Northern New England Society for Healthcare Risk Management

Pictures are Worth a Thousand Words, Mitigating Environmental and Security Hazards

Bud Miller

Presenter's bio

- Bud Miller – Senior Risk Services Consultant
- 20 years in a New Jersey multi-facility healthcare system
- Positions within the system:
  - Started on the internal Construction Crew, promoted to Project Lead, then Project Manager
  - Facility Manager (daily operations of PE & management of system's PCRA, ICRA & ILSM program)
  - Safety Officer / Assistant Regulatory Manager
    - My direct supervisor was / still is a Joint Commission Life Safety Surveyor with a vast knowledge of facility based "systems", I shadowed him during our facility's mock EoC surveys
    - Responsibilities including
      - System's readiness for accreditation / state surveys
      - Develop plan of corrections for observations found during surveys, update completion status to system leadership
      - Develop / conduct safety education for employees

Today's Objectives

- By the end of this program, participants will be able to:
  - Identify common physical environment hazards, analyze their potential impact, and apply appropriate mitigation strategies to reduce risk before an adverse event occurs
  - Analyze security vulnerabilities within their facility, evaluate risk levels, and apply targeted interventions to decrease security-related hazards
  - Evaluate infection control and safety risks associated with renovation or construction activities, apply evidence-based mitigation measures, and create a proactive plan to promote safe, clean work practices that minimize infection spread

Environment of Care / EoC / Physical Environment / PE

Welcome to alphabet soup 101, healthcare edition

In late 2025 Joint Commission revised many of their standards – about a 50% reduction across the board

- EC – (Environment of Care), LS (Life Safety) & EM (Emergency Management) chapters were "streamlined" into a new PE (Physical Environment) chapter
- Access to Joint Commission's new standards is through "Accreditation 360"
- Standards are free to view, no required subscription
- PE Standards are closer aligning with CMS standards, as do DNV and HFAP
- MedPro revised our rounding data / templates to reflect the new references

MedPro Observation reports

- Show real time pictures
- Rank severity and number of occurrences
- Provide recommendations for closure of observations
- Assessment of Life Safety findings and Interim Life Safety Measure needs
- Provide CMS / NFPA / other referenced standards (K-tag information)

Chapters, Standards and Elements of Performance

2025		
Chapter	# Standards	# Elements of Performance
EC (Environment of Care)	19	189
LS (Life Safety)	24	284
EM (Emergency Management)	15	59
TOTAL	**58**	**532**

2026		
Chapter	# Standards	# Elements of Performance
PE (Physical Environment)	8	59
EM (Emergency Management)	13	40
TOTAL	**21**	**90**

Joint Commission Standards and Elements of Performance totals

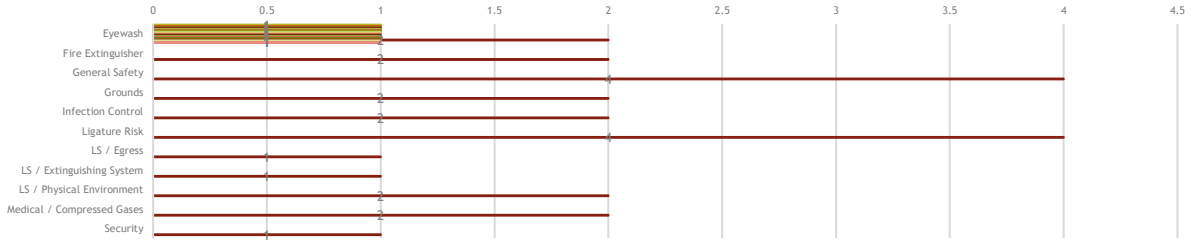
Rounding Report – Cover Page

(facility name)
Loss Prevention Survey
Summary of Observations Chart
Consultant: (consultant)
Conducted: (month, year)

Risk Matrix		Occurrence Level: Minimal 1-3 findings	Multiple 4-6 findings	Numerous 7 or more findings	Total
Risk Level to Staff, Visitors, Patients	Severe: imminent danger / major loss to building or equipment				0
	Enhanced: severe injury / damage to structural elements / features				0
	Slight: minor injury / damage to furniture fixtures and equipment				0

LS = Life Safety Finding

Findings Open as of Survey Date Report



Generalized Finding	Prior Survey Quantity	Newly Opened	Information Only	Abated During Survey	Currently Open
Eyewash		2		0	2
Fire Extinguisher		2		0	2
General Safety		4		0	4
Grounds		2		0	2
Infection Control		2		0	2
Ligature Risk		4		0	4
LS / Egress		1		0	1
LS / Extinguishing System		1		0	1
LS / Physical Environment		2		0	2
Medical / Compressed Gases		1		1	2
Security		1		0	1
Grand Total		22		1	23

CMS Scorecard		
STANDARD	# of Findings	Policy / Program / Systems
General Requirements	0	(not covered in this report)
Means of Egress Requirements	0	(not covered in this report)
Protection	0	(not covered in this report)
Special Provisions	0	(not covered in this report)
Building Services	0	(not covered in this report)
Operating Features	0	(not covered in this report)
Health Care Facilities Code	0	(not covered in this report)
Unassigned Categories	0	(not covered in this report)
		(not covered in this report)
		(not covered in this report)
		(not covered in this report)

Documentation Legend / Scores			
Compliant	Non-Compliant	Not Applicable	I Owe You
0	0	0	0

Facility Address		Accreditation Organization	Construction Type	Sprinkler Coverage	# of Floors On / Above Ground	# of Floors Below Ground
# of Elevators	# of Linen Shafts (in service)	# of Emerg. Dept. Tx Bays	# of Operating Rooms	# of Recovery Bays	Total Number of Beds	Total Square Footage

Editing the Summary and Observation pages:
The Observations are linked to data on the Summary Sheet. You will only be able to edit the last (4) columns on the Observation Pages (Current Status / ILSM Needed / Corrective Action / Work Order Number / Completion Date)

