

### Introduction

Concern over security and safety measures in emergency rooms is a nationwide problem. Trauma centers are at great risk for violence in the workplace due to the type of injuries received, such as gunshot wounds and stabbings. Bakersfield has a much higher crime rate than the national average (Neighborhood Scout, 2017). The U.S. Department of Labor has provided guidelines for hospitals through the Occupational Safety and Health Administration (OSHA) due to high incidences of workplace violence.

Emergency departments are placed at high risk due to many factors, including: 24 hour service, constant contact with patients, receiving patients with injuries related to violent crimes, receiving prison and jail patients, stocking of narcotics, receiving patients with psychiatric problems, receiving patients with substance abuse problems, and fear of low patient satisfaction surveys for defending themselves or having zero tolerance (Sanson & Tavernero, 2011). At Kern Medical, we are placed at higher risk than other trauma center emergency departments due to the following factors: no security screening of people entering the emergency department, no metal detectors at the emergency entrance, no security staff posted at the emergency entrance, ambulance bay doors providing easy access to the public, prevalence of incidences of armed people outside the facility and entering the facility, delay of services to patients and unrealistic wait times causing frustration, crowding in waiting areas, allowing a number of family members to visit when the department is already crowded, lack of lighting in parking lots, and constantly being understaffed with a high number patients.

The effects of violence in a hospital setting can not only harm patients and staff physically but it can affect the ability of the nursing staff to care safely for patients which places them at greater danger (Gillespie, Gates, & Berry, 2013).

### Objectives

This study sought to confirm or dispel perspectives of inadequate security and safety measures currently in place at the emergency department of Kern Medical and sought out recommendations for future standards and measures so that it would better suit the emergency department based on other comparable trauma centers. The study includes the perspective of healthcare providers and non-healthcare providers employed at Kern Medical in order to obtain a multidisciplinary view of patient and staff safety.

- Patient Safety Perspectives
- Staff Safety Perspectives
- Occurrence of Violence by Non-Staff Members
- Perspective of Adequate Response Time to Combative Situations
- Perspective of Adequate Training of Security Staff
- Perspective of Adequate Training of Nursing Staff
- Recommendations for Security and Safety Measures

### Materials and Methods

Instrumentation and methods used include a quantitative small study comprised of 70 staff members and one anonymous researcher-designed survey including 5 questions regarding security and safety as well as a space to elaborate for any suggestions or comments. Of those 70 staff members, 66 staff members returned completed surveys in order for us to gather our data. Staff members include part-time and full-time nurses, patient care technicians, security personnel, and administrative personnel. The staff included in this survey have worked for Kern Medical for a time ranging 9 months to 11 years at the time the survey was taken.

#### NURSE RESIDENCY PROGRAM SECURITY SURVEY

Please check or fill in all boxes that are applicable.

1. Have you ever feared for patient safety due to any physical actions by another patient or family member of a patient in the ED?  
 Yes  No

2. Have you ever been physically assaulted by a patient or their family member in the ED?  
 Yes, by a patient  Yes, by a family member  If not (patient), they were on a legal hold  No

3. Do you think Kern Medical's emergency department has adequate security?  
 Yes, staff and security have proper training  No, staff does not have proper training  No, security does not have proper training  No, neither have proper training

4. Do you believe Kern Medical's emergency department would benefit from metal detectors and/or active shooter training?  
 Yes, we would benefit from both  No  Yes, active shooter training only  Yes, metal detectors only

5. Based on your experience, has adequate help arrived in an acceptable amount of time when you found yourself with a combative non-staff member?  
 Yes, both security and staff arrived on time  Yes, security arrived on time  Yes, nursing staff arrived on time  No, no one arrived on time

6. Comments / Suggestions:  
 Please feel free to add any comments or suggestions for improvement regarding security. If you answered "No" on question 3 or 5, please elaborate here.

