ALTERNATE CARE SITES (ACS): Addressing the Security, Fire Safety + Emergency Management Imperatives
Surging Immediately to Protect the Nation’s Healthcare System

Across the country, the U.S. Department of Health and Human Services (HHS), the Department of Homeland Security (DHS) and the U.S. Army Corps of Engineers (USACE) are partnering with dozens of federal, state and local entities to quickly establish surge locations and alternate care sites.

This partnership includes hundreds of hospitals and other healthcare organizations to build out the infrastructure that can accommodate the expected millions of coronavirus cases and other non-COVID-19 patients and reduce the burden on the nation’s healthcare system.
The risks confronting alternate care sites include:

- Ability to adequately secure valuable medical equipment and personal protective equipment (PPE)
- Effectiveness of controls securing pharmaceuticals
- Vulnerability to major emergencies (e.g., tornadoes, fire, civil unrest)
- Unknown patient population that includes patients with mental health issues, substance dependence and other undisclosed issues
- Challenges in protecting medical staff and patients in a high-stress, life-and-death crisis environment

Exposure of medical staff, patients, equipment and operations to reckless, dangerous and even violent behaviors from individuals including:

- Distressed family members
- Patients with mental health or substance dependence issues
- Members of the public disturbed by the presence of the ACS and its COVID-19 patients
- Criminals ready to capitalize on opportunities
- Terrorists intent upon carrying out a mass-casualty attack
Subject matter experts will complete the following assessments:

- **Life Safety:** Review that determines whether the facility and layout meets the minimum LifeSafety Code® requirements (e.g., means of egress, fire protection features, fire response procedures).

- **Emergency Management:** A baseline Hazard Vulnerability Assessment (HVA) to identify potential risks and threats to the ACS. This process determines the priorities for developing policies and procedures followed by the delivery of training.

- **Disaster Codes or Plain Language Use:** Determination of the appropriate methods for communications in a fire or other disaster.

- **Hospital or Long-term Care Incident Command System:** Simplified approach.

- **Communication Plan:** Explanation of the needs of leadership, staff, patients and families. Also definitions of the various regulatory requirements for healthcare facilities.

- **Fire Evacuation Planning:** Protocols for fire response and staff and patient movement. We have the most fire protection engineers in North America to meet these needs.

- **Disaster-Specific Responses:** Description of responses including, but not limited to, events such as a bomb threat, civil disturbance, earthquake, fire, internal flooding, loss of central services (including emergency power system), severe weather.

- **Training:** Online or on-site training for staff on actions to take in specific emergency procedures.
ACS Security Master Plan Development

The best way to ensure a cohesive and coordinated approach to security at any surge or ACS location is to develop a Security Master Plan that identifies a range of important information – from the security organization’s key resources, roles and responsibilities to critical guidance that helps the security team prioritize its activities, allocate expenditures and adapt quickly to changes in the operational or threat environments. Important areas of the plan our outlined below.

**EXTERIOR SECURITY**

- Review existing conditions of the site or facility to develop a plan on how healthcare staff, patients and visitors, vehicles, medical supplies and materials can access the location and the immediate surrounding area.
- Develop an exterior security plan to maintain an outer perimeter in consultation with local and state law enforcement and, when appropriate federal authorities, to limit unauthorized approach and access.
- When appropriate, integrate multiple tactics — such as road closures, traffic — flow restrictions, security buffer zones, vehicle and personnel checkpoints, anti-terror measures, physical security and crime prevention — to create an effective, prevention-oriented security program.

**SECURITY CHECKPOINTS**

- Evaluate existing conditions to determine appropriate locations for vehicle and personnel entry points. Develop and implement security checkpoints. This may include pre-registration procedures, authorized staff, vehicles, vendors and material delivery lists.
- When applicable, establish pre-screening process and procedures as well as initial and secondary security screening processes.
- Define security checkpoint locations and minimal staffing requirements as well as checkpoint design with appropriate security screening technology. If appropriate, this process may include incorporating limited medical screening of non-patient personnel prior to permitting them entry into the facility. Support security operations at patient triage assessment and intake sites.
**PHYSICAL + TECHNICAL SECURITY**
- Evaluate existing physical and technical security controls of the location.
- Develop a plan to maintain physical control of the building. This may encompass a combination of physical devices such as locks to limit the number of non-emergency entry and egress locations, access control for hazardous waste, and security technology supplemented by security staffing to control and monitor direct building access and respond to incidents.
- Provide enhanced protection for security-sensitive areas and rooms such as pharmacy vaults, critical supply rooms and equipment storage rooms.
- Establish duress alarm procedures for critical areas.