Rounding Report – Observations

Item #	Location	Picture	Generalized Finding	Observation / Finding	Risk Level	Occurrence	Standard	Recommendation for Compliance	CMS K Tag / COP	TJC Standard	Reference	Current Status	ILSM Needed	Corrective Action / Work Order Number	Corrective Action Completion Date
2025-06-001	OR Suite, Near PACU Area		Med Gas	Observed blocked medical gas valves.	Slight	Minimal	The hospital makes main supply valves and area shutoff valves for piped medical gas and vacuum systems accessible and clearly identifies what the valves control. Shutoff valves are identified with the name or chemical symbol of the gas or vacuum system, room or area served, and caution to not use the valve except in emergency.	Remove item(s) blocking access to medical gas valves. Educate staff on why valves should stay clear.	K781 K909 K920	EC.02.05.09 - EP 11	NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; 5.3.11	Open	N/A		
2025-06-002	LPIE		Electrical	Observed mislabeled or unlabeled circuit breakers.	Slight	Multiple	The facility labels utility system controls to facilitate partial or complete emergency shutdowns. Spare breakers shall be in the "Off" position.	Clearly identify circuits. Turn OFF spare circuits.	K916 K918 K919 482.41 (a)	EC.02.05.01 - EP 9	N/A	Open	N/A		
2025-06-003	OR Suite		General Safety	Observed unsafe environment.	Enhanced	Numerous	The facility implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the facility's facilities.	Open Environmental Services Cart	N/A	EC.02.01.01 - EP 1	N/A	Open	N/A		
2025-06-004	OR Suite		Infection Control	Observed improper storage of clean medical equipment, devices, and / or general supplies.	Enhanced	Numerous	The facility implements infection prevention and control activities when storing medical equipment, devices, and / or general supplies.	Cover clean items. Review procedure with staff on proper storage of medical supplies & equipment.	N/A	IC.02.02.01 - EP 4	N/A	Open	N/A		
2025-06-005	OR 104		Electrical	Observed non-compliant, daisy chained or unsecured power strips.	Slight	Multiple	Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel & perminatly affixed to object. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. In non–patient care rooms, power strips meet other UL standards.	Install UL Listed power strips, mount to part of a structure to keep them off the floor. Power strips must be plugged directly into an outlet not daisy chained or extended with an extension cord.	K910 K918 K920	EC.02.05.01 - EP 23	NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim Amendment (TIA) 12-5	Open	N/A		
2025-06-006	OR 104		Electrical	Observed blocked electrical panel.	Slight	Multiple	The facility inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.	Remove item(s) in front of electric panel, educate staff on importance of leaving area clear.	N/A	EC.02.05.05 - EP 6	N/A	Open	N/A		

Rounding Report – CMS Scorecard (1 of 4)

Document / Requirement		Count of Findings
General Requirements		
K111	Building Rehabilitation	0
K112	Sprinkler Requirements for Major Rehab	0
K131	Multiple Occupancies - Sections of Health Care Facilities	0
K132	Multiple Occupancies - Contiguous Non-Health Care Occupancies	0
K133	Multiple Occupancies - Construction Type	0
K161	Building Construction Type and Height	0
K162	Roofing Systems Involving Combustibles	0
K163	Interior Nonbearing Wall Construction	0
		0

Document / Requirement		Count of Findings
Means of Egress Requirements		
K211	Means of Egress - General	0
K221	Patient Sleeping Room Doors	0
K222	Egress Doors	0
K223	Doors with Self-Closing Devices	0
K224	Horizontal-Sliding Doors	0
K225	Stairways and Smokeproof Enclosures	0
K226	Horizontal Exits	0
K227	Ramps and Other Exits	0
K231	Means of Egress Capacity	0
K232	Aisle, Corridor or Ramp Width	0
K233	Clear Width of Exit and Exit Access Doors	0
K241	Number of Exits - Story and Compartment	0
K251	Dead-End Corridors and Common Path of Travel	0
K252	Number of Exits - Corridors	0
K253	Number of Exits - Patient Sleeping and Non-Sleeping Room	0
K254	Corridor Access	0
K255	Suite Separation, Hazardous Content and Subdivision	0
K256	Sleeping Suites	0
K257	Non-Sleeping Suites	0
K261	Travel Distance to Exits	0
K271	Discharge from Exits	0
K281	Illumination of Means of Egress	0
K291	Emergency Lighting	0
K292	Life Support Means of Egress	0
K293	Exit Signage	0
		0

Rounding Report – Summary of Observations (1 of 5)