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

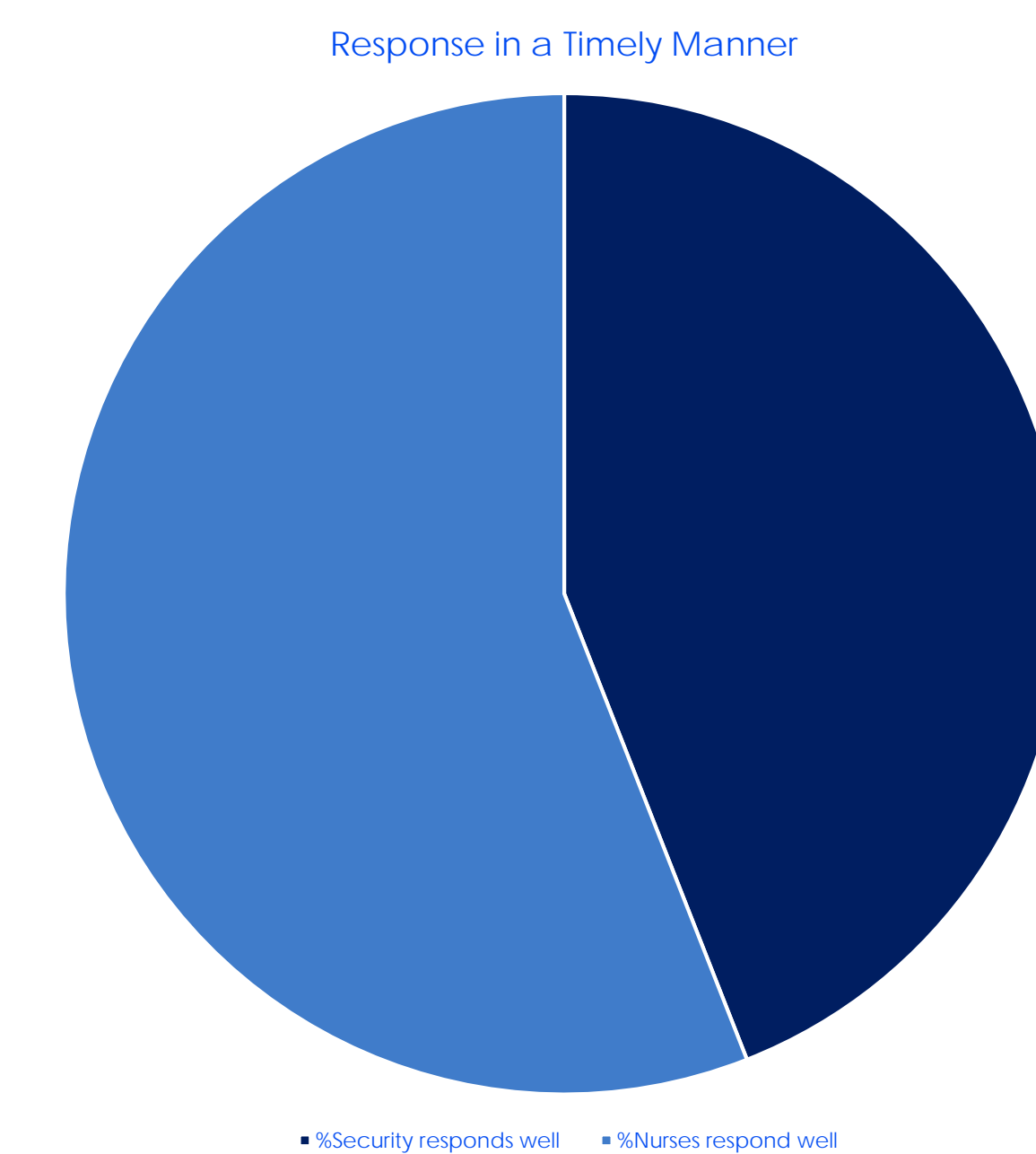
