship gets strained, resulting in excessive use of supplies. Hospitals need to properly negotiate and manage this process so that both parties benefit. When hospitals realize that losses are high, they often just terminate the process instead of working out a beneficial process. This approach can hurt the hospital's relationship with emergency responders.

Access to the emergency department. Many hospitals lock

their ambulance entry doors for security purposes and install a keypad and/or intercom. The keypad code is usually 911 or a similar code that all emergency responders can remember. Unfortunately, this code is never changed; consequently, former emergency responders and others who know the code can easily access the emergency department illegally, thus undermining emergency department security. Like all the other topics discussed in this article, the changing of the access code or other access control processes should be discussed and resolved as part of the working relationship developed with emergency responders. Periodic code changes or use of access cards should be worked out so that the hospital emergency department remains secure.

Disaster management. During a community disaster, emergency response agencies can be busy working at the disaster location, which may minimize the support they can offer to the hospital. Provision of vehicle traffic management, personnel, and equipment (such as remote boilers or generators) may not be available even if previously dis-

cussed and decided upon. It is important that alternate plans be promulgated in the event of a disaster or another adverse event. Additionally, during a community emergency, poor communication between response agencies and the hospital can result in supply shortages, an onslaught of victims, or police personnel looking to interview victims and family members. Again, contingency planning needs to include these topics, for better and efficient communication between response personnel and the hospital.

Drills. The Joint Commission requires yearly disaster drills and infant abduction drills. These drills need to include governmental liaison partners. It is not uncommon for hospitals to reach out to police and fire personnel but not include other response organizations like EMS or state, county, or local and emergency management personnel. Drills related to active assailant, fire emergency, or evacuation should include all agencies that would have any role in a response. Consideration should be given to including nongovernmental partner participation. Moreover, other outside agencies that care for minors, domestic animals, seniors,

and behavioral health patients should also be included, especially when a victim shows up with a child or a pet.

NONGOVERNMENTAL LIAISONS

With respect to nonemergency partners (local development organizations, political representative offices, religious entities, chambers of commerce, and so on) meetings should center around information sharing. All parties should meet and discuss how to collectively forge a stronger information chain to get risk exposure information out as quickly as possible. It is extremely important that crime-analysis data is shared so that everyone is in the information loop.

CONCLUSION

Once the table is set, it is time to plan the security menu. Enlisting strategic partners to help fight the never-ending war on criminality is a wise policy. Smart hospital security administrators instinctively know not to be afraid of leaving the land of the famil-

iar for the unfamiliar. They need to put the pedal to the metal and be thermostats not thermometers. Security networking is akin to the assembly line first created by Henry Ford in 1913—the more strategic partners involved in fighting the war on criminality, the better. The secret to winning the war is choosing your partners in crime deterrence wisely.

References

1. Luizzo, A., & Scaglione, B. (2023). Protecting the built environment. *Journal of Healthcare Protection Management*, 39(1), 61–67.
2. Luizzo, A. (2021, January/February). Security design concepts for multi-client projects. *PI Magazine*, 22(179), 16–19.

Suggested Readings

Liuzzo, A., & Scaglione, B. (2013). The changing face of hospital security: Retooling for the future. *Journal of Healthcare Protection Management*, 29(1), 1–7.

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