Generalized Finding	Count of Finding	Generalized Observation / Finding	Generalized Risk Level	Generalized Standard	CMS K Tag / COP	TJC Standard	2018 DNV NIAHO Guideline	HFAP Standard	Reference	ILSM Needed
Dietary & Food	1	Observed unsanitary kitchen conditions / food storage.	Enhanced	Kitchen areas kept clean and sanitary.	N/A	IC.02.01.01 - EP 1	N/A	N/A	N/A	N/A
Electrical	6	Observed open junction box / missing knock-outs / flying splice / open wire ends.	Slight	The facility inspects, tests, and maintains electrical systems and components in facility.	N/A	EC.02.05.05 - EP 6	N/A	13.05.09	N/A	N/A
General Safety	18	Observed unsafe environment.	Slight / Enhanced	The facility implements its process to identify safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the facility's facilities.	N/A	EC.02.01.01 - EP 1	N/A	N/A	N/A	N/A
Infection Control	7	Observed failure to maintain a clean/safe work environment.	Slight / Enhanced	Interior spaces are safe and suitable to care, treatment and services provided.	482.41	EC.02.06.01 - EP 1	IC.1 SR.3h	07.01.10 07.03.03	N/A	N/A
Ligature Risk	3	Observed unsecured ligature point not assessed within risk assessment.	Severe	The organization conducts an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide; the organization takes necessary action to minimize the risk(s) (for example, removal of anchor points, door hinges, and hooks that can be used for hanging).	N/A	NPSG.15.01.01	PE.1 SR.2	N/A	N/A	N/A
LS / Egress	5	Observed clutter or mis-labeling of the means of egress in facility.	Enhanced	The facility maintains free and unobstructed access to all exits.	N/A	EC.02.03.01 - EP 4	N/A	13.01.02	N/A	N/A
LS / Extinguishing System	1	Observed defiency with facility fire extinguishing / supression system.	Slight	The facility inspects all components of the fire extinguishing / supression systems. The results and completion dates are documented.	N/A	EC.02.03.05 - EP 10	PE.2 SR.1a	13.03.08	N/A	N/A
LS / Fire / Smoke Barrier	3	Observed non-continuous fire barrier.	Slight	Fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces. For those fire barriers terminating at the bottom side of an interstitial space, the construction assembly forming the bottom of the interstitial space must have a fire resistance rating not less than that of the fire barrier.	N/A	LS.02.01.10 - EP 6	PE.2 SR.5	13.04.01	NFPA 101-2012: 8.3.1.2	Yes / No / N/A
LS / Fire / Smoke Doors	5	Observed defiency with rated door assembly.	Slight	Fire-rated doors assemblies have functioning hardware, positive latching devices and self-closing or automatic-closing devices.	K223 482.41 (b)(1)(i)(A-0710)	LS.02.01.10 - EP 11	PE.2 SR.1b	13.01.01	NFPA 101-2012: 8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7; 6.4.5	Yes / No / N/A
LS / Fire Alarm System	1	Observed defiency with fire alarm system.	Slight	A fire alarm system is installed with systems and components to provide effective warning of fire in any part of the building in accordance with NFPA 70-2012, National Electric Code and NFPA 72-2010, National Fire Alarm Code.	K331 K341	LS.02.01.34 - EP 1	PE.2.SR.1a	13.02.01	NFPA 70-2012, National Electric Code and NFPA 72-2010, National Fire Alarm Code	Yes / No / N/A
Med Gas	1	Observed defiency with medical gas valves or cylinders.	Slight	The facility maintains access to medical gas shut-off valves and properly stores medical gas cyliners.	K781 K909 K920	EC.02.05.09 - EP 11	N/A	13.05.08 13.05.10	NFPA 99-2012: 5.1.4; 5.1.11.1; 5.1.11.2; 5.1.14.3; 5.2.11; 5.3.13.3; 5.3.11	N/A
Tripping Hazard	2	Observed unsafe condition on walking surfaces (tripping hazards, foreign materials, etc.…) (OSHA 1910.21).	Slight	Walking surfaces meet the needs of the patient, visitors, and staff and are safe and suitable to the care, treatment, and services provided. Walking and working surfaces are kept clean, orderly and in sanitary conditions.	482.41	EC.02.06.01 - EP 1	N/A	11.05.03 11.01.02	N/A	N/A

TOTAL	53

Rounding Report – Required Testing Documentation (1 of 6)

Document / Requirement	Date	C	NC	NA	IOU
Buildings serving patients comply w/ NFPA 101 (2012)					
Current and accurate drawings w/ fire safety features & related square footage a. Areas of building fully sprinklered (if building only partially sprinklered) b. Locations of all hazardous storage areas c. Locations of all fire-rated barriers d. Locations of all smoke-rated barriers e. Sleeping and non-sleeping suite boundaries, including size of identified suites f. Locations of designated smoke compartments g. Locations of chutes and shafts h. Any approved equivalencies or waivers					
The hospital maintains written evidence of regular inspection and approval by state or local fire control agencies.					
The hospital maintains current Basic Building Information (BBI) within the Statement of Conditions (SOC).					

Document / Requirement	Date	C	NC	NA	IOU
Hospital Manages Fire Risk – Fire Response Plan					
The hospital has written fire control plans that include provisions for prompt reporting of fires; extinguishing fires; protection of patients, staff, and guests; evacuation; and cooperation with firefighting authorities. Staff periodically instructed on/kept informed of duties under plan Copy of plan readily available with telephone operator or security NFPA 101-2012: 18/19.7.1; 7.2					

Document / Requirement	Frequency	Q1 Semi	Q2	Q3 Semi	Q4 Annual	Date	C	NC	NA	IOU
Fire Protection and Suppression Testing and Inspection										
Testing for pressure supervisory indicating devices (including both high- and low-air pressure switches), water level supervisory indicating devices, water temperature supervisory indicating devices, room temperature supervisory indicating devices, and other suppression system supervisory initiating devices NFPA 72-2010: Table 14.4.5	Quarterly									
Testing for valve supervisory switches NFPA 72-2010: Table 14.4.5	Semiannual									
Testing for other supervisory initiating devices NFPA 72-2010: Table 14.4.5	Annually									
Water flow devices NFPA 72-2010: Table 14.4.5: NFPA 25-2011: Table 5.1.1.2	Semiannual									
Tamper switches NFPA 72-2010: Table 14.4.5	Semiannual									
Duct, heat, smoke detectors, and manual fire alarm boxes NFPA 72-2010: Table 14.4.5; 17.14	Annually									
Notification devices (audible & visual), and door-releasing devices NFPA 72-2010: Table 14.4.5	Annually									
Emergency services notification transmission equipment NFPA 72-2010: Table 14.4.5	Annually									
Electric motor-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Monthly									
Diesel-engine-driven fire pumps tested under no-flow conditions NFPA 25-2011: 8.3.1; 8.3.2	Weekly									
Sprinkler systems main drain tests on all risers NFPA 25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1	Annually									
Fire department connections inspected (Fire hose connections N/A) NFPA 25-2011: 13.7; Table 13.1.1.2	Quarterly									
Fire pump(s) tested – under flow Fire pump supervisory signals for pump running and pump power loss tested NFPA 25-2011: 8.3.3; 8.3.3.4	Annually									
Standpipe flow test every 5 years NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2	5 years									

Rounding Report

- Our reports start as a blank sheet, we carry our phones, all documentation is completed via pictures
- Checklists do not work for our needs – there are too many variables in the environment for a checklist
- We can offer checklists as a start to rounding for facilities, but they are not all encompassing. If checklists are requested / used, we add the following statement:

"List is not all encompassing, facilities are encouraged to add to list based on experiences, state / federal laws and training as needed."

