

IAHSS SECURITY INDUSTRY DESIGN GUIDELINES

08.11. Highly Infectious Communicable Disease Response

STATEMENT:

Planning for highly infectious communicable disease outbreaks should include identification of essential security services and mitigation strategies to address the shifting demands for security resources. Highly infectious communicable disease outbreaks that impact a Healthcare Facility (HCF) will necessitate changes in access control, protection of assets and other processes to provide a reasonably safe environment of care. In many facilities the involvement of the Security team or the implementation of security processes may be necessary to manage required response strategies.

INTENT:

- a. An All Hazard Risk Vulnerability Assessment (HVA) should be completed by those responsible for emergency management for the HCF. The HVA is an objective tool to identify the top risks of the organization, to include the probability of an event, and its impact to an organization, offset by the internal preparedness efforts and those provided and available from within the community. The HVA should be integrated into Business Continuity Plans to establish continuity of care and adequate security support of altered processes and measures.
- b. The initial planning phase of the highly infectious communicable disease management response should include a security vulnerability assessment led by a qualified healthcare security professional and the appropriate clinical, facilities, risk management, infection control and other support personnel with responsibilities related to emergency management.
- c. Relevant and timely information sharing to include direct line of communication between Security and the command and management structure is critical to the integration of access control and screening processes. This should include integration of security operations into the HCF's incident command system, specifically through the security branch in the operations section.
- d. As part of the communicable disease management response, Security may be assigned the responsibility for initiating and providing access and egress control measures to augment infection control practices. Where feasible, leverage technology to augment and preserve security staffing levels. Access and egress control measures can include:
 1. Implementing restricted access procedures, including personal property.
 2. Establishing designated staff, visitor and patient entrances.
 3. Providing vehicular and pedestrian traffic control.
 4. Securing isolation, decontamination and segregation areas.
 5. Securing shipping and receiving areas and other internal and external storage areas that house critical supplies to include warehouses.
 6. Partnering with medical staff if clinical screening is required.
 7. Identifying and removing unauthorized persons from restricted areas.
 8. Screening visitors and enforcement of infection control protocols such as hand sanitizing and wearing and disposing of personal protective equipment (PPE).
 9. Securing staff sleeping areas.
- e. Security staff may be assigned responsibility for securing and protecting critical resources including restricted areas, high-value supplies, e.g. PPE, and pharmaceuticals. Documented access, audit and inventory control processes should be initiated.

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- f. The HCF security program should prepare for re-defining the role of security staff in support of patient care and related activities while temporarily discontinuing other normal duties. This may include preparing for the:
 - 1. Impact of absenteeism on security coverage and deployment.
 - 2. Augmentation of duties by other, non-security staff and require relevant training.
 - 3. Use of available security technology.
 - 4. Implementation of quarantine measures required by public health officials.
 - 5. Need to develop training plans in case regularly scheduled training cannot be delivered.
- g. Address potential future liability associated with performing new tasks and discontinuing others by revising policy, procedure or protocols or contractual scope of work in the event of reassignment of security staff due to the highly communicable disease response measures.
- h. Relevant training and equipment should be provided to Security as their safety is paramount. Such education and training may include:
 - 1. Risks and protective measures associated with the specific communicable disease. This may include the differences between standard, contact, droplet, airborne and other HCF initiated specialized precautions.
 - 2. Pre-determined techniques for security-required patient intervention related to the specific communicable disease and appropriate PPE to be worn.
 - 3. Safe application and removal of PPE. Follow-up monitoring to establish competency is highly recommended.
 - 4. Actions to take regarding management of medical surge capacity issues including how to address the “worried well”.
 - 5. Safe handling and management of the deceased to include risk of transmission after death.
 - 6. Reporting mechanism and public information protocols for unsafe or hazardous conditions. This should include establishing an anonymous reporting communication pathway for safety issues or other concerns.
 - 7. Importance of current standardized communication, including verbal, written and electronic, to provide to visitors. Specific attention should be given to communicating with individuals who refuse restriction orders on visitation or attending appointments with others.
 - 8. Risk of lawlessness and the potential impact of crime and the fear of crime on employees, facilities, and supply chain.
 - 9. Identification and communication procedures to follow in the event a security staff member develops symptoms related to the highly infectious communicable disease.
- i. Identify departmental plans for the provision of security in case movement restriction is implemented between departments deemed vulnerable or contamination free.
- j. Communicating with law enforcement and other public safety officials regarding use and access into the HCF and any Alternate Care Sites.
- k. Alternate Care Sites (ACS) may be activated to support patient surge. This may require additional security activities including:

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1. Establishing a clearly defined perimeter to monitor and manage access into and egress from the ACS. This may include the use of access control technology, security personnel, or both.
2. Securing and restricting access to staff-only areas and other secure storage for items of higher value and pharmaceuticals.
3. Providing way-finding and guidance and other required security communications.
4. Establishing appropriate levels of visual monitoring through video surveillance technology, security personnel or both.
5. Developing traffic flow plans including integration into existing facility plans.

REFERENCES / GENERAL INFORMATION

Centers for Disease Control and Prevention (CDC), <https://www.cdc.gov/>

World Health Organization (WHO), <https://www.who.int/>

Public Health Agency of Canada, <https://www.canada.ca/en/public-health.html>

Alternate Care Sites (ACS), US Army Corps of Engineers,
<https://www.usace.army.mil/Coronavirus/Alternate-Care-Sites/external%20icon/>

California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies, Volume II: Government-Authorized Alternate Care Sites, California Department of Public Health, http://www.cidrap.umn.edu/sites/default/files/public/php/258/258_acs.pdf

SEE ALSO

IAHSS Healthcare Security Industry Guideline 01.04, Security Risk Assessments

IAHSS Healthcare Security Industry Guideline 04.03.03, Facility Restricted Access (Emergency Lockdown)

IAHSS Healthcare Security Industry Guideline 05.02, Security Role in Patient Management

IAHSS Healthcare Security Industry Guideline 08.01, Emergency Management – General

IAHSS Healthcare Security Industry Guideline 08.02, Security Role in the Emergency Operations Center

IAHSS Healthcare Security Design Guideline #04. Emergency Management

IAHSS Healthcare Security Design Guidance Document: Alternate Care Sites – Medical Surge Capacity