

# Critical issues on gun violence in the hospital workplace

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*The authors stress the need for keeping guns out of hospitals and their belief that healthcare security directors should take the lead in the battle for "gun control." They also present the responses, pro and con, to a blog advocating this belief from hospital security professionals.*

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## BACKGROUND

Every IAHS reader knows that violence in hospitals is increasing at an increasing rate.

The Joint Commission has issued Sentinel Alerts, the Journal of the American Medical Association, the bastion of the American healthcare system, published an article in October, 2010, written by two doctors about the murder-suicide at Johns Hopkins Hospital in September of 2010.

This article started as a guest blog from a security professional at a west coast children's hospital. After the blog appeared, we received dozens of notes, letters and angry outbursts, as well as e-mails arguing for a more reasoned approach. This article will explore those issues, and includes quotes from the e-mails themselves.

## WHY VIOLENCE IN HOSPITALS IS INCREASING

Violence is not a concept that

people usually associate with hospitals. For years, hospitals have been seen as almost a sanctuary of care for the sick and wounded in our society. However, the perception of hospitals has been changing over the last fifteen years due to a variety of factors.

1. Doctors are no longer thought of as “Gods”. This means they are more easily blamed when a patient’s condition deteriorates.

2. Hospitals are now regarded as businesses. This perception has been aggravated by television in shows like a recent “60 Minutes,” as well as by the effects of the recession on jobs and the loss of health insurance.

3. Lack of respect and resources (funding) for hospital security departments. Rather than being seen as a crucial protection for the hospital staff and patients, many security departments are chronically underfunded and used for a variety of non- security functions, such as making bank deposits for the hospital gift shop.

### **A Dirty Little Secret about Reporting**

The U.S. Department of Labor tasks OSHA with workplace violence information, but there is not

one sanction against it. It says right on the OSHA web site that this is solely left up to the employer. It makes it hard for hospitals to justify spending money on workplace violence prevention, if it is not a standard, and a major compliance issue (as it should be). And here is a dirty little secret for looking at the statistics, OSHA does not count domestic incidents (like homicides) that take place in hospitals as officially “workplace violence incidents,” instead they are counted in another system. Similarly, many hospitals don’t count staff to patient violence incidents, or patient to patient incidents. These practices create a false impression of the actual number of violent incidents, by reporting only a fraction of the actual events.

### **GUN VIOLENCE REPRESENTS A SIGNIFICANT SECURITY CHALLENGE**

The prevention of gun violence in hospitals and the hospital as workplace may well be the most challenging issue for hospital security professionals in the foreseeable future. What are some of

the reasons for this growing concern? There are many and they include:

1. The sheer numbers and easy availability of guns. There are over 270 million guns in circulation in the United States and the numbers continue to grow. After the 2008 election, gun ownership surged and in some areas of the country, guns sold at such a pace that retailers literally ran out of ammunition.

2. Approximately a 100 people a day die from gunfire in the United States and an individual is shot approximately every twenty-two seconds.

3. One in four Americans suffer from some form of mental illness, according to the Federal government.

4. The U.S. is living in an era of economic instability, following the 2008 recession and the erosion of the middle class. The Wall Street-triggered economic meltdown has propelled what was a slow steady decline into economic apocalypse for millions of Americans. This has resulted in an environment of record home foreclosures, record personal debt, record bankruptcy, record unemployment and record

numbers of homeless individuals. 5. The reluctance on the part of many hospitals to install magnetometers and limit entrances to hospitals so that the flow of guns into hospitals can be controlled.

The U.S. gun lobby has been very successful in pushing and supporting state legislation which permits guns in the workplace, and on college campuses. It is a serious mistake for security professionals to deride, make light of, or dismiss this surge of pro-gun-at-work-and-school legislation. These laws are getting passed (see Texas, Indiana, and Tennessee), and the likely result is that we will see an ever greater numbers of guns at work, and if our work is in the hospital, then the guns will be coming to work here, too.

Guns aren't just increasing in numbers, but they are getting more lethal and currently 30-shot clips and armor piercing bullets are readily available for the civilian population. Citizens can now buy weapons that rival what is found in military armories. These lethal weapons again present a sentinel challenge to security professionals.

Most security directors remem-

ber life when Space Invaders was the only video game around. Now children are exposed to violent images from a very early age. Children and teenagers sit entranced watching endless hours of violent programming where gun violence is choreographed in slow motion, action scenes where the scripted hero's miraculously avoid injury even while they are dispatching the prime time villains while showcasing their amazing gun prowess.

By the time they show up at your hospital, the average child over 18 years of age will have viewed over 45,000 murders and 200,000 acts of violence just on television! This grim tally does not account for the high octane bloodshed and slaughter that make up the majority of the most popular video games.

