Preventing Active Shooters & Workplace Violence in Healthcare

Presenter: Caroline Ramsey-Hamilton
chamilton@riskandsecurityllc.com
MEET CAROLINE RAMSEY-HAMILTON, ACTIVE SHOOTER HEALTHCARE RISK EXPERT, ANALYST & FUTURIST for hospitals, academic medical centers, behavioral health, ASCs and organizations across the US, including Florida Healthcare Coalitions, and facilities including financial institutions, manufacturing, law enforcement, law offices, county, state and federal governments and many more.

Certified in Homeland Security (CHS-III), Anti-Terrorism (ATAB), CMS All-Hazards Assessments, Active Shooter Training and Drills and Security Risk Assessments

Assessment Group: Co-wrote the Coast Guard Risk & Vulnerability Assessment Model for Port Security; Participated in National Institute of Justice on Assessment Models for Homeland Security. Board member IAHSS South Florida Chapter; Member, ASIS International, Information Technology & Physical Security Councils; Lifetime Achievement Award – Anti-Terrorism Certification Board – Developed Standard to Prevent Medication Errors in Pediatric Patients with the Dept. of Homeland Security and Philadelphia Children’s Hospital.

Works with hundreds of hospitals including University of Texas, MDAnderson Cancer Center, Magellan Health, Cleveland Clinic, Medical City Dallas, Parrish Medical, Sutter Health, The Villages, Magellan Health, Baxter, Sheik Khalifa Medical City in Abu Dhabi, Henry Ford Health, Mills-Peninsula Hospital, Community Health, Federal Agencies and all 50 State Governments doing Security Risk Assessments in the U.S. & around the world!
I KNOW IT CAN HAPPEN HERE!

This is not about Gun Control. It is not about Politics. It is not about not being a welcoming place!

It is about PROTECTING patients, nurses, doctors, staff and visitors by using Appropriate Security Elements that reduce or even prevent Active Shooter incidents, and IMPROVE CMS COMPLIANCE.
NEW FBI REPORT from April, 2019

Active Shooter Incidents in the United States in 2018
Everbridge & Security Management Active Shooter Preparedness Survey
Weapons Are Increasing in Healthcare Facilities

• The Cleveland Clinic’s CEO, Dr. Tom Mihaljevic, said violent incidents have increased for the past three years, with 30,000 weapons confiscated last year in it’s facilities in Northeast Ohio.
Security & Safety are REALLY about

**COMPLIANCE & LIABILITY**

1. CMS Final Rule on Emergency Preparedness

2. THE OSHA GENERAL DUTY CLAUSE requires employers to maintain a safe environment, free of threats.

OSHA 3128 is Workplace Violence Prevention Program for Healthcare
OSHA reports that 75% of workplace assaults occur in the healthcare (and social service sectors).

Healthcare workers are four to eight times more likely to suffer from injuries related to workplace violence that require time off from work than other kinds of injuries, according to the Bureau of Labor Statistics (BLS).
• The Joint Commission (TJC) listed these facts in the latest Sentinel Event Alert #59 and added that TJC data show 68 incidents of homicide, rape, or assault of hospital staff members over the past eight years—and that is only based on what hospitals report voluntarily!

• The most common characteristic exhibited by perpetrators of workplace violence, according to the Alert, is altered mental status associated with dementia, delirium, substance intoxication, or decompensated mental illness. Also, one study showed that patients in police custody within a health care setting are involved in 29 percent of shootings in emergency departments, with 11 percent occurring during escape attempts.
Locations of Mass Shootings in 2018
2018 Shootings by State

The 27 active shooter incidents occurred in 16 states.
- Four incidents occurred in California.
- Three incidents occurred in Florida.
CALIFORNIA READY TO LAUNCH NEW WORKPLACE VIOLENCE PREVENTION INDUSTRY STANDARD WHICH WILL APPLY TO FOR EVERY EMPLOYER IN THE STATE

In the recent rash of mass shooting and workplace violence incidents, like Gilroy shootings, San Bernardino massacre, the Borderline Grill shootings, and the Morgan Hill Ford dealership shootings, California, like the rest of the country, has agonized over how to prevent workplace violence incidents. Attacks happen not only in places open to the public (a festival, county offices, and a bar), places where people work. The State of California is responding with workplace violence regulations for every employer in the state.

