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 stab wounds. Bakkenfield 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 (Sanon & 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 allowing a number of family members to visit when the department is understaffed with a high number of patients.

The effects of violence in a hospital setting can not only harm patients and staff physiologically, but it can also 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.

Materials and Methods

Imputation and methods used include a quantitative small study compiled 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.

Conclusions and Recommendations

SECURITY RISK #1

Lack of Continuous Security Presence in the Waiting Room

- Twenty four security hour presence in the emergency department waiting room 7 days a week. The hospital pays $18-20 per officer per hour. A total cost of $157,680-$210,240 per year.

- Medium Cost Alternative: Security staffing in the waiting room at busier 12 hours per day. A total cost of $78,840-$105,120 per year.

- Low Cost Alternative: Ensure hourly patrols through the waiting room and stage alarm protocols. No additional cost.

Recommendations:

- Install walk through metal detectors manned twenty four hours a day seven days a week by security. Metal detector cost: $5,400. Additional security staffing $157,680-$210,240.

- Implement a lock down procedure during and immediately after trauma including detectors (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 would be utilized during these times. Cost for wand $500. Cost may be variable depending on the number of trauma and current security staff.

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 83% believe help has arrived in a timely manner in a nursing staff or security.

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

Possible solutions for low 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.

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