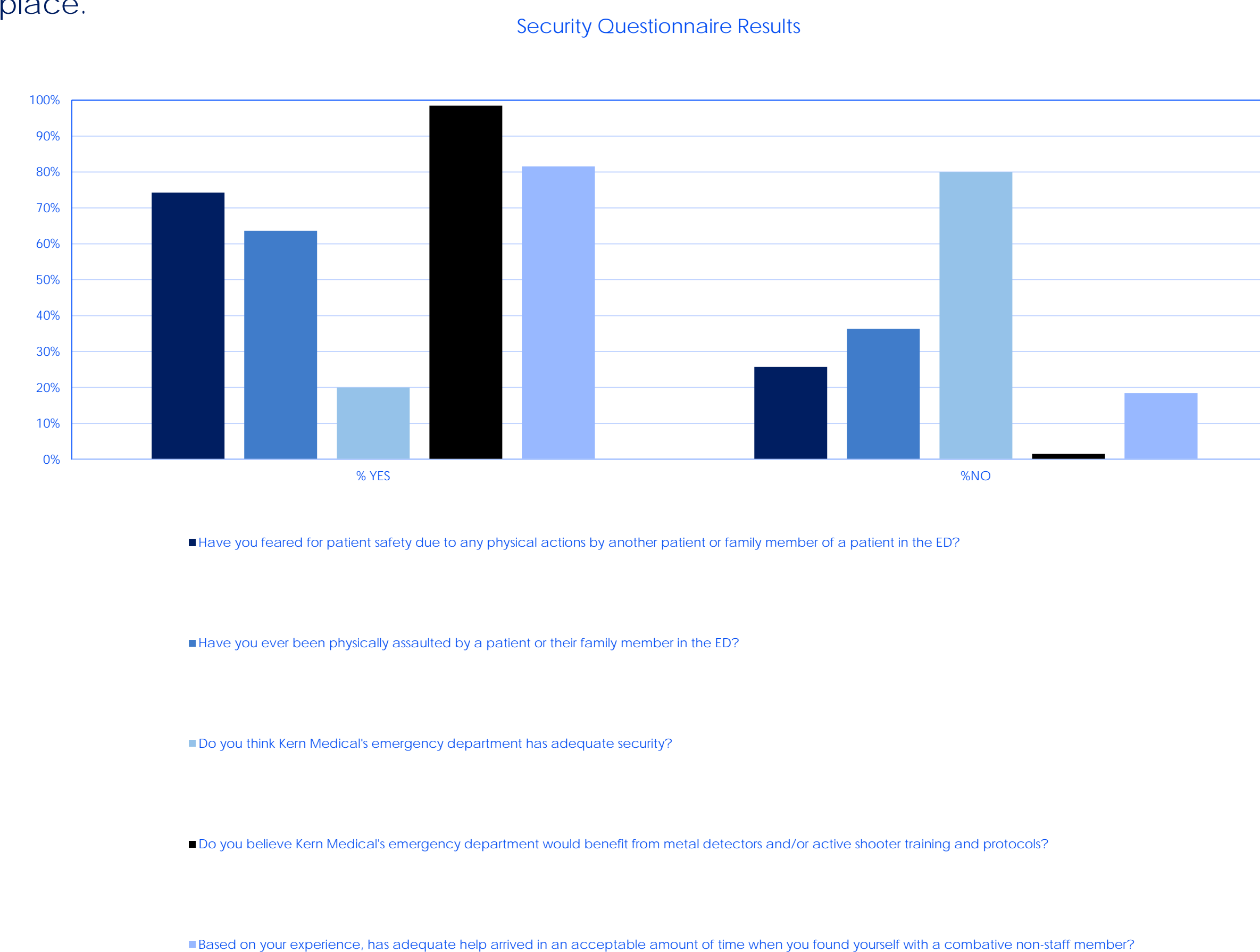
NRP Security Group