**ACCESS CONTROL + CREDENTIALING**
- Develop and implement a site-specific credentialing plan for all persons entering the facility.
- Incorporate the production process, issuance and recovery of all credentials.
- Designate visitor access and screening process and procedures.

**SECURITY COMMAND, CONTROL + COMMUNICATIONS**
- Develop a security staffing plan, command structure, security post locations, post orders, response and reporting procedures.
- Evaluate the existing security command center, if any, to determine suitability in terms of staffing and existing technology and physical space requirements.
- Recommend improvements to balance security with operational needs, while maximizing patient privacy and maintaining readiness to respond to developing conditions.
- Incorporate first responder staff or command personnel.
- Address operational needs may require designating parallel security command centers to accommodate local, state or federal partners and liaisons.
- Plan and execute operational support for security staff; local, state and federal law enforcement as well as other state and federal assets.
- Coordinate with facility Incident Command and Unified Command structure for the area/region.

**TRANSPORTATION**
- In consultation with medical staff and first responders, develop an overarching transportation plan regarding how all vehicles securely access the facility.
- Address priorities such as patient transport, emergency vehicle access, materials and supplies deliveries, waste removal, helicopter landing pads, decontamination sites, backup power generation, mortuary activities, and other emergent requirements.
- Support security operations at non-contiguous sites such as nearby transportation hubs, vacant lots, or other facilities that support critical operations.

**LAW ENFORCEMENT + FIRST RESPONDER Liaison**
- Conduct liaison activities with local, state and federal law enforcement and other first responders regarding the enhanced security measures at the facility.
- Partner with appropriate agencies to ensure the security and safety needs of patients, staff and the public are maintained.

**PERSONNEL + LOGISTICS**
- Supply high visibility professional guard services to secure the facility and perimeter with the use of fixed, roving and vehicle patrols.
- Support independent communications, housing, food service, sanitation for on-site physical security teams in temporary portable structures.
- Develop support plans for contingency operations to deploy at the location or other designated sites as part of the Security Master Plan.
- Manage security officer absenteeism due to illness or family emergency.

**INTERIM SECURITY DIRECTOR**
- Serve as the Interim Security Director developing and implementing a Security Master Plan to protect medical staff, patients, employees and authorized visitors at the facility during its usage as an alternate care facility.
- Manage the enhanced security measures implemented at the facility during any conversion to medical use.
ACTIONABLE SECURITY INTELLIGENCE

Through continuous use of the most advanced real-time, open-source data search, open-source intelligence and threat monitoring insight and mining enterprise technology, we find, select, acquire and analyze actionable security intelligence on direct or indirect threats to healthcare staff or the site itself, as well as its assets, operations and equipment.

- Maintain situational awareness and actionable intelligence through monitoring of keywords and social media accounts.
- Social network mapping for targeted analysis of trending issues by influencers.

WORKPLACE VIOLENCE PREVENTION + BEHAVIORAL THREAT MANAGEMENT

- Identify persons with the interest, motive, intention and capability for violence. Then assess and manage the threat.
- Establish violence-prevention-related policies in critical areas such as onboarding, employment screening, privacy, compliance and issue resolution and escalation. Capture information and integrate input from key functions and departments such as Security, HR, Operations, Legal and Employee Assistance Programs (EAPs).
- Deploy a 24/7 threat support hotline that initiates a threat case consultation. Quickly activate an advanced violence risk screening protocol. Uncover critical information and initial insights on the likely level of violence risk and provide recommendations including how to handle the case internally, proceed with a formal behavioral threat assessment or escalate intervention.
Supporting ACS: Our Team

Our multi-disciplinary team includes experienced leaders and experts with world-class security, fire and emergency management expertise earned over decades dedicated to priorities from prevention to crisis management and response.

Members of our team include:

+ Fire, code compliance and emergency management experts who have provided specialized technology and professional services during global and local crises to healthcare facilities across the U.S. and Canada. Since 1976, we have supported thousands of healthcare facilities (more than 1,300 current clients) and trained more than 200,000 healthcare leaders and staff annually.

+ Retired U.S. Secret Service executives who have protected the last 10 sitting and former U.S. presidents and every visiting foreign leader to the U.S. since 1983, as well as over 65 leaders of Fortune 500 companies. Over the last four decades, these individuals have planned, designed, implemented and led hundreds of complex protective operations and security risk management initiatives worldwide for “no-fail” U.S. government missions, U.S. presidential protection, and the interests and assets of the U.S. government communities across six continents.

+ Law enforcement executives and professionals with expertise in managing on-the-ground community crises and skill in collaborating and interacting with a wide variety of stakeholders to support these operations. Our experience also includes planning and managing municipal and state-level emergency operations addressing crisis response, protest management and interagency planning and development in response to large scale events, including National Special Security Events at both the federal and local level.

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