National Violence Prevention Training Standards for Hospital Security Officers Are Overdue

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News accounts about violence in hospital emergency departments (EDs) help explain why a survey by the Emergency Nurses Association found that 27.2% of ED nurses have considered leaving the ED.[1] ED staff have been severely injured by violent acts in the ED and, although patients and visitors were not injured in the following incidents—which are summarized from recent news articles—they could have been.

> *A young nurse staffing the ED reached out, as she was trained to do, and asked a seemingly extremely anxious man in the ED what was troubling him. The man beat the nurse so severely she was out of work for six months and permanently traumatized.*[2]

> *A patient smashed his fist into the jaw of an emergency room nurse, fracturing the nurse's jaw. The nurse, who had worked in the emergency room for 32 years, decided he could no longer tolerate patients hitting, yelling, cursing, or spitting at him.*[3]

> *A drunk, naked patient covered in blood burst out of his emergency room cubicle brandishing scissors. He lunged at two nurses and began chasing them. It took two police officers and three zaps from a Taser to subdue him.*[4]

Events reported to the Pennsylvania Patient Safety Authority indicate that patients are sometimes injured by violent acts in the ED.

> *The patient was in the ED waiting room when he was assaulted [hit] by another patient in the ED waiting room without provocation.*

> *A patient in the ED being transported to radiology was hit in the head by a boot thrown by another ED patient.*

> *A patient was in the waiting area when another patient approached the patient and punched the patient's head several times. Prior to being assaulted, the patient had gone to the registration window to alert staff that another patient was verbally assaulting others in the waiting room area. Security was called to the ED three times.*

Security officers are the first line of defense for patients and staff, underscoring the need for a well-trained security force.[1] On January 12, 2012, AlliedBarton Security Services, in conjunction with HR Plus, the International Association for Healthcare Security and Safety (IAHSS), the National Capital Healthcare Executives, and the ASIS International Maryland Chapter sponsored a Workplace Violence in Healthcare Communities seminar. One focus of the seminar was the issue of violence in the ED. The lack of national training standards for security officers was raised as an ongoing concern of the hospital and contracted security communities, and understandably so, if one considers the current state of violence prevention training in hospitals.[5]

An Authority survey of ED violence prevention practices showed that only 36% of respondents reported mandatory training for ED staff in violence protection practices.[6] Not only is mandatory training of ED staff not widespread, mandatory training of hospital security officers may be similarly limited. According to the Authority survey, of the hospital respondents that employ security officers, 70% require that security officers complete a national training program. Although the survey indicates that the majority of respondents report mandatory training of hospital security officers, arguably the percentage should be closer to 100% in light of the pervasiveness of violence in the ED. Even if training were mandatory, the lack of national training standards, as previously noted, raises the issue of the sufficiency and consistency of training. Moreover, mandatory training requirements in the absence of national training standards serves to put the cart before the horse.

Currently, there are no federal guidelines governing mandatory training or training standards for security guards. Consequently, each state determines licensing requirements,

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background checks, and training for security companies and guards providing contracted security. In Pennsylvania, a private security guard requires a state-issued license to engage in the private detective business, defined in the Private Detective Act as the business of private detectives; investigators; or watch, guard, or patrol agencies.[7] The Private Detective Act also governs independent or proprietary commercial organizations whose activities include safeguarding the employing party's assets. The licensing process is different from most other states and involves submitting information to the county clerk of courts and petitioning for a license to the court. Training requirements are imposed by the court and vary by county but generally involve a 40-hour training course to be taken at a state-certified training center. Nonsecurity organizations that employ their own security services, such as hospitals, are not regulated under the Pennsylvania act.

