STATEMENT: Duress and panic alarm systems may be used as an additional layer of protection within the healthcare environment. Implementation of duress and panic alarm systems should have a defined purpose with consideration for the location, activation, response, system maintenance and testing.

Definitions: A duress alarm is an activation device placed covertly and accessible which is intended for security situations where silent notification is appropriate. Typical locations include cash handling areas, pharmacy, reception, and administration.

A panic alarm is an activation device placed overtly and accessible which is intended for security situations where silent notification is not required. Typical locations include ICU, Behavioral Health, ED, and parking areas.

Both are electronic devices that alert a monitoring station, or alternative means, where the alarm initiates an appropriate response.

INTENT:

a. The duress and panic alarms and response system should be based on a security risk assessment, in collaboration with the end user, considering:
    1) Environmental/ Operational Factors:
        a) Department and services offered, e.g, cash handling, medications/ narcotics stored or sold
        b) External crime statistics and security incident data
        c) Direct or indirect access from building exterior or stand-alone building
        d) Hours of operations to include staff working alone or in isolated areas
        e) Public accessibility and volume of patient and visitor interaction
        f) Staffing volume and type of staff utilized (paid staff versus volunteers)
    2) System Design and Equipment Options
        a) Scope of system coverage
        b) Integration with security/ building systems (lock down, video surveillance)
        c) Identification and availability of responders
        d) Type of activation device (button, switch, keyboard, wireless,

voice, mobile application)
e) Placement of activation device (under desk, computer icon, on person, in hallway, at nurse's station)
f) Location and type of annunciation (local/ remote or audio/ visual)

b. The HCF should develop a policy and related procedure which clearly defines:
1) The process to request system installation
2) Appropriate use of the system including how and when to active the alarm as well as clearing and resetting the system
3) Response protocol (internal and external)
4) Training on device activation and location for system user
5) Preventive maintenance, inspection and testing of applicable system devices
6) Documenting system activations
a) Reporting of malfunctions or other maintenance issues immediately and addressing issues promptly
b) Establishing Interim procedures during system downtime

c. The system should be reviewed on a regular basis as part of the security vulnerability assessment. The system should be modified as needed based on evolving institutional requirements or the mitigation of identified risk.

REFERENCES:

IAHSS Healthcare Security Industry Guidelines 01.04, Security Risk Assessments

IAHSS Healthcare Security Industry Guideline 04.09, Maintenance of Security Systems and Equipment

IAHSS Healthcare Security Industry Guideline 07.01, Security Sensitive Areas

IAHSS Healthcare Security Guideline 04.01, Systems Physical Security (General)

IAHSS Healthcare Security Industry Guideline 04.02, Systems Electronic Security Systems

IAHSS Healthcare Security Industry Guideline 07.04, Specific Areas: Retail Services

IAHSS Security Design Guidelines for Healthcare Facilities

04. Systems
08. Duress and Panic Alarms and Response

ASIS International Protection of Assets Manual

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