### Results

Results show that 74% of survey takers have feared for patient safety, 63% of survey takers have been physically assaulted, 20% believe current security measures are adequate, 98% believe better training and equipment would benefit security and a sense of safety, and 81% believe help has arrived in a timely manner be it nursing staff or security.

Results for those needing aid for a combative non-staff member show that 70% of survey takers have had security staff respond in a timely manner while 89% have had nursing staff respond in a timely manner.

Perceptions of lack of security and safety in the emergency department at Kern Medical were confirmed by the results of the study with 74% of participants stating they have feared for patient safety and 98% stating greater training and/or security/safety measures should be taken to improve the current measures in place.



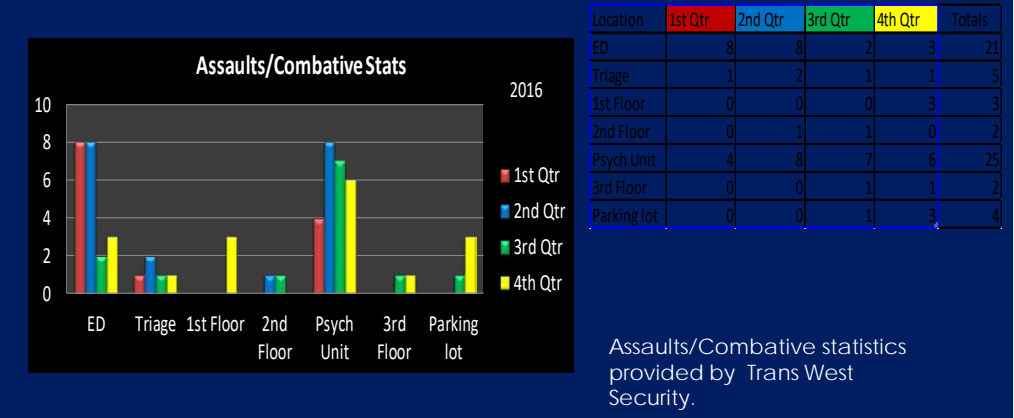
### Conclusions and Recommendations

**SECURITY RISK #1**  
**Lack of Continuous Security Presence in the Waiting Room**

- There have been a number of violent incidents in the emergency department waiting room.
- The waiting room is the initial point of contact for many emergency department patients and all visitors.
- Currently security protocols suggest hourly patrols through the waiting room when security staff is available.

**SECURITY RISK #2**  
**No Routine Screening for Visitors or Patients**

- This allows for weapons to be brought into the ED this poses a grave security risk for staff and other patients



**RECOMMENDATIONS:**

- Twenty four hour security presence in the emergency department waiting room 7 days a week. The hospital pays \$18-\$24 per officer per hour. A total cost of \$157,680-\$210,240 per year.
- Medium Cost Alternative: Security staffing in the waiting room at busiest 12 hours per day. A total cost of \$78,840-\$105,120 per year.
- Low Cost Alternative: Ensure hourly patrols of Emergency Department waiting room and triage alarm protocols/drills. No additional cost.

**RECOMMENDATIONS:**

- Install walk through metal detectors manned twenty four hours a day seven days a week by security. Metal detector cost \$5,495. Additional security staffing \$157,680-\$210,240.
- Implement a lock-down procedure during and immediately after traumas involving violence (gun shot wounds, stab wounds, etc). Post security personnel at all entrances to emergency department. Entrance and exit from emergency department would be monitored and restricted by security at these times. Metal detector wands would be utilized during these times. Cost for wand \$500. Cost may be variable depending on the number of traumas and current security staff.

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### Acknowledgments

We would like to thank the Emergency Department staff and Transwest security staff at Kern Medical for their participation in this study as well as Clinical Director Michelle Petersen, RN, MSN for providing us with data for recommendations and budget costs. We would also like to thank our clinical facilitators, Taricia Flores RN and Minerva Mendizabal RN.