- Most facilities have a set procedure for their internal rounding process; we do not intend to change their process.
- MedPro's rounds are not punitive in nature, we refer to our rounding as a second set of eyes.
  - We become less observant to regularly viewed items

  What color was the coffee shop couch in Friends? We've all seen it numerous times, but who remembers the color?

  What object stood on the right side of the door on Cheers? – maybe not all have seen that example!
- Many times, we will mention a finding, the facilities rep will either say "I have never noticed that", or "Yup, I've been meaning to put that on my list"
- We also educate while rounding, we give the meaning behind the observation

MedPro Rounding Data

- Top (5) Occurrences
  - Infection Control
    - dirty/damage to the physical environment: floors, walls, ceilings, lighting, countertops, evidence of pests – Alcohol-Based Hand Rub (ABHR) – improper storage: cardboard on floor, items under sink – air pressure / temperatures issues, water management plans
  - General Safety
    - unsafe conditions, improper storage / quantity of flammable materials
  - Electrical
    - blocked access to panel, mislabeled breakers, extension cords, daisy chained outlet strips, non-listed outlet strips in patient care area, wires cut, frayed, or exposed wires, missing knock-outs in boxes, outlets in patient care area, mislabeled utilities on roof
  - Fire / Smoke Doors (life safety finding)
    - improper rating, damaged assembly, non-latching door, painted labels, blocked open door, improper gap in double doors
  - Egress (life safety finding)
    - corridor width / blocking egress, improper egress signage, foreign objects on door, unlit signs, unlit lighting, locked doors, NO EXIT signage, stairway signage

Additional Points

- Some observations do not show up in the top findings, but have an increased risk value
  - Eye-wash Stations
    - Clean, caps in place, single action, temped water / correct pressure / flow, signage, unobstructed / timely access
  - Ligature Points
    - Open handrails, plumbing fixtures, doorknobs, top of doors, patient assist (call) cords, furniture legs, lay-in ceiling tile grid, sprinklers / pipes, window coverings

Multi-action activation eyewash

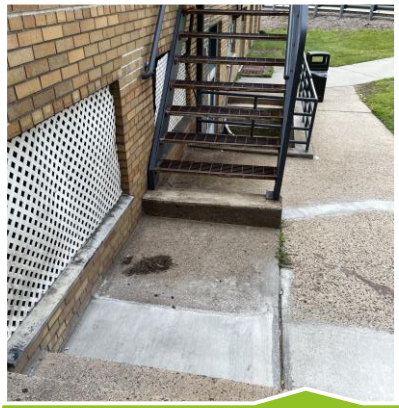
Multiple ligature points

Multiple ligature points

Additional Points

- Increased risk observations
  - Obstructed Means of Egress
    - Exit Access, Exit, Exit Discharge, blocked doors, corridors, stair access, ice / snow
  - Slips, Trips, Falls
    - Wet floors, missing stair caps / tactile stair pads, damaged handrails, uneven walking surfaces, tactile walking pad at curb cuts, overgrowing vegetation, Alcohol-Based Hand Rub (ABHR) locations

Corridor clutter



Uneven walking surfaces

Non-continuous handrail / sharp

Additional Points

- Increased risk observations
  - MRI Safety
    - Ferromagnetic objects within MRI Safety Zones, missing Magnet Always-On signage, zone signage
    - Pre-entry screening
    - Fire response plan?
  - Construction risks
    - PCRA, ICRA, ILSM

MR safe O2 / caddy

MR signage

MedPro Pictures by Jim Echard & Bud Miller, 503c397a20c49.jpeg (460×612)

Rounding Data

- Observations - #1 of 5
  - Infection Control
    - Alcohol-Based Hand Rub (ABHR)
    - air pressure / temperatures issues
    - dirty / damage to the physical environment: floors, walls, ceilings, lighting, countertops, evidence of pests
    - improper storage: cardboard on floor, items under sink
    - water management plans

Damaged / stained ceiling tile

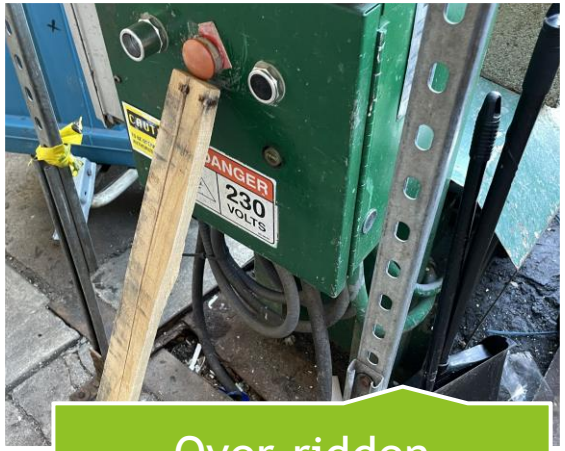
Ripped furniture

Dirty HVAC / stained CT

Open purple top

Rounding Data

- Observations - #2 of 5
  - General Safety
    - improper storage / quantity of flammable materials
    - unsafe conditions (by-passed safety controls, open dumpsters, slips / trips / falls)