A recent query of a job search website for hospital security officer positions in Pennsylvania showed that the required qualifications generally included being age 18 or older and possessing a valid driver's license.[8] Armed security guards in Pennsylvania must become Act 235-certified, which requires a lethal weapons training program allowing a security officer to legally carry a sidearm while on duty.[9] This requirement may help explain why only 4% of respondents in the Authority ED survey reported that security officers in their ED carried firearms.[3]

At the hospital level, employee security officer training requirements in Pennsylvania are left to individual hospital policy. The Joint Commission's Sentinel Event Alert 45 recommends guidelines for the reduction of violence in the workplace as outlined within its requirements for a safe and secure healthcare environment, but the alert falls short of mandating a standardized violence reduction program.[10] A number of organizations, such as IAHSS, ASIS International, and the Crisis Intervention Institute, provide certification and training programs for security officers; however, these programs are not standardized or mandatory. The Occupational Safety and Health Administration, ASIS International, and IAHSS have independently developed and published guidelines on workplace violence; however, adoption of these guidelines is voluntary. Lack of standardization may contribute to the diversity of training programs at the hospital level, as demonstrated by Peek-Asa et al. in a study of 50 hospital security programs in New Jersey. Diversity in security training programs was evidenced by training materials from many different sources, varied training formats, variations in orientation and retraining, and training delivered by different individuals. Peek-Asa et al. recommend systematic evaluations of the various training programs studied to identify the most effective and efficient methods to deliver workplace violence training, including training content, length, and modality, as well as trainer fidelity.[11] Budget constraints and perceived lack of the need or value of security training by hospital administration have also been cited as barriers to effective violence prevention training in hospitals.[1]

Violence in hospitals is a growing and complex issue. Current workplace violence prevention guidelines are a good start. However, the ongoing risk to patients and hospital staff is a compelling reason for a change in the current assortment of regulations, guidelines, and training programs for hospital security officers. Development and adoption of minimum national criteria for the selection and training of all hospital security officers is long overdue.

NOTES

1. Emergency Nurses Association. Emergency department violence surveillance study [online]. 2011 Nov [cited 2012 Apr 10]. Available from Internet: http://www.ena.org/IENR/Documents/ENAEDVSReportNovember2011.pdf.
2. Hammel P, Stoddard M. Tougher penalties for assaulting nurses. *Omaha World-Herald* 2012 Mar 2;Sect. B:1.
3. Violence is not part of anybody's job. *Hosp Employee Health* 2011 Nov 1.
4. Garrison J, Hennessy-Fiske M. Violence afflicts ER workers. *Los Angeles Times* 2011 Jul 31;Part A:1.
5. Sheets RL. Remarks at: Workplace Violence Seminar; 2012 Jan 11; Silver Spring (MD).
6. Martindell D. Survey of emergency department practices in Pennsylvania hospitals to protect patients and staff. Pa Patient Saf Advis [online] 2011 Dec [cited 2012 Apr 26]. Available from Internet: http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2011/dec8(4)/Pages/126.aspx.
7. Private Detective Act of 1953. P.L. 1273, No. 361, Cl. 22. Also available: http://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1953/0/0361..PDF.
8. Indeed [job search website; search term: hospital security in Pennsylvania]. [cited 2012 Feb 20]. Stamford (CT): Indeed. Available from Internet: http://www.indeed.com.
9. Lethal Weapons Training Act. 22 P. S. § § 41-50. Also available: http://www.pacode.com/secure/data/037/chapter21/chap21toc.html.
10. Joint Commission. Preventing violence in the health care setting [online]. Sentinel Event Alert 2010 Jun 3 [cited 2011 Nov 10]. Available from Internet: http://www.jointcommission.org/assets/1/18/SEA_45.PDF.
11. Peek-Asa C, Valiante D, Blando J, et al. Workplace violence prevention and training programs in New Jersey hospital emergency departments. Summary report on 50 New Jersey hospitals participating in the evaluation of California initiatives to reduce violence against healthcare workers study [online]. [cited 21 Feb 2012]. Available from Internet: http://nj.gov/health/surv/documents/njhospsec_rpt.pdf.

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