

Weapons in Healthcare

Overview

Workplace violence in health care is on the rise, and there is no sign that conditions are improving. This violence causes physical and psychological injuries and can make it very hard for healthcare workers to perform their tasks when they are afraid for their personal safety. Patients and visitors carrying guns or other weapons can potentially create an unsafe environment for receiving medical treatment.

Although no federal law specifically protects healthcare workers from workplace assault or intimidation, the Occupational Safety and Health Administration (OSHA) does mandate a workplace to be violence free and have the means for prevention and response. In addition to OSHA's mandates, several states also have laws or regulations relating to workplace violence in the healthcare setting. California, Connecticut, Illinois, Maine, Maryland, Minnesota, New Jersey, New York, Oregon, and Washington, among other states, require healthcare employers to implement workplace violence-prevention programs. Multiple states have also increased criminal penalties for assaults on nurses.

Weapons

It is important for your organization to come to a well-defined understanding of its stance on weapons being brought into your facility. A clear policy and procedure on this topic, incorporating any applicable state laws, should be a component of your organization's workplace violence prevention program. Our recommendation is to have a weapons-free policy in place and maintain zero tolerance regarding workplace violence. HR Hero, an organization we partner with, has state and federal analysis and two sample policies that can be used when developing or updating your policy and procedure.

The key components of a weapons-free policy include:

- an explanation of your state laws on weapons, including concealed carry
- a definition of what your state considers to be weapons
- assurance that security guards, if used, are appropriately trained with documented competencies in their file, and that background checks have been performed in all states in which the individual has lived and worked upon hire
- a directive to post signage stating weapons are not allowed on the premises
- scripting to staff on how to educate patients and visitors concerning your weapons-free premises
- directions to staff on whom to contact and who should process safe removal of any weapons found on the premises
- guidance on when to contact law enforcement for assistance in removal of weapons
- instructions to create an incident report for any situations involving weapons or violence in the facility

Consult your general counsel or business attorney for assistance in drafting your weapons-free policy.

An important step in minimizing incidents of harm is educating and training staff on workplace safety procedures, how to deal with weapons, and what to do if a weapon is discovered in the facility. Key elements of a training program include:

- understanding the nature of threats of physical violence or disruptive behavior
- training in de-escalation techniques
- conducting a mock Code Silver or a mock Active Shooter/Person With a Weapon drill annually
- reviewing, at hire and annually, your organization's weapons-free policy, zero tolerance of workplace violence policy, and chain of command policy

Security Officers

There is debate concerning whether armed security guards in the clinical setting improve safety for patients. On the one hand, visible weapons could send a negative message and security uniforms may agitate certain individuals. On the other hand, optimal security policies are needed to create a comfortable and safe environment. Consider the following issues before deciding whether to employ security officers.

Hiring: Officers with demonstrated experience in community oriented policing or clinical work may be preferable to private security or less-experienced officers. Adequate review of prior employment experience, disciplinary issues, behavior, and conduct should be conducted as part of the hiring process and especially regarding confrontations and/or conflicts. This may include a review of prior disciplinary incidents or allegations occurring in other security or police roles. During the conditional hire and training phase, a comprehensive evaluation should be conducted in accordance with accepted standards for security assessment, specifically addressing the nature of work in a healthcare setting. Careful attention to pertinent professional assessment standards will be needed to avoid possible liability under the Americans with Disabilities Act (ADA).

Training: Armed security staff should receive training in recognizing and managing behavioral emergencies and patient agitation, with an emphasis on verbal de-escalation such as that provided by Mental Health First Aid (MHFA) training or Crisis Intervention Team (CIT) training. It is critically important that all security personnel working in your healthcare facility be specifically educated on your existing use-of-force policy and how weapons (including but not limited to firearms, TASERS, chemical sprays, and impact instruments) are affected by the Centers for Medicaid and Medicare Services (CMS) Conditions of Participation. Ongoing training and supervision should be standard for security staff.

Policy and Practices: When leaders consider creating an armed security or law enforcement team, they should carefully weigh the distinct needs of their facility along with the relevant and foreseeable risks and benefits to justify such a decision. Armed or sworn officers should not be considered as a default solution but as a variation of a team composed of unarmed, non-sworn officers. Your policy should expressly address use-of-force standards and rules of engagement, including identifying when intervention by law

enforcement or security staff may occur without clinical staff input, such as in situations of imminent lethal risk. Leadership, clinical staff, and security should work together to develop all policies and practices and to problem-solve potential issues. Make sure routine monitoring of process and outcomes for armed security staff is in place, as well as heightened vigilance to guard against an outlier and high risk and/or sentinel events. Setting up these processes should involve clinical and security leadership in cooperation with appropriate quality department and risk management personnel.

