

FORSYTH MEDICAL CENTER'S
PUBLIC SAFETY TEAM



"PRIDE, SERVICE, TRUST"



CONSIDERATIONS WHEN ARMING HOSPITAL SECURITY OFFICERS



PRESENTATION TO THE
SOUTHEASTERN SAFETY
AND SECURITY
HEALTHCARE COUNCIL

**Myrtle Beach, South Carolina
May 8, 2008**



ANTHONY N. POTTER

CHPA-F, CPP, FACHE, FAAFS

DIRECTOR OF PUBLIC SAFETY

- Formerly certified as a police and/or security firearms instructor by the National Rifle Association and the States of Florida, Georgia, Ohio and Pennsylvania
- NRA Distinguished Police Marksman
- Testified as an expert witness in numerous civil and criminal cases involving firearms and the use of deadly force in both federal and state courts
- Author of *Considerations When Arming Hospital Security Officers* (IAHSS: 2003, revised 2006)



*“One must not put a loaded rifle on the stage
if no one is thinking of firing it.”*

– Anton Chekov, 1889



QUOTES ON HOSPITAL VIOLENCE

“There was at one time, an unspoken rule that medical facilities were exempt from the fighting and violence that went on in the surrounding community...*Such rules no longer exist* (emphasis added). The violence that brings many people to the emergency room no longer stops at the door; it accompanies patients, presenting a threat to staff, other patients, and visitors to the facility as well.”

– The Joint Commission

“The prevalence of handguns and other weapons—as high as 25 percent—among patients, their families and friends” is cited as one of the factors increasing the risk of work-related assaults against healthcare and social service workers, together with “The increasing use of hospitals by the police and the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals.”

17.3 percent of psychiatric patients searched were carrying weapons.

– Occupational Safety and Health Administration



CONSIDERATIONS WHEN ARMING SECURITY OFFICERS

Generic:

- First, is it probable that the officer will encounter the use of deadly force in attempting to carry out his duties?
- Second, will the weapon serve as a deterrent to criminal activity?
- Third, will the officer's post and duties allow him to use his weapon safely if required?
- Finally, are the officers to be armed capable of assimilating the training and exercising the judgment necessary to carry firearms?

– *Security Management*

Healthcare- Specific

- The institution's history with violent incidents;
- The institution's location;
- The population served; and
- The crime rate in the surrounding community from which police would bring patients.

– *Creating a Secure Workplace: Effective Policies and Practices in Health Care*



WHAT ABOUT LAW ENFORCEMENT RESPONSE TIME?

One frequently-mentioned criterion for arming or not arming hospital security officers is local law enforcement response time (Sells, *Security in the Healthcare Environment*). Since the vast majority of incidents requiring the use of deadly force by hospital security officers are of an immediate nature, outside law enforcement response time is irrelevant. A hospital security officer faced with a situation requiring the use of deadly force in self-defense or defense of others cannot rely on a timely law enforcement response.

“It’s better to have a gun and not need it than to need it and not have it.”

– Mark K. Shilling, former
Director of Security
Rush-Presbyterian-St. Luke’s
Medical Center, Chicago



THE DETERRENT EFFECT OF ARMED SECURITY OFFICERS

“Our society tends to relate the unarmed officer with the proverbial guar or night watchman: unequipped, untrained, with no power or authority. The presence of a revolver on his hip, however, equates the officer with the police in terms of authority and respect. While these suppositions have no basis in fact, they do represent the thinking of the majority of the public today, including the criminal element. Since the basic purpose of any professional security force is prevention rather than apprehension, the importance of the armed officer as a deterrent to criminal activity must be considered.

– James D. Sanders, late editor of
Security Management

“If you accept the logic that a security officer is a deterrent, than it follows that an armed security officer is an even stronger deterrent.

– Russell L. Colling
Founding President of the IAHS



HOWEVER....

Always remember that if your security officers are armed, you will be introducing a firearm into every situation to which they respond, whether or not deadly force may be needed.

As Chekov observed,

“One must not put a loaded rifle on the stage if no one is thinking of firing it.”



POINT TO PONDER

Also, remember that over the past twenty years the majority of hospital security officers shot while on duty were either shot with their own guns or with a gun taken from another officer. That's what happened to Officer Derrick McFarland at Montgomery Regional Hospital in Blacksburg, Virginia in 2006.