### **PREVENTION OF GUN VIOLENCE--A PREMIER HOSPITAL TASK?**

All of these factors suggest that the prevention of gun violence in our hospitals will become our premier challenge. Many hospitals are already hosting 'active shooter' seminars to teach hospi-

tal staff how to deal with "shooters in the workplace". This subject promises to become a cottage industry for consultants and violence prevention professionals.

As hospital security professionals, there are some strong, prevention-based practices that we can implement and develop that drastically reduce the chances of gun violence in the workplace. Some of these best practices include:

1. Acknowledge the reality and the persuasiveness of the U.S. gun culture.
2. Develop a strong, multi-department workplace/domestic violence response team at your facility, and make sure that both Human Resources, and Security are part of this team.
3. Develop a written workplace violence plan that is reviewed annually.
4. Do an annual baseline workplace violence assessment that you can build on.
5. Have your workplace/domestic violence response team respond and meet within 4 hours of any reported incident. Have a response plan/action plan in place within 24 hours.
6. Encourage reporting of all workplace/domestic violence in-

cidents to the police—without exception.

7. Run background checks of individuals of concern. Information is light and a background check may provide you with crucial information. Obtain orders of protection—anti-harassment orders against individuals of concern. Security should take the lead here.

8. Flag problem patients—problem families—have a “red alert” or a “red flag” program that alerts—tips off—advises both the care team and security that a potential problem exists. This is especially important if the patient/family member has a history of violence.

9. Build a workplace culture where verbal threats are reported. Have Security immediately investigate all verbal threats. Make sure that Human Resources is fully informed of any situation involving threats.

10. Post large, prominent “No-Weapons” signs at your facility—especially in parking lots, perimeter areas and all main entrances.

11. Officially prohibit staff from bringing firearms to work.

12. Offer annual violence prevention and threat awareness training to all staff.

13. Require workplace violence

training—either on line or via classroom training for all new staff and annual retraining.

14. Have security involved and part of the planning for all “problem” terminations. Note—Advise Human Resources to never terminate a disgruntled staff without strong pre-planning.

15. Screen all hospital patients and visitors. Develop a major entrance screening program for your institution. Knowing who is inside your facility is a critical part of any good prevention program.

These pro-active solutions will support and enhance a hospital gun violence prevention program. Let us state again, **it is critically important to have a hospital gun violence prevention program in place.**

## AND IN RESPONSE

Here are some of the comments that were received by other hospital security professionals around the country, after the original blog post:

*“Please remove me from your mailing list immediately. Apparently the letter below blames the firearm and not the person holding it and putting 5-7 lbs of pressure on the trigger with their index finger. I find it difficult to separate the “Spirit of the Security Community and our commitment to safety and protection” from this attack on my*

*Second Amendment rights.”*

**--Hospital Security Director in the Northwest**

*I believe we should focus our attention, and when I say attention I actually mean money, on mental health resources (or the lack thereof) and domestic violence issues, which quite often lead to fatal shootings. Our emergency rooms have become a revolving door for patients with drug abuse, depression and other psychological issues and there appears to be very little our legislators and community/government leaders are doing about it. To me, that is the real injustice and crime related to the firearm issue!*

**--Hospital Security Director in the Midwest**

*I would agree with the individual that I don't believe there is a place in hospitals, government buildings and places of worship for guns; however if there had been guns on some of the college campuses, maybe there wouldn't of been the blood baths they turned into.*

**--Security Analyst--Washington**

**DC**

*As for firearms being banned from the workplace, I agree. Policies and procedure should dictate along with a severe disciplinary, then handle accordingly. Just that simple. Let's clean it up, let's clean up America! Let's lessen the need for firearms to be in the hands of thugs as well as those who just want to feel safe. The FIRST STEP would be to BAN and make it ILLEGAL for businesses to sell paraphernalia, pornographic anything, strip clubs, places that promote alcohol and drug use, etc. Let's Clean That Up!...something that is tangible and promotes drug and alcohol use as well as many other criminal actions just to run these types of businesses. Let's make that illegal. Let's get Americans involved in the real issues of illegal firearms and drugs coming into this Country. All law enforcement know that it takes big money to keep drugs coming into this Country. Disarming*

*America. RIDICULOUS. Keeping firearms away from the workplace, understandable.*

**--Ex-Army, Ex-Police, Hospital Security Officer**

**CONCLUSION**

While the issue of “gun control” is both a “hot button” and simultaneously, a topic that is seemingly a forbidden or taboo matter for hospital security professionals. It should not be this way. Questioning the wisdom of allowing citizens to buy 30-round clips for semi-automatic handguns and keeping assault rifles at home is not a crazy liberal rant, it is a reasonable, non-political position. Challenging the wisdom, if not the sanity, of the current flood of legislation that both allows and actually encourages guns in the workplace is neither “liberal” or “radical”—but pragmatic and grounded. Hospital security professionals are the vanguard for progressive crime prevention education and development in the United States. This is a mandate and responsibility that we all share. How we respond and learn to protect our staff, our hospitals and our patients from this senseless violence may prove to be our greatest and most important challenge.