04. Systems

05. Weapons Detection

STATEMENT:

Security systems are integral to the overall protection program. The use of weapons detection systems and related processes should be viewed by the Healthcare Facility (HCF) as an additional layer of protection with consideration for the intent, scope, location, and operation.

INTENT:

a. Consideration for installation of a weapons detection system should be based upon a security vulnerability assessment (SVA) led by a qualified healthcare security professional, with key facility stakeholders involved in the process.

b. The HCF should identify threats and other operational considerations such as throughput and integrations with existing security infrastructure when addressing the specific needs of its environment. Weapons screening technology and related processes used to identify threats can vary and include the following type of systems:
   1. Metal Detector/ Magnetometers/ Earth Field Distortion: Passive technology used to detect ferrous metals on a person or within personal belongings. This technology is available in a walkthrough and hand-held/wand, and is non-invasive.
   2. Hand wands: A handheld metal detecting device used to scan a person's outer body to detect ferrous metal that may be concealed.
   3. AI-enabled weapons detection systems: A system which uses specially designed hardware and software to identify items, such as firearms, edged or improvised weapons, or other prohibited items and their location.
   4. Backscatter X-Ray Scanners: introduce low-dose X-rays to create an image of a person's body, revealing concealed objects under clothing. These systems are viewed as highly invasive.
   5. Millimeter Wave Scanners: These scanners use non-ionizing radiofrequency waves to detect objects concealed under clothing. These technologies can be viewed as invasive.
   6. Terahertz Imaging Systems: These systems use terahertz radiation to penetrate clothing and detect hidden objects and are non-invasive.
   7. Passive and Active Infrared Sensors: Sensors detect the heat emitted by a person and temperature differential between concealed weapons.
   8. Acoustic/ultrasound scanner: Emits ultrasonic waves and analyzes the reflections on materials within the area of detection.
   9. Electromagnetic Wave Scanners: emits electromagnetic waves/radar to detect concealed objects without physical contact through the reflection and analysis of the electromagnetic signatures

c. Placement considerations of weapons detection systems should be based upon the overall risks identified in the SVA related to the area and persons being protected. Areas for weapons screening may include:
   1. Facility access points such as public and employee entrances.
   2. High-risk patient units such as Emergency Departments and Labor and Delivery Units, Behavioral / Mental Health Units, Crisis Intake Centers, and dedicated areas for Forensic (prisoner) patient care.
   3. Other security sensitive areas based upon risk and / or special patient populations.

d. The HCF should develop a staffing and deployment plan to manage the weapons detection system and related processes. Specific role allocations should consider:
   1. Hours of operation.
   2. Facility type. For example, an emergency room door may need more staff than a small clinic.
   3. Type of weapons detection system and equipment used.
   4. Traffic volume and throughput expectations. This may include:
      a. Identifying the number of people passing through the detection system at different times of the day. Peak periods may require additional staff.
      b. Alarm detection rates.
      c. Patient, visitor, and staff experience expectations.
      d. Search processes and required secondary inspections.
      e. Storage procedures for any prohibited items discovered.

e. Personnel assigned to staff weapons screening systems should be trained on:
   1. The operation of the detection system and how to use it effectively.
   2. How to respond to alerts appropriately.
   3. Search processes and required secondary inspections.
   4. Storage procedures for any prohibited items discovered.
   5. Secondary screening procedures and how to handle those alerts and potential threats.
   6. Required regulatory training
   7. Expected customer services interactions and intervention with individuals who may be in possession of a weapon or other prohibited item.
   8. Alternative screening methods for individuals who present with medical devices or conditions that may be impacted by weapons detection screening.
   9. Periodic training to keep staff current on system updates and procedures.
   10. HCF should determine equipment and PPE requirements for assigned staff.

f. Consider posting appropriate or required signage at public entrances that weapons screening is utilized.
   1. Consideration should be given to:
      a. Signage that provides information for those that may have medical devices or conditions that may be impacted by weapons detection screening, such as alternative screening processes, handheld wands, or visual inspection.

g. The HCF should have a process to manage or return weapons in possession of the HCF.
   1. Unauthorized firearms should be removed from the HCF by the owner or an approved designee.
   2. In emergent situations, such as an incapacitated patient possessing a firearm, the weapon should be turned over to HCF security or local law enforcement.
   3. All confiscated firearms should be made safe by personnel appropriately trained in the handling, safekeeping, and storage of such devices.
   4. Based upon HCF policy and local ordinances, statutes, or laws, local law enforcement may be contacted to determine if the weapon has been reported stolen or used in the commission of criminal activity.

5. If a firearm is found to be returnable to the patient, it may be returned upon their discharge from the facility or to an authorized designee per the HCF's policy.
6. If a firearm is not found to be eligible for return, local law enforcement should take possession of the item pending their investigation and the item's final disposition. All such transfers of confiscated items should be documented appropriately by the HCF personnel showing the chain of custody.

h. The HCF may consider the use of amnesty boxes. Placement of an amnesty box should be near weapons screening systems. The following deployment strategies should include:
   1. Placement of signage clearly indicating weapons will be forfeited.
   2. A routine system of checking the amnesty box for the presence of weapons and contraband.
   3. Policies and procedures regarding security, storage, and clearing of the amnesty box. This may include liaising with local law enforcement.

i. Regular maintenance of weapons detection systems should be conducted per manufacturer guidelines to include identifying the accountable HCF representative for the preventative maintenance program.
   1. Downtime procedures should be established for all inoperable equipment.

j. Weapons detection processes should not interfere or impact patient rights and the timely provision of medical care.

SEE ALSO:
IAHSS Glossary of Terms
IAHSS Security Design Guidelines for Healthcare Facilities, 02.01 Weapons Detection
IAHSS Healthcare Security Industry Guideline 02.01, Security Staffing and Deployment
IAHSS Healthcare Security Industry Guideline 02.02, Security Officer Training
IAHSS Healthcare Security Industry Guideline 04.02, Electronic Security Systems
IAHSS Healthcare Security Industry Guideline 04.09, Testing of Physical and Electronic Security Systems
IAHSS Healthcare Security Industry Guideline 04.10, Security Signage
IAHSS Healthcare Security Industry Guideline 05.11 Patient Valuables and Property
IAHSS Healthcare Security Industry Guideline 05.03 Violent Patient and Patient Visitor Management

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