FBI statistics once showed that 18-20% of slain law enforcement officers were disarmed and shot with their own handguns, but the use of secure holsters and weapons retention training had reduced that to 5% by 2001.

Are you willing to make the same commitment in equipment and training if you arm your officers?



DECISIONS WHEN ARMING HOSPITAL SECURITY OFFICERS

- Legal authority
 - Armed security officer (NCGS 74C-13)
 - Law enforcement officer (Private or Campus Police Officer)
- Officer selection
 - Psychological testing is essential
- Firearms Training and Qualification
 - NCPPSB
 - BLET
- Firearm (consider the same sidearm carried by local law enforcement)
 - DAO or striker-fired
 - Safety features (magazine disconnect)
 - Laser sights
 - PistolCam



- Ammunition (not necessarily the same as carried by local law enforcement)
 - Maximum stopping power
 - Limited penetration
 - Minimum ricochet potential
- Holster (Level III retention)
- Alternative Weapons
 - Aerosol irritant (OC foam)
 - Impact (ASP, standard baton)
 - Electronic (Taser)
- Ballistic vests
- Policies and Procedures
- Use of Force Continuum



NOVANT HEALTH'S USE OF FORCE CONTINUUM

Novant Health has both armed and unarmed Public Safety Officers. We do not currently carry Tasers. Our corporate *Use of Force Continuum* applies to all officers at all facilities.

1. **Officer Presence.** Psychological force established through the PSO's arrival in the area and symbols of authority such as the uniform. The PSO's positioning, stance, and use of a reaction zone aid in the control of confrontations and facilitate officer safety.
2. **Verbal Direction and Control.** Conversation, advice, commands or instructions are utilized by PSOs to control or de-escalate a situation.
3. **Soft/Empty Hands.** Weaponless, used as directional control of subjects. A cupping of the elbow to escort or a hand to the chest to stop an aggressive action.



4. **Aerosol Chemicals (PSOs Authorized to Carry OC Pepper Foam Only).** Use of O/C Pepper Foam to stop an aggressive action and protect the Public Safety Officer or others within his control from harm.
5. **Hard/Empty Hands:** Use of physical contact to include touching, assisting, grabbing, and joint manipulations. Used mainly when subject is being detained for arrest and the PSO reasonably believes it is necessary to control the subject's movement for the safety of patients, visitors and staff, including the PSO(s) involved.
6. **Impact Weapons (PSOs Authorized to Carry ASP Batons Only).** Use of expandable baton in accordance with recognized training methods to impede subject movement and protect the Public Safety Officer or others within his control from assault or serious bodily injury.
7. **Deadly Force (PSOs Authorized to Carry Firearms Only).** Any force that may result in serious injury or death.



CMS CONDITIONS OF PARTICPATION

WARNING: CMS does not consider the use of weapons, such as aerosol foam or spray, batons, Tasers, etc. as safe, appropriate healthcare interventions. Make sure that your officers are trained not to use these weapons on patients. ***This includes off-duty law enforcement officers working at your hospital, whether they are employees, independent contractors, etc.***

At Novant Health, the only exception to the above will be when a PSO reasonably believes it is necessary to stop a patient from creating the risk of serious injury or death to him/herself or another person and no other means are available to do so. If a weapon is used on a person in a Novant Health facility (patient, staff, or visitor) to protect people or property from harm, the situation will be handled as a criminal activity and the perpetrator turned over to local law enforcement.

– CMS State Operations Manual, Appendix A, Section 482.13(f)

DISCLAIMER: The above information is not intended for the guidance of or use by any other organization. You are advised to seek input from your legal counsel when developing your hospital's use of force continuum and guidelines for compliance with CMS ***Conditions of Participation.***



WHEN A FIREARM IS USED BY A HOSPITAL SECURITY OFFICER

Estate of Billy Ray Oxendine

v.

Southeastern Regional Medical Center, et al.

HOSPITAL SECURITY GUARD SHOOTS, KILLS PATIENT'S FATHER



ROBESON DA RULES HOSPITAL SHOOTING JUSTIFIED



**JURY FINDS HOSPITAL,
SECURITY OFFICER
NOT LIABLE IN
SHOOTING DEATH**



QUESTIONS?