Many new laws and regulations have been passed, that are aimed at preventing workplace violence of all types, including “active shooter” incidents. The most recent set of proposed regulations, which could become final as early as later this year, is holistic and requires a partnership between workers and employers. As a result, it requires significant resources dedicated to training, prevention, emergency response, reporting, and record keeping. These new California regulations will be a model for similar laws in states across the country as well as under the federal Occupational Safety and Health Act.

The most recent draft includes the following components for workplace violence prevention programs:

1. A written workplace violence prevention plan containing various elements including identifying, evaluating, and investigating hazards; employee communications; and procedures for reporting concerns. The proposed regulations also include requirements like addressing methods that an employer should use to implement the plan in conjunction with other employers on multi-employer worksites, as well as procedures to respond to workplace violence incidents, and emergencies, including active shooter threats. Further, the plan must be reviewed periodically and after any workplace violence incident that results in an injury.

2. A violent incident log, which must describe in detail each and every incident, post-incident response, and workplace violence injury investigation.

3. The plan, including a list of affected employees must be available to the California Occupational Safety and Health (OSHA) agency on request.

4. The plan must be posted in the workplace and communicated to all employees in a manner that ensures comprehension.

5. Training and education programs must be implemented that include both management and employee training.

6. Regular reviews of the plan are required to ensure that it remains effective and up-to-date.
4 Dead in Shooting Rampage at Mercy Hospital, Chicago. Victims included Young Police Officer, an Emergency Room Doctor, a Pharmacist, and the shooter. Witnesses Report Total Chaos as the Doctor’s ex-Finance Attacked and Killed Her

A young Chicago police officer, an ER Doctor and Pharmacist were killed in an attack at a South Side hospital Monday afternoon that sent medical personnel and police running through the hospital’s halls, stairwells and even the nursery in search of victims and the shooter before he was found dead from a gunshot to the head.

Police had been called to the hospital after the ex-fiance, Juan Lopez, 32, confronted emergency room doctor Tamara O’Neal, apparently over a “broken engagement,” sources said. By the time police arrived on the scene. Lopez had shot O’Neal repeatedly, standing over her as he fired the last shots, according to police sources and witnesses. “When they pulled up, they heard the gunshots, and they did what heroic officers always do — they ran toward that gunfire”, said Police Superintendent Eddie Johnson.

Michael Davenport, Mercy’s chief medical officer, said the hospital had conducted an active shooter drill last month. About 200 patients were being treated in the hospital on Monday, but authorities only evacuated the emergency room. The hospital’s emergency plans include barricading doors and ensuring patient safety.

Witnesses reported total confusion initially; when it was unclear how many people had been shot, how many police were there, and how many shooters there were. As dispatchers and responding officers tried to make sense of the scene, reports came in of an officer shot somewhere in the lobby, a woman and an assistant also wounded. Finally, there was word of the gunman apparently shot in the head.
LIABILITY & COMPLIANCE
OSHA – The General Duty Clause

The OSHA general duty clause, Section 5(a)(1) of the Occupational Safety and Health Act, requires that each employer furnish to each of its employees a workplace that is free from recognized hazards that are causing or likely to cause death or serious physical harm. May 6, 2011
Reduce Liability By Avoiding CRIPPLING FINES

• OSHA Can fine up to $250,000 for non-compliance, and still private citizens can sue the company.

CMS Centers for Medicare and Medicaid can stop reimbursing healthcare organizations for NOT providing a safe environment, and lose millions of dollars in reimbursements (usually 50-80% of a healthcare organization’s revenue!)

Lack of Security is not a Legal Argument

• McDonalds was sued for $27 million after 2 died in fight in McDonalds parking lot in College Station, Texas, and lost.


• StanfordHealth sued for $82 Million after woman ran over Director of Lawrence Livermore Labs and lost the suit.