Frequently Asked Questions

How common is armed hospital security?

A survey taken of hospital security personnel in 2014—funded by the International Healthcare Security and Safety Foundation (IHSSF) and investigated by Duke University Medical Center—revealed that in addition to 96 percent of those surveyed being issued handcuffs, weapons most commonly available to them were:

- batons: 56 percent
- OC (oleoresin capsaicin) products: 52 percent
- handguns: 52 percent.
- tasers: 47 percent

What about employees who want to carry weapons?

OSHA mandates that a workplace be violence free and have the means for violence prevention. Our risk management advice is to create a weapons-free policy that includes zero tolerance of workplace violence. The policy should clearly state that visitors, patients, and employees cannot bring weapons to the workplace, and staff should be educated in how to implement the policy.

Should we post signage that we are a weapons-free facility?

Yes, post signage at entry doors, in waiting rooms, and on your website stating that weapons are not allowed on premises. This will educate your patients, community, and employees concerning your weapons-free status, and it will demonstrate the organization's commitment to maintaining a safe and secure environment.

How should I approach the topic of firearms with patients/visitors?

After posting clear signage of your weapons-free policy, determine how your healthcare facility/organization will screen visitors and patients, including high-risk mental-health patients, to ensure that guns are not carried into the facility. If a firearm is discovered during the screening process, the individual should be asked to secure their gun in their vehicle.

What if a patient/visitor won't disarm?

If the individual is unwilling to remove their weapon from your facility, healthcare staff should never attempt to seize it. Instead, utilize de-escalation skills. For example, you could say, "Thank you for understanding our commitment to maintaining a safe environment for all patients and staff. Our facility's policy prohibits firearms on

the premises. We appreciate your perspective that you want to keep your weapon with you, however it goes against our policy. In an effort to honor your wishes and assist you in getting the medical care you need, we are able to provide you with a list of other healthcare providers who may have different policies regarding firearms. Hopefully that will allow you to receive care while feeling more comfortable.”

If they continue to refuse, ask them to leave—unless this takes place in the Emergency Department when the patient has not yet had an EMTALA-required medical screening examination (MSE). (Often after an MSE, such patients can be asked to leave, so checking with your attorney or general counsel could be helpful.) In any situation where an individual is unwilling to disarm, we encourage you to utilize the help of security officers, if you have them. You could also consider calling local law enforcement to request their assistance in removing the weapon from your facility.

What about security dogs (K9)?

K9 teams are common in other industries, their use in healthcare is not. According to the California Hospital Association, K9s can potentially be an effective way to prevent and reduce hospital violence and to increase safety for patients, staff, and visitors. If this is something you are considering, the key is to use security professionals and a professionally trained, nationally certified K9 team. The goal of this highly trained team is to serve as a calming presence and a strong visible and psychological deterrent against negative behavior. One hospital in Washington State, within ninety days of piloting the use of security dogs, had a 33-percent decrease in assaults on employees.

What about irritant and other chemical sprays?

Many state’s laws vary on the use of incapacitating sprays and their implications. The majority see irritant and pepper sprays as weapons that security officers can utilize in enforcing the law. However, such products should not be used in healthcare interventions. Furthermore, CMS does not approve of staff using any kind of weapon in an effort to subdue patients to place them in seclusion or in restraints. Please check your state’s rules and regulations, as well federal laws, to ensure compliance.

What about law enforcement personnel?

Depending on the laws in your state, exceptions may be made for law enforcement officers since they are often required to carry firearms both on and off duty.

Conclusion

It is our hope that creating the safeguards mentioned in this document can help keep your workplace free from weapons violence. To access HR Hero’s analysis and sample policies when developing or updating your policies and procedures, please contact riskmanagement@phyins.com. We also recommend that you consult your general counsel or business attorney for legal assistance.

This information should be modified based on individual circumstances, professional judgment, and local resources. This document is provided for educational purposes and is not intended to establish guidelines or standards of care. Any recommendations contained within the document is not intended to be followed in all cases and does not provide any medical or legal advice.

Resources

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Physicians Insurance
601 Union Street, Suite 500
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