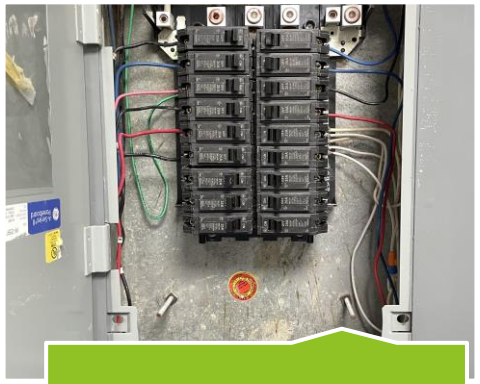
Over-ridden Dumpster Controls

Drainage onto sidewalk / fall hazard

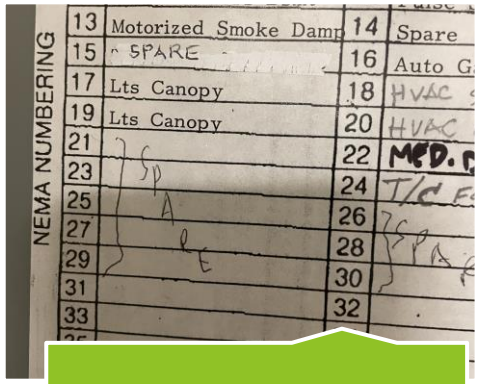
Unsecured dumpster

Rounding Data

- Observations - #3 of 5
  - Electrical
    - blocked access to panel
    - daisy chained outlet strips
    - Emergency / tamper-proof outlets in patient care area
    - extension cords
    - mislabeled breakers
    - mislabeled utilities on roof
    - missing knock-outs in boxes
    - non-listed outlet strips in patient care area
    - wires cut, frayed, or exposed wires



Open panel



Spare breakers

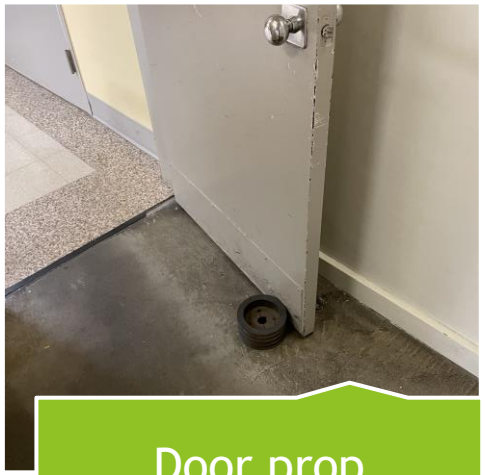
Open conduit

Rounding Data

- Observations - #4 of 5
  - Fire / Smoke Doors (life safety finding)
    - blocked open door
    - damaged assembly
    - improper gap in double doors
    - improper rating
    - non-latching door
    - painted labels

Broken exit device

Fire door gap



Door prop

Rounding Data

- Observations - #5 of 5
  - Egress (life safety finding)
    - corridor width / blocking egress
    - foreign objects on door
    - improper egress signage
    - locked doors
    - NO EXIT signage
    - stairway signage
    - unlit lighting
    - unlit signs

Storage in stair tower

Movable furniture in corridor

Game Time!

- Can you name the finding?

#1

"Blocked" Egress
Enhanced Risk Level Finding

#2

"Blocked" Med Gas Valve
Slight Risk Level Finding

#3

Multi-Action Eyewash & Hot Water
Enhanced Risk Level Finding

Game Time!

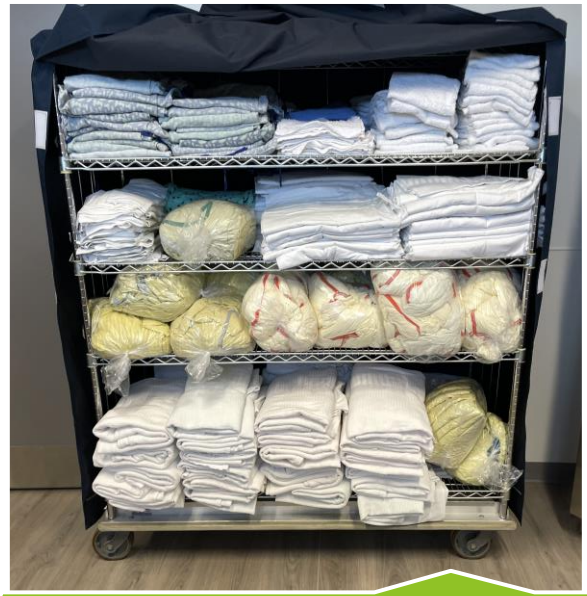
- Can you name the finding?

#4

Propped Open Fire Door
Enhanced Risk Level Finding

#5

Accessible Cleaning Products
Enhanced Risk Level Finding



#6

Open Linen Cart
Enhanced Risk Level Finding

MedPro Pictures by Jim Echard & Bud Miller

Security Risks and Vulnerabilities

- Security risks happen everywhere, healthcare is no different, could be more at risk
  - Jan 2025
    - Incarcerated patient transferred from a detention center into hospital, 6-point restraints and "splash-guard"
    - Patient underwent surgery due to swallowing a razor blade after shaving
    - While in recovery / Med/Surg Unit, patient continuously threatening staff and both armed law enforcement officers
    - Patient said they had more blades on them, then freed themselves from a restraint, opened scare tissue on arm, removed a blade, then swallowed that one.
    - Patient rushed back into surgery for 2nd retrieval
  - October 2018
    - Inner city hospital removed all outside shrubbery and plantings from outside of ED entrances
    - When questioned why; "we noticed those entering the facility would throw / stash their illicit materials (drugs, liquor, weapons, etc.) in the bushes. Upon discharge they'd retrieve their items and leave the grounds.
  - August 2017
    - Suburban hospital's regular guest enters hospital, says good morning to Security staff, Nurses, Techs, everyone he sees while visiting his terminal wife
    - After roommate leaves for a scheduled test, staff hear (3) loud pops and a thud
    - Husband shot wife twice, then committed suicide
    - After investigation, it was discovered the husband shot their son earlier the same morning
    - Never an indication this would have happened

Security Risks and Vulnerabilities

- How do we prevent these risks from occurring?
- Are they preventable?
- In 2023 while conducting rounds we started noticing more detection devices in rural hospitals – how do Security Officers handle found items?
- How are stretcher-borne patients screened?
- Facility policies must be created / reviewed for such instances
- Annual Security Risk Assessments help determine vulnerabilities within the healthcare facility, not just hospitals!
  - Conduct congruently with EoC / PE Rounding, rounding should be completed in all departments on a rotational basis – Security, Facility Manager, Risk Management, Unit Manager, Unit staff member, member of Senior Leadership, Bio-Medical Engineering, Infection Control, etc.
  - Keep lines of communication OPEN – QR codes to report an observance anonymously

Security Data

- Observations are ranked in Risk Levels
  - Severe (imminent danger / major loss to building or equipment)
  - Enhanced (severe injury / damage to structural elements / features)
  - Slight (minor injury / damage to furniture, fixtures and equipment)
- Highest ranking observations include access control doors / points, general campus safety, policy / procedure findings, general security.