• Families of Parkland students who were killed are filing lawsuits, totalling over $25 million dollars.
FORECAST – Expect a 10-20% Increase in Healthcare Active Shooter Incidents

1. Active Shooter situations are still the “Top Threat” for 75.6% of respondents, an increase from 69.0 percent in 2016.

2. Workplace Violence, by 64.7% of respondents.

3. Natural Disasters, by 62.9% of respondents.
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<thead>
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<th>2016</th>
<th>2018</th>
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<tr>
<td>Active shooter situations</td>
<td>69%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Workplace violence</td>
<td>61.8%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Natural disasters</td>
<td>49%</td>
<td>52.2%</td>
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<tr>
<td>Cyber-crime</td>
<td>38.2%</td>
<td>42.1%</td>
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<tr>
<td>Executive protection (i.e. travel security)</td>
<td>17%</td>
<td>21.9%</td>
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<tr>
<td>Organizational malfeasance</td>
<td>12.7%</td>
<td>20%</td>
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<tr>
<td>Supply chain issues</td>
<td>19.9%</td>
<td>20%</td>
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<td>Chemical, biological, radiological, nuclear release</td>
<td>22.5%</td>
<td>19.9%</td>
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<td>Product tampering</td>
<td>11.6%</td>
<td>15.7%</td>
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<td>Other – Write in</td>
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<td>5.4%</td>
</tr>
<tr>
<td>None of the above</td>
<td>1.9%</td>
<td>2.9%</td>
</tr>
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</table>
Illinois Hospitals to Face Requirements Designed to Reduce Violence Against Nurses

Friday, December 28, 2018

The Illinois Health Care Violence Prevention Act mandates hospitals and other healthcare providers to comply with requirements aimed at protecting their workers from violence. Beginning January 1, 2019, healthcare providers in Illinois will need to implement specific violence-prevention policies outlined in the Act (Public Act 100-1051).

The Act imposes certain duties on employers of healthcare workers, including creating workplace violence prevention programs and providing services to those affected by incidents of violence.

Preventive Duties

Healthcare providers must post a notice stating that verbal aggression will not be tolerated and that physical assault will be reported to law enforcement. Additionally, providers will be required to implement a workplace violence prevention program that complies with the Occupational Safety and Health Administration (OSHA) guidelines for preventing workplace violence for healthcare and social service workers.

The program also must include:

- The four classifications of workplace violence set forth in the Act;
- Management commitment and worker participation, including nurses;
- Worksite analysis and identification of potential hazards;
- Hazard prevention and control;
- Safety and health training with required hours, to be determined later by rule; and
- Recordkeeping and evaluation of the violence-prevention program.
The bill requires OSHA to issue a federal workplace violence prevention standard, requiring employers in the health-care and social-service sectors to develop and implement a plan to identify and mitigate workplace violence.

Violence is now the third-leading cause of workplace deaths, resulting in nearly 29,000 serious injuries every year.

Nurses, medical assistants, and emergency responders face some of the greatest threats, suffering more than 70 percent of all workplace assaults.

Women workers are also at particular risk, suffering two out of every three serious workplace violence injuries.
What factors are at work?

1. Revenue problems have prevented some hospitals from putting in needed controls.

2. There is still a disturbing “IT CAN’T HAPPEN HERE’ mentality.

3. Older administrators are hanging onto the idea of a hospital or healthcare facility as a “place of refuge”.

4. Many are not aware of potential fines, are not aware of potential liability and ‘wrongful death’ lawsuits.

5. Do not understand that certain elements are REQUIRED - not a choice anymore.
May Lead to *Direct Loss of Medicare and Medicaid Reimbursements* for 17 Providers including Hospitals and Healthcare Facilities & REQUIRES ACTIVE SHOOTER Assessments and TRAINING
The Centers for Medicare & Medicaid Services (CMS) published in the 2016 Federal Register a proposed rule that would establish emergency preparedness conditions of participation (CoPs) and conditions for coverage (CfCs) that hospitals, critical access hospitals (CAHs) and 15 other provider and supplier types would have to meet in order to participate in the Medicare and Medicaid programs.

CMS has identified four key areas:

1. **Annual Risk assessment and planning based on an “all hazards” approach;**

2. **Emergency Policies and procedures based on risk assessment and planning;**

3. **Communications plan;**

4. **Training and Drills**
CMS is Still a “NEW” Requirement

Senior Management does not understand the range and reach of CMS, especially regarding:

1. Having current Annual All-Hazards Risk Assessments each facility separately.

2. Having an updated Emergency Preparedness Plan that matches the Risk Assessment- annually

3. Having a Mass Notification /Event Management Communications System to alert & communicate internally and externally, with other agencies.

