



Commercial Real Estate Council June 2008

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Chairman's Corner – by Mark Wright

As we approach the mid-year leadership meetings for ASIS International, a review of the Commercial Real Estate Council goals and specifically, the activity of our council members is being presented to the leadership.

While the councils are totally comprised of volunteer members, there is a great deal of discipline required for those who are truly dedicated to the advancement of our profession.

I want to express my personal appreciation for those council members who have authored articles in our newsletter, in ASIS Dynamics and in Security Management magazine. I want commend those who have represented our council in industry seminar presentations.

The value of council membership is in great part measured by how much you give. I urge all members of ASIS to step forward and make every possible contribution to our profession.

Joint Private/Public Sector Tabletop Simulated Emergency Exercises – by Alan Snow, CPP

Most private and public sector organizations individually conduct simulated emergency exercises on a regular basis to test their individual plans. However, the purpose of this article is to emphasize the importance of also conducting joint private/public sector exercises. There are multiple benefits of the joint exercise for both sectors that cannot be gained during a typical individual exercise.

First and foremost is the opportunity to meet and network with public agency first responders before an emergency incident occurs. An actual fire or police incident should not be the first time you meet the local or district fire chief or police commander. Although relationships with state and federal public agencies are important, I can't emphasize enough how critical it is to have an established rapport with local first responders. Local first responders are a properties' first line of defense and are in charge of incident response for at least the first hour, and most likely the entire incident.

Benefits of the joint private/public sector exercises are summarized below:

- **Meet and network with key players from both sectors**
- **Encourage communication/coordination and improve information-sharing processes and capabilities between private/public sector entities**
- **Learn and understand each others' emergency response plans and challenges**
- **Identify inconsistencies and false assumptions between individual plans**
- **Amend, revise and/or improve existing emergency response plans based upon lessons learned from the exercise for both private and public sector participants**

There are various approaches to conducting a joint exercise, ranging from hosting a basic meeting to conducting a full blown turnout drill. This article focuses on only one of these approaches, a joint multiple private and public sector tabletop exercise, which arguably is the most practical, feasible and time efficient for all involved. It may not be practical to run separate individual exercises for each property or business within a jurisdiction or geographic area. Furthermore, public agency resources may be limited and may not be able to expend the time needed to participate in numerous individual exercises on a regular basis. Therefore, conducting a broader tabletop exercise that includes multiple private and

public sector entities at one time may be the best option.

The resources needed are fairly simple:

- One volunteer (or more) to develop a scenario and facilitate the exercise (**Preferably someone with experience conducting internal tabletop exercises**)
- A large conference room at a local hotel, convention center or other large meeting space (**If you include that entity in the exercise and coordinate a date around a slow time for their room availability, they may be able to donate the room at no cost**)
- One volunteer (or more) to coordinate the invitee list, track the RSVPs, and other administrative meeting functions **such as ordering refreshments, sign in sheets, feed back forms, etc.**

The private sector invitee list can be limited to multiple entities from a single industry, or can be broader to include multiple industries represented within a single geographic area. I personally prefer the broader option. It is always interesting to learn the unique challenges of other industries. Although basic emergency procedures are similar for all, there are clearly differences between office buildings, shopping centers, convention centers, hotels, apartment/condos, universities, hospitals, etc.

Public agency invitees should include, at a minimum, local first responders (police, fire, EMS), but where applicable, may also include other public agency representatives depending upon the scenario (state agency first responders, public transportation, public health, FBI, ATF, FEMA, etc.).

Essentially the exercise is a facilitated discussion of a simulated emergency focused on the emergency plans of the public and private sector in response to an emergency with broad impact within a geographic area. Both the public sector and private sector participants discuss their individual emergency response plans and challenges based upon the impacts of the scenario. The scenario should have a broad impact to involve the multiple participating entities. Some examples include, but are not limited to, hurricane, power grid outage, multiple simultaneous explosions or chemical/biological release (accidental or intentional). Another option is to have a generic scenario, such as an active shooter, where the private sector participants can envision the incident occurring within a specific area of their own property (food court, cafeteria, ball room, reception/visitor area, etc.) and play out their individual response. The public sector's response protocols are similar regardless of the venue where it is occurring (with a few exceptions). The key objective is to learn each other's protocols, challenges and unique issues in advance of an actual incident.

The exercise is often more of a discussion and question and answer information sharing session, rather than a practice exercise. Typically, it is a large "roundtable" type discussion where the impact and/or plans of both the public and private sectors are discussed. Each module begins with a situation briefing and a set of scenario facts. Following each situation briefing, a number of specific questions or issues are presented to the group for open discussion. Exercise facilitators moderate an open forum discussion on each question/issue presented and then introduce the next phase/module and process through the next set of associated questions and issues.

