

Emergency preparedness

Managing perimeter access and intra-facility movement

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Violent incidents such as “active shooters” have occurred in many segments of our society including schools, shopping malls, colleges, and courthouses. Suffice it to say, healthcare institutions are not immune from this type of crime and have seen violent incidents increase in recent years. Although not a solution in every case, the ability to secure a building’s perimeter or an individual department through a lockdown process may reduce the potential for injury or death.

A 2009 healthcare security survey conducted by *Campus Safety Magazine* revealed that the average lockdown time of a hospital was about 11 minutes. As expected, the larger the hospital, the longer the lockdown time. Twenty percent of hospitals participating in the survey reported it would take more than 15 minutes to secure their facility and seven percent of the responding hospitals indicated that their facility could not lock down completely (source: CampusSafetyMagazine.com).

No healthcare organization has an unlimited budget. And when comparing security budgets from 2011 to 2012, 69% of respondents to the Health Facilities Management/ASHE 2012 Hospital Security Survey say their budgets either “stayed the same” or “increased 1-5%”. Even with these funding limitations, 96% of all facilities responding said that electronic access control systems are either already in place or will be in the next 24 months. This shows that resources continue to be committed to increasing security through the use of physical access control/key management systems (source: Health Facilities Management/ASHE 2012 Hospital Security Survey).

Preventative measures

What the Campus Safety survey also shows is that most hospitals have room for improvement when it comes to managing perimeter access and intra-facility movement. These issues are complex and require significant and collaborative assessment and planning, appropriate security technology and devices, staff training, well developed procedures, and individual staff accountability.

Most hospitals already have emergency preparedness plans that have been developed consistent with the Joint Commission’s Emergency Management chapter. These standards require that hospitals determine how they will control access and egress of the healthcare facility during an emergency and how they will control the movement of

individuals within the healthcare facility. Physical size, resources, facility complexity, staffing levels, hospital capabilities, community resources, and other factors dictate how each institution will address their emergency management issues. However, a few issues need to be answered regardless of these factors:

- Was the assessment and planning process truly a collaborative effort?
- How often are these plans practiced?
- Has the planning process and drills included community partners and first responders?
- Have the plans been updated consistent with physical and operational changes in the environment?

It is vitally important to recognize that a plan, no matter how good it may be, is not likely to work unless staff have been trained and drilled.

Ensuring that emergency plans are always up to date and staff members are properly trained is essential. Drill scenarios should include unexpected twists such as equipment failure, communications break down, power disruption, and other real-life situations. Including these variables will help employees “think on their feet” and not become too dependent on any one aspect of the plan.

When the right technology is installed

The latest advances in facility security have been shown to go a long way in helping to maintain perimeter access and intra-facility movement during emergencies. Access control systems utilizing the correct electronic locks, credential readers and other devices have become an increasingly popular way to enable the lockdown of a facility in the case of an emergency. When implemented, the administrator can centrally manage user authorization, control zones and monitor both door and latch position.

One aspect of access control systems that makes them so helpful in emergency situations is the ease by which administrators can monitor and control both the perimeter of their facility and access to security sensitive areas. However, it is important to remember that human intervention – such as someone exiting from a locked door – can create a security breach.

Through collaborative planning, thought out implementation, properly designed, installed, and maintained technology, and effective staff training/drills security protocols can be very effective and lockdown times can be dramatically reduced.

Learn more about emergency preparedness

For more information about preparing your organization for an emergency, please contact a professional security consultant in your area by calling **888.758.9823** or fill out the **Contact Us** form on our website at allegion.com.

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