Security Risk Assessment Template

(name of facility) Security Risk Assessment					Conducted: (date)							
Risk Event	Probability the risk will occur				Potential severity if the risk occurs				How well prepared is the organization if risk should occur			Risk Priority Score
	High	Med	Low	None	Threat to Life / Cata-strophic	Permanent Harm / Major Impact	Temporary Harm / Minor Impact	None	Poor	Basic	Advanced	HIGHER NUMBER = HIGHER PRIORITY
Value	3	2	1	0	3	2	1	0	3	2	1	
Department Surveyed												
Active Shooter												0
Disorderly Conduct (Inappropriate / disruptive behaviors)												0
Patient Abduction												0
Patient Elopement												0
Theft (Patient, Staff, Hospital property)												0
Trespass (Defiant, Criminal)												0
Violence (Aggressive Behaviors, Assault, Threats)												0
Total Area Risk												0

Security Risk Assessment Template

(name of facility) Security Risk Assessment			
Risk Question - mark with "x" in corresponding column	**Yes**	**No**	**Needs Improvement**
Exterior			
When you first arrive at the Hospital is there signage that addresses the following:			
Workplace Violence Prevention signage			
Zero Tolerance for Workplace Violence signage			
Telephone Number for Security signage (to report incidents, suspicious individuals or request security assistance)			
No Weapons Permitted on the Campus signage or symbols			
Is it visible when entering the Hospital campus and at main building entrances?			
TOTAL Exterior	**0**	**0**	**0**
Security Management Plan			
Does the hospital have a current and updated security management plan?			
Does the security program have a process in place to collect, track and investigate all security incident reports and near-misses?			
Are all staff trained initially trained and then annually trained on the security:			
Emergency notification systems			
How to contact security in an emergency			
Active shooter plan			
Safe rooms			
How access control works			
Visitor/contractor/vendor ID badging and tailgating			
Identified security sensitive areas			
De-escalation techniques			
Response to emergencies (including security codes/alarms) and others			
TOTAL Security Management Plan	**0**	**0**	**0**

Workplace Violence

- The Occupational Safety and Health Administration (OSHA) reports that violence is more prominent in healthcare than in other industries, accounting for almost as many similar injuries sustained as by workers in all other industries combined.
- The National Institute for Occupational Safety and Health defines workplace violence as violent acts, including physical assaults and threats of assault, directed toward personnel at work or on duty. Other industry-recognized sources include verbal aggression (e.g., threats, verbal abuse, hostility, harassment) in the definition of workplace violence. Not only can verbal aggression cause significant psychological trauma and stress, it can also escalate to physical violence (OSHA "Caring").
- The Federal Bureau of Investigation (FBI) classifies workplace violence according to perpetrators, as follows:
  - Type 1: Violence perpetrated by criminals who have no connection with the workplace (e.g., thieves);
  - Type 2: Violence perpetrated by those whom an organization serves (e.g., patients, families, visitors);
  - Type 3: Violence perpetrated against coworkers, supervisors, or managers by a present or former employee;
  - Type 4: Violence perpetrated by someone who has a personal relationship with an employee (e.g., an abusive spouse).

Workplace Violence Assessment

AREAS INSPECTED select with "x"							
	Waiting Room		Physician / Clinical Offices		Building site interior		
	Examination Rooms		Reception / Scheduling / Billing / General Offices		Building site exterior		
	Lab Area		Hallways / Emergency Exits		Parking Areas		
	Staff Lounge		Other:			Other:	
Room / Area Identifiers							

LOCAL CRIME STATS	select with "x" Yes	No	FINDINGS & RECOMMENDATIONS	PLAN OF CORRECTION (completed by facility)
Collect statistics on violent gang activity, drug abuse, and other such issues in the community.				

FACILITY DESIGN	select with "x" Yes	No	FINDINGS & RECOMMENDATIONS	PLAN OF CORRECTION (completed by facility)
Are there enough exits and adequate routes of escape? (# & Location)				
Can exit doors be opened only from the inside to prevent unauthorized entry?				
Can all doors and windows be secured?				
Is the lighting adequate to see clearly in indoor areas?				
Are there locked / secured employee-only work areas that are separate from public areas?				
Is furniture in waiting, exam and work areas arranged to prevent workers from becoming trapped?				
Are patient or client areas designed to maximize comfort and minimize stress?				
Is a secure place available for workers to store their personal belongings?				
Are private, locked restrooms available for staff?				
Medical equipment and medications are secure (e.g., pain medications and sharps are properly stored behind a locked door)?				