4. Having Annual Emergency Training for ALL STAFF including Active Shooter and Workplace Violence Incident Response

5. Having 1-2 Emergency Drills per year.
INTEGRATING ACTIVE SHOOTER INCIDENT PLANNING INTO HEALTH CARE FACILITY EMERGENCY OPERATIONS PLANS

ASPR

FEMA
RISKAlert Report: # 1112       February 28, 2019       West Palm Beach, Florida

The FBI were on scene at the West Palm Beach VA Medical Center on Wednesday night, where an Emergency Room Doctor was Shot in the Neck, by a double-amputee in a wheelchair.

The Emergency Room Doctor is being called a hero, after he got the gun away from the 59-year-old wheelchair patient, identified by the FBI as Larry Bon.

As reported by the Sun Sentinel, Bon arrived at the hospital early that morning in an agitated state. Staff members were checking his emotional state, but didn’t realize that he had hidden a gun. A tech was in the restroom with the man when he started loading his gun and came out shooting. He shot the doctor in the neck, and a bullet grazed another staff member.

The hospital was under lockdown for two hours, an employee said.

The director of the medical center, Donna Katen-Bahensky, issued this statement:

“An incident has occurred this evening at the West Palm Beach VA Medical Center. There is no danger to patients or staff at this time and the area has been secured. We are working with local law enforcement and the investigation remains ongoing.”

LESSONS LEARNED:

1. Healthcare workers are an higher risk of having a violent assault or Active Shooter incident than other professions.

2. Access Control and metal scanning is a critical aspect of keeping staff and patients safe and avoiding gun incidents.
What Can Healthcare Organizations Do to Achieve Full Compliance and Reduce Potential Liability?
CMS has identified Four Key areas for CMS (and OSHA) Compliance

1. Annual Risk assessment and planning based on an “all hazards” approach;

2. Adjusted Emergency Policies and procedures based on risk assessment and planning;

3. Communications Systems and Plans;

4. Training FOR ALL STAFF and 1-2 Drills per Year
STEP ONE – All-Hazards Risk Assessment on Each Separate Facility Every Year

- Complete an All-Hazards Security Risk Assessment every year, for every facility separately.

- Must incorporate the most current threat data and cannot be a checklist or spreadsheet.
Easy 5 Step Guide For Active Shooter Security Risk Assessments

1. **Analyze & Update All Threat & HVA Data**
   *Blending Industry Data & Local Incident Data*

2. **Identify Criticality of Assets**
   *To Add Context to the Assessment – Including The Dollar Value of What Security Protects.*

3. **Survey Staff to Measure Their Compliance & Awareness**
   *Use auto-surveys to save time and get to more people.*

4. **Analyze & Rate Implementation of All Potential Controls**

5. **Prepare Action Reports Based on ROI**
   *Easy Enough for a Board Member to Understand*
Step Two

- Annually Update the Emergency Plan, Policy and Procedures Based on the Results of the Risk Assessment.

- For Example, problems with Rapid Sea Level Rise, or

- Increase in Local Violent Crime Rate or Increase in Workplace Violence Injuries (OSHA 300 Series).
STEP 3 - Invest in Better, More Complete Communication Systems

• To Communicate Internally – Warn Entire Staff in Case of an Active Shooter Unfolding Incident

• Warn other Local, State and Federal Agencies and other healthcare providers in the area.
Step 4 – Annual Training and Annual Drills

- Must include ALL STAFF, even maintenance workers!
- Must be done ANNUALLY and include Active Shooter and Workplace Violence knowledge
- One Community-Based Drill per year, and one additional drill.
- Second Drill Can Be a Tabletop
In late 2018, Everbridge, in partnership with Security Management magazine, surveyed 630 corporate security and emergency preparedness leaders regarding their active shooter incident preparedness, response readiness and overall perceptions of evolving threat. This October 2018 survey served as a follow up to Everbridge’s 2016 survey on the same topic, assessing how preparedness has changed in the past two years, if at all.

Unfortunately, active shooter situations are continuing to increase in frequency, forcing businesses and other organizations to consider placing a greater emphasis on preparing for this potentially tragic and devastating event.

