

STATEMENT: The Healthcare Facility (HCF) administration should formally govern the inclusion of firearms in the security program. Approval should require the development of specific policies, procedures, competencies, equipment standards, training programs, and enhanced screening practices prior to the implementation of that decision.

Definition: A firearm, for the purpose of this guideline, is a small arms weapon from which a projectile is fired.

INTENT:

- A. The healthcare facility (HCF) should evaluate the risk and associated liability and other deployed mitigation measures when considering the utilization of firearms by the healthcare security program.
- B. The decision making process for introducing firearms into a HCF should at minimum include a multidisciplinary team including subject matter experts from security, legal and risk management, human resources, and administrative leadership.
- C. The multidisciplinary team should review the following data to assist in the determination to arm protection program staff with firearms:
 - 1. Environmental profile / crime Index of the HCF and surrounding community - differentiating between crimes against people vs crimes against property.
 - 2. Internal security incident data - trending levels of violent crime and assaults of the HCF and surrounding community.
 - 3. Inherent risk of violence associated with high-risk services provided
 - 4. Historical situations when firearms may have been an appropriate deterrent.
 - 5. Actual encounters with firearms at the HCF and in the surrounding community.
 - 6. Comparison to similar HCFs (location, size, services offered).
 - 7. Consideration of national and local trends and corresponding community attitudes, perceptions and expectations.

8. Leadership expectations of the role of armed staff; e.g. deterrent value or engage an active assailant.
9. Consultation with local law enforcement agency(ies) to include the availability of community law enforcement and awareness of response time.

D. The HCF should determine which positions in the protection program should be armed and establish hiring criteria, qualifications, and competencies for each.

E. The HCF should develop policies and procedures regarding the firearms program. Consideration should include:

1. Enhanced background checks to include psychological screening by a qualified entity with established time frames for regular re-evaluation.
2. Obtaining the appropriate licensure and certifications to include ongoing training requirements.
3. Establishing approved equipment standards for firearms, retention holsters, personal protective equipment, and ammunition appropriate for the environment.
4. The process for acquisition, management, and security of firearms.
5. Establishing an audit and compliance program for firearms and related equipment to include inspection, maintenance, repairs, modifications and individual qualifications.
6. Establishing areas where firearms will be restricted (e.g. locked behavioral health units) and safekeeping procedures for the firearms.
7. Establishing an after action review by a multi-disciplinary committee, investigation to include authority and reporting requirements for firearm deployments and near-miss events.

F. The HCF should be responsible for planning, resourcing and establishing the firearms training program. This should include:

- 1) Use of force standard and the deployment of force.
- 2) Frequency and criteria of firearm qualifications and training, to include failure to obtain or maintain qualification.
- 3) Firearm retention, secure storage/safekeeping, and firearm safety protocols.
- 4) Use of a signed agreement by the assigned staff member.

- 5) Applicable state or local training requirements should be considered and incorporated.
 - 6) Lessons learned from after action review(s) of firearm deployments and near-miss events.
- G. Establish professional liability insurance protection.

REFERENCES:

CMS Manual System, Interpretive Guidelines for Hospitals, Conditions of Participation for Hospitals

ASIS International Protection of Assets Manual:
<https://poa.asisonline.org/Pages/default.aspx>

York, Tony W. and MacAlister, Don. (2015). Hospital and Healthcare Security (Sixth ed.). Woburn, MA: Butterworth-Heinemann.

Potter, Anthony N., "Considerations When Arming Security Officers," page 1, 2006.

SEE ALSO:

IAHSS Healthcare Security Industry Guideline 01.04, Security Risk Assessments
IAHSS Healthcare Security Industry Guideline 01.09, Violence in Healthcare
IAHSS Healthcare Security Industry Guideline 02.02.05, Security Officer Use of Physical Force
IAHSS Healthcare Security Industry Guideline 07.01, Security Sensitive Areas

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