Safety Risk Assessment Template

Unit / Department / Area:		{enter location identifier}	Answer "n" for items requiring follow-up / attention / correction																					
Risk Reduction Feature		Staff Areas Surveyed:																					Total Non-Compliant	Percent Non-Compliant
		Identifier / Room Number																						
Doors	Doors are self closing, self locking and always secured "Classroom" function locksets																							
	Door handles are loop resistant																							
	Door has tamper resistant screws																							
	Doors have vision panels with appropriate glass																							
	Door hinges are non-rising pin type (full length piano hinge with hospital tip)																							
	Doors installed (alarmed or breakaway) to prevent ligature risk																							
Electrical	All exit signs and emergency light fixtures are flush mounted or are ceiling hung																							
	Electrical cords secured																							
	Electrical outlet covers are in place, unbreakable undamaged and secured with tamper resistant screws																							
	GFCI outlets are installed near water source																							
	Light fixtures not easily accessible, shatterproof and have tamper resistant screws																							
	Light switch covers are in place, unbreakable undamaged and secured with tamper resistant screws																							

Hazard Vulnerability Assessments (HVAs)

- Safety professionals and accreditation organizations recommend / require healthcare facilities conduct annual assessments of their internal and external vulnerabilities, this includes the facility's overall safety and security.
- Hazard Vulnerability Assessments (HVAs) rank / prioritize a facility's likelihood, preparedness and response to several different vulnerabilities and emergencies.
- HVA's should be conducted by the facility's Safety, Security, Plant / Facilities Management, Infection Control departments and include outside Emergency Response Agencies (EMS, Fire, Police and local Emergency Planning Committee members).
- Conducting HVA's with outside agencies solidify the healthcare facility's response plan within the community.
- Pre-event / planning meetings allow members to become familiar with each other prior to an emergency response / event.

Hazard Vulnerability Assessments (HVAs)

Hazards - SITE & ADDRESS
Hazard Vulnerability Assessment Tool

Alert Type				SEVERITY = (MAGNITUDE - MITGATION)						
	PROBABILITY	ALERTS	ACTIVATIONS	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur			Possibility of dealth or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	* Relative threat
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	0 - 100%
Hazard										
Hazard										
Hazard										
Hazard										
Hazard										

Active Shooter	Fire, External	Natural Gas Disruption	Trauma
Act of Terrorism	Fire, Internal	Pandemic	Tsunami
Air Quality Issue	Flood, External	Patient Elopement	Utility Failure
Bomb Threat	Flood, Internal	Patient Surge	VIP Situation
Building Move	Forensic Admission	Picketing	Water Contamination
Chemical Exposure, External	Gas / Emmissions Leak	Planned Power Outage	Water Disruption
Chemical Exposure, Internal	Generator Failure	Power Outage	Weapon
Chemical Spill	Hostage Situation	Radiation Exposure	Wildfire Smoke
Child Abduction	Hurricane	Seasonal Influenza	Workplace Violence / Threat
Civil Unrest / Protesting	HVAC Failure	Sewage Failure	Volcano
Communication / Telephony Failure	Inclement Weather	Shelter in Place	
Dam Failure	Infectious Disease Outbreak	Strikes / Labor Action / Work Stoppage	
Drought	IT System Outage	Suicide	
Earthquake	Landslide	Supply Chain Shortage / Failure	
Elopment	Mass Casualty Incident - Hazmat	Suspicious Package / Substance	
Epidemic	Mass Casualty Incident - Medical	Temperature Extremes	
Evacuation	Mass Casualty Incident - Trauma	Tornado	
Explosion	Medical Gas Disruption	Transportation Failure	
		Trauma	

Kaiser Permanente Hazard Vulnerability Analysis: Kaiser Permanente Hazard Vulnerability Analysis | Technical Resources | ASPR TRACIE

Construction / Renovation Risks

- PCRA – Pre-Construction Risk Assessment – (1) month prior to beginning of project
  - Project leadership, IC, FM, PM, Safety
- ICRA – Infection Control Risk Assessment – (2) weeks prior to beginning of project
  - IC, FM, PM, Safety, Construction Lead
- ILSM – Interim Life Safety Measures – assessed (1) week prior to event – urgently as needed
  - FM, PM, Safety, Construction Lead – email copy of permit to Facility Administrator

Construction / Renovation Risks

- PCRA's assess:
  - Materials to be disturbed (asbestos, mold, silica, dust, etc.)
  - Work methods (coring, power tools, jack hammers, etc.)
  - Known construction hazards (confined space work)
  - Possible utility shut-downs
  - Obstructed access (internal & external)
  - New penetrations is fire / smoke walls / roof
  - Security of site / facility

Construction / Renovation Risks

- ICRA assessment:
  - Infection Control during construction - preventing construction dust from escaping into unaffected areas
    - Construction Activity Level

A. inspections / non-invasive
B. small scale / short duration
C. work generating moderate to high levels of dust
D. major demolition)

    - Risk Group
      - Low – office
      - Medium - Med Surg, PT, Admissions, Out-Patient Area
      - High – ED, MRI, Radiology, PACU, L&D, Nurseries, Peds, Nuc Med, ICU, Kitchen, Pharmacy, etc.
      - Highest – Endo, Card cath., Central Sterile, OR, Dialysis, Isolation Rooms, Oncology, Immune compromised patient areas / etc. – accessing all areas around project

ICRA Classification Level Grid

ICRA Classification Level Grid				
Construction Activity	TYPE A	TYPE B	TYPE C	TYPE D
Risk Group	ICRA Level			
Low Risk	I	II	II	III / IV
Medium Risk	I	II	III	IV
High Risk	I	III	III / IV	IV
Highest Risk	III	III / IV	III / IV	IV

Construction / Renovation Risks

- ICRA assessment:
  - Level of Protection
    I. clean work methods to minimize dispersion of dust
    II. + provide means to prevent dust dispersion, seal doors, water mist, "popemobile", seal vents
    III. + isolate HVAC, complete critical barriers, continuous negative pressure, etc.
    IV. + anteroom, wet-mop with disinfectant daily or hourly

- If a construction site is under constant negative pressure with pressure monitors – should HEPA units be plugged into EM Power?

Popemobile – Wikipedia, Mobile containment kits and carts to meet ICRA Protective Coverings

Construction / Renovation Risks

- ILSM assessment:
  - What life safety countermeasures should be put into place while the normal life safety measure is out of service
    - Egress
    - Fire Alarm / Detection
    - Fire Suppression System
    - Smoke / Fire Doors
    - Smoke / Fire Barriers
    - Smoke / Fire Dampers
    - Hazardous areas not separated
    - Accumulation of debris / combustibles
    - Additional ignition sources
    - Loss of major utility system <4 hours
    - Multiple Life Safety impairments within same Smoke / Fire Zone / Compartment
  - Matrix will show what additional LS measures are to be put in place until original system is restored. There are roughly (14) additional LS measures.