Since our last Active Shooter report in 2016, there have been 686 mass shootings involving over 3,100 casualties in the U.S. 810 people tragically lost their life during these attacks. The focus of this research report is to investigate whether increased awareness of the issue has translated into enhanced facility and safety measures, as well as overall improved organizational preparedness by businesses and organizations across the country. The report also takes a look at the most common security challenges surrounding the issues that today’s companies must deal with in order to ensure they are truly ready to respond to such incidents.
Security Company Found Negligent in Workplace Shooting in Kraft Philly Cracker Factory for more than $46 million

- In a *surprise verdict, based on the Kraft 2010 workplace violence shooting*, a jury in Georgia has awarded more than $46.5 million dollars to the families of two female workers, Tanya Wilson, 47, and LaTonya Brown, 36, who were shot to death by a co-worker who had been suspended from work, returned just minutes later with a handgun, which she used to kill two co-workers, and severely injure a third worker, Bryant Dalton.
Lack of Security is not a Legal Argument

• McDonalds was sued for $27 million after 2 died in fight in McDonalds parking lot in College Station, Texas, and lost.


• Stanford Health sued for $82 Million after woman ran over Director of Lawrence Livermore Labs and lost the suit.

• Delnor Hospital Settlement, 4 Nurses Received $7.8 Million for Being Traumatized, Raped by Patient.
4 Nurses were Awarded a $7.8 Million Dollar Settlement, after they were attacked in 2017 at Northwestern Medicine DeNorn Hospital by a hospitalized jail inmate after his shackles were removed to allow him to use a restroom.

The four nurses sued Kane County, Illinois; Deputy Shawn Loomis, who was guarding the inmate, identified as Tywon Salters; and Apex 3 Security LLC, the hospital’s security contractor over the 2017 Incident.

The inmate, had been hospitalized for surgery after he ate a plastic jail sandal. He had been in restraints, but Deputy Loomis had unshackled him to use the restroom. The inmate went to the restroom, and Loomis failed to re-shackle him when he returned. Salters overpowered the Deputy and took his gun.

He then took Nurse #1 hostage at gunpoint, taking her to an office and demanding she give him her clothes. Then Nurse #2 entered the room, and Salters took her hostage. He took both women to the first floor ambulance bay. When Salters saw police arriving, he forced her into a decontamination room, where he held her for several hours at gunpoint. According to the lawsuit, Salters hit Nurse #2 with the gun, threatened to kill her, and raped her.

The police records said he used Nurse #2’s smartphone to call his relatives and to talk to the police. When the officers heard him fire the gun, they ran into the room and killed Salters. In the settlement, Nurse #1 received $7.2 million dollars; Nurse #2 received $500,000, and two other nurses, who were on the third floor, each received $25,000. The nurses were never publicly identified.

In court, the nurses claimed that the hospital and Kane County deputies, and the security company knew that Salters was a danger to himself and others, because he had been hospitalized the week before for swallowing hydrogen peroxide at the jail and had been placed on suicide watch. The lawsuit said that Salters previously served time in prison for armed robbery. He knew if he was convicted of another felony he would face a sentence of six to 30 years.

They also said that in the days before the incident, nurses had seen Kane County deputies using their personal cellphones and laptop computers when they were watching Salters, and that one had been caught sleeping. They also said that when Deputy Loomis was attacked, he did not report it, but hid it in a hospital room.

LESSONS LEARNED:

1. Inmates who are being treated in a hospital frequently try to use violence to escape. They make the calculation that it’s much easier to escape from a lightly guarded hospital, than a maximum security prison. Deputies and security officers need to maintain a high level of vigilance.

THANKS FOR READING THE RISKAlert Report®
Why Policy & Procedures for Active Shooter can Mean LIFE OR DEATH

• Policy and procedures can be BORING

• Sheriff Israel changed to policy to say “Deputies “may” intervene in such situations

• After the Parkland shooting, he changed the policy to “a mandate that deputies have to try to confront active shooters;
HOW DOES THESE TRAGEDIES RELATE TO YOUR HEALTHCARE ORGANIZATION?

IT GIVES YOU A ROADMAP ON HOW TO KEEP YOUR STAFF AND ORGANIZATION SAFE and SECURE

Follow our Web Site and Sign up for RISKAlerts for Information on Getting Involved:

Plan to Get a Professional Security Risk Assessment for Active Shooter that you can use as a Baseline!
How to Get a Enhanced Protection Program Funded

• Share information with Management – Videos, White Papers, and News Articles

• Get Comments from Staff Supporting Additional Security

• Start with a Simple One-Day Active Shooter Assessment

• Point out the Downside Potential Liability

• Get Approval for a PILOT PROGRAM
Address Potential Reputational Loss and Financial Liability

- Reputation Loss Can Affect State Funding
- Incidents Create **Millions of Dollars in Liability** if an incident Occurs
- Explain that having the Active Shooter Assessment Done actually protects you, even if an incident occurs
- **Can insulate the organization from sanctions & monetary fines.**
CMS Security Risk Assessments Creates a Continuous Cycle of Improvement

- Identify Asset Criticalities
- Quantify Threats Real Numbers!
- Evaluate Controls
- Survey Staff 4 Compliance
- Report = Action Plan
**Step 1. Identify ASSETS AT STAKE**

*That could be damaged by an Incident Threats*

- Salaries of Medical Personnel
- Salaries of all Admin Personnel, Maintenance etc
- Facilities - List Dollars Amounts to Replace Add
- Costs for IT Equipment, Infrastructure
- Medical Devices, Supplies & Equipment
- Vehicles, Mechanical Systems, A/C etc.
- Costs for Security Systems
STEP 2. Aggregate Threat Threat Data with Real Numbers

- Include *internal* incident Reports including industry, National Stats

- Incorporate industry reports, , DHS, FEMA, NFPA, State & County Governments, Data from Other Industries

  FBI Uniform Crime Index Data
  Geographic, Regional Data, All Hazards Data

- Active Shooter – Mass Casualty Data for the U.S.
## Threat Stats

<table>
<thead>
<tr>
<th>Threat Category</th>
<th>How often Threat occurs per year</th>
<th>Industry Data</th>
<th>State-County Data</th>
<th>UCI Uniform Crime Index</th>
<th>TOTAL Incidents Per Year</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Active Shooter</td>
<td>.3</td>
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STEP 3. Evaluate the State of Existing Controls

• **Measure Controls by % of Implementation:**
  - 0 - Not Implemented
  - 50% - Partially Implemented
  - 100% - Fully Implemented

• **Find the weaknesses in:**
  Use of Existing Controls - are they used correctly?
  Training on Existing Controls - are staff trained?
  Are New Controls properly introduced to staff?
## Examples of Potential Active Shooter Controls

<table>
<thead>
<tr>
<th>Access Control Card Systems</th>
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</thead>
<tbody>
<tr>
<td>Alarms, Panic</td>
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<tr>
<td>Active Shooter Policies &amp; Procedures</td>
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<tr>
<td>Barriers, Gates</td>
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<td>Bomb Threat Procedures</td>
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<tr>
<td>Bullet-Proof Glass</td>
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<tr>
<td>Camera Cover</td>
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<td>Cameras, Active Monitoring</td>
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<td>Communications, Emergency</td>
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<td>Disaster Recovery Plans</td>
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<tr>
<td>Emergency Plans</td>
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<td>Emergency Generators</td>
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<tr>
<td>Incident Response Plans</td>
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<tr>
<td>Radio-Phone-Pager Compatibility</td>
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<tr>
<td>Security on Site</td>
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<tr>
<td>Workplace Violence Program</td>
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</table>
Automatically Calculate Recommended Controls and Prioritize by Return On Investment

Controls with Cost Benefit - Return on Investment

- Security Staff: $15,151.52
- Water Drainage / Alarms: $15,000
- Water Supply: $14,619.88
- Fire Detection System: $14,285.71
- Security Officers: $10,101.01
- Portable Fire Extinguishers: $10,000
- Fire Alarms: $9,900.99
- Disaster Recovery Plan: $7,944.92
- Security Control Center: $7,575.76
- Safety / Emergency Lighting: $7,407.41

Lists Controls by the Best ‘Bang for the Buck’
The Bottom Line

Guarantee Compliance AND Reduce Liability
Prevent Active Shooter Incidents Before They Happen

• Talk to Management about what you need to secure your facility

• Lack of Security is not considered an Effective Legal Argument after an Active Shooter Event.

• Start with a ACTIVE SHOOTER Risk Assessment, by performing integrated, Security Risk Assessments and get the ‘best bang for the buck’

• STAY INFORMED: Write me for more Detailed Information
caroline@riskandsecurityllc.com
Caroline Ramsey-Hamilton
caroline@riskandsecurityllc.com
Risk & Security LLC

Come meet me at the IAHSS Orlando Conference in May in Phoenix, Arizona

RISK & SECURITY LLC
Parkland, Florida