A facility in NJ had an ILSM in place for 4 weeks due to a frozen fire sprinkler system during construction

Sample ILSM Matrix

Sample ILSM Matrix														
USE THE CRITERIA BELOW TO DETERMINE THE APPROPRIATE INTERIM LIFE SAFETY (ILSM) FOR CONSTRUCTION, MAINTENANCE, REPAIR, OR INSPECTION ACTIVITIES														
Unless otherwise noted below, these requirements apply to impairments of a duration extending beyond the current shift (greater than 8 hours) Check all that apply.	ILSM 1	ILSM 2	ILSM 3	ILSM 4	ILSM 5	ILSM 6	ILSM 7	ILSM 8	ILSM 9	ILSM 10	ILSM 11	ILSM 12	ILSM 13	ILSM 14
Any impairment of a required egress less than 4 hours						X					X			X
Any impairment of a required egress greater than 4 hours	X		X		X	X	X	X	X	X	X	X	X	
Fire detection ALARM system impairment greater than 4 hours ***	X	X			X	X	X	X	X	X	X		X	
Fire SUPPRESSION system impairment greater than 10 hours	X				X	X	X	X	X	X	X		X	
Problem with a single fire or smoke door hardware						X					X			
Fire or smoke barriers with unprotected penetrations						X					X			
Missing or incomplete fire or smoke barriers			X			X	X		X		X			
Missing or impaired NFPA 101 required fire or smoke dampers			X			X	X		X		X			
Hazardous use areas not properly separated from corridors			X			X	X		X		X			
Accumulation of combustibles and/or materials	X		X	X		X					X			
Temporary construction doors not latching or missing hardware			X			X					X			
Activity involving ignition sources (welding, torching)	X		X			X	X				X		X	
Major utility failure or outage affecting a life safety system greater than 4 hours		X	X		X	X	X		X	X	X	X	X	
Multiple LS impairments within the same fire or smoke zone	X		X		X	X	X	X	X	X	X	X	X	
Requires review by Facility Manager or Safety Officer prior to ILSM commencement.														
The following functions shall be actuated and considered as part of a complete fire alarm system: Release of hold-open devices for doors or other opening protectives, Stairwell or elevator shaft pressurization, Smoke management or smoke control systems, Unlocking of doors, Elevator recall and shutdown, and HVAC shutdown.														

Construction / Renovation Risks

- ILSM Monitoring:
  - Additional measure(s) put in place shall be monitored daily until the original measure in placed back in service
  - Follow-up on a deficient finding must take place ASAP, followed by documentation
  - Copies of Daily ILSM monitor sheet should be kept in project folder(s) by contractor & facility
  - Documentation can be reviewed by LS surveyor

Construction / Renovation Risks

- Other construction risks:
  - Fire watch
  - Hot work
  - Above ceiling work
  - Ladder permits
  - Utility shut-downs
  - Asbestos disturbance / abatement
  - Surgical suite constriction
  - Negative pressure monitoring
  - Proper signage and notifications
  - Use of hazardous materials
  - Project close-out and punchlist
  - Daily attendance record of contractors / vendors on site (evacuation purposes)

Fire Watch Decision Guide

Description of Fire Alarm or Sprinkler System "out of service condition"	Fire Watch Required
Multiple fire alarm or sprinkler system components out of service for less than 4 hours in a 24-hour period	No
Fewer than 5 smoke detectors in the same area out of service for more than 4 hours in a 24-hour period	No
Extinguishing system in less than a single smoke compartment out of service for more than 4 hours in a 24-hour period	No
Fire alarm in bypass mode due to testing for more than 4 hours in a 24-hour period	No
More than 5 smoke detectors in the same area out of service for more than 4 hours in a 24-hour period	Yes
Extinguishing system in more than a single smoke compartment out of service for more than 4 hours in a 24-hour period	Yes
Any combination of fire detection and extinguishing devices out of service for more than 4 hours in a 24-hour period at the same time	Yes
Failure of a fire alarm control or annunciator panel (any length of time).	Yes
Failure of entire extinguishing system (any length of time)	Yes
Failure of the fire pump (any length of time)	Yes
Failure of generator supplying life safety branch and fire pump (no backup generator, any length of time)	Yes
Requirements for a fire watch are determined by the Facility. NFPA 101, section A.9.6.1.6 states "It is the intent of the code to require notification of the AHJ for a single non-operating device or appliance.	

Forms / Documents / Templates

MedPro and outside agencies have a vast catalog of forms and templates to assist with rounding, construction etc.

Please feel free to contact me for assistance – contact information will be displayed on the last slide

Thousand Word Summary

- This presentation covered MedPro's internal rounding reports and results from various healthcare facilities (behavioral health, hospital, critical access hospitals, long-term care facilities and private practice occupancies) surveyed in 2025, we even had a little fun with the "You really saw that!" section
- We reviewed Security Incidents / Risks, discussed Security Assessments and prevention tactics
- Workplace Violence and Safety Risks were next, we reviewed the Workplace Violence & Safety Risk Assessment templates
- Lastly, we cut into Construction Risks where we discussed more alphabet soup with PCRA's, ICRA's, ILSM's and GCR's (general construction risks)
  - Construction during an accreditation organization's survey will be heavily reviewed. Ensure all your paperwork is airtight, no pun intended. The Life Safety surveyors can smell construction activities!

Please Note

Materials were created for NNESHRM's Conference.

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Thank you.

Questions / Contact Information

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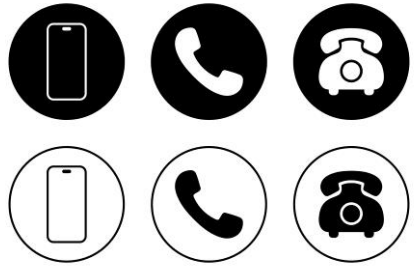

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