For example, exercise facilitators will present a question to the group and ask for feedback from the different agencies present...local, state and federal. Additionally, exercise facilitators will ask for feedback from the various private sector representatives, usually calling on one person from each applicable industry to explain what they are doing, or what their impact is on the particular scenario or question (office buildings, large corporations, hotels, hospitals, universities, etc.) As previously stated, most of the private sector has similar basic procedures, so the focus should be on the unique issues for each industry and/or where there may be debatable or more controversial issues (evacuation vs. shelter-in-place, open/close, communication protocols, etc). This type of exchange often spurs animated discussion and a back and forth dialogue.

Some examples of potential areas or issues of focus for the exercise scenario/questions are listed below:

- Stakeholder communications - (employee, tenant, client, customer)
- Communication between private/public sectors
- Command/communication and multi-jurisdictional coordination
- Multiple building evacuation coordination – (particularly in dense or urban areas that may have overlapping evacuation staging areas)
- Significant and/or unique protocols specific to each private sector industry or public sector agency
- Evacuation vs. shelter-in-place decisions – (who decides, how quickly, how communicate)
- Shelter-in-place issues/challenges – (will people stay, how long, how to enforce, allow outsiders in)
- Damage assessment and hazard abatement/remediation
- Restricting/facilitating access and re-entry to impacted areas
- Media mitigation and communication

The exercise can be a half day or full day session depending upon scope and objectives. I have found that the half day is more convenient for most participants because it is difficult for many people to devote a full day from their busy schedule. It is also difficult for people to maintain focus for that long and their attention span tends to wane. The only down side to the half day is that it is not enough time to drill down into all of the details and it is difficult to get through a full incident cycle. I have found it necessary to concentrate an entire half day session on incident response and then a totally separate exercise later in the year on recovery response.

In conclusion, the most important point to emphasize is that communicating and coordinating with your local first responders before an emergency happens, as well as regularly participating in joint meetings and exercises are critical components of a good emergency preparedness program.

Automated External Defibrillators (AEDs) in the Workplace – by Marianna Perry, CPP

In America today, as with some other places in the world, we are having an epidemic called Heart Disease. Training and the close availability of an Automated External Defibrillator (AED) will help increase survival rates of victims experiencing a cardiac emergency. The proper use of this device can help to save 50% or 500 people a day in the United States of America.

- Sudden Cardiac Arrest (SCA) is a leading cause of death in the US, killing an estimated 325,000 Americans each year
- It is estimated that 95 percent of those who suffer cardiac arrest die before they reach a hospital or other source of emergency help.
- SCA kills on average 1,000 people every day. That's one person every two minutes.
- Without emergency medical help, SCA leads to death within minutes.
- Victims of cardiac arrest can be saved if an AED is available to deliver an electric shock and restore the heart to its normal patterned rhythm.

There are four steps in the Cardiac Chain of Survival and are critical in order for a victim to survive a SCA. The four steps are:

- Step one: Early access to the 9-1-1 system
- Step two: Early cardiopulmonary resuscitation (CPR)
- Step three: Early defibrillation
- Step four: Early advanced cardiac life support

The third step, delivering an electrical shock to the heart, which is known as defibrillation, is the most critical step in restoring cardiac rhythm and resuscitating a victim of SCA. Time is the most critical factor in a SCA and approximately 94% of victims die because an AED is not readily available. For every minute that defibrillation is delayed, it reduces the victim's chance of survival by 10%. There are approximately 10 minutes to save the life of a SCA victim. When a victim's heart stops beating, in 4-6 minutes the possibility of brain damage from insufficient oxygen begins. In 6-10 minutes, brain damage is likely and after 10 minutes, rescue attempts are rarely successful.

An AED analyzes the heart's rhythm for any abnormalities and, if necessary, directs the rescuer to allow the AED to deliver the electrical shock to the victim. This shock, called defibrillation, may help the heart to reestablish an effective rhythm of its own. The AED uses voice prompts and on some models, also a visual display to instruct the rescuer of what action to take. Once the AED is turned on, the rescuer will be prompted to apply two electrodes (pads) to the victim's chest. Once applied, the AED will begin to analyze the victim's heart rhythm. If a "shockable" rhythm is detected, the AED will charge itself and instruct the rescuer to deliver a shock to the victim by pressing a button.

The length of time between the start of a Heart Attack/SCA and the application of CPR is of the greatest importance. If you are depending on even the fastest response by the building security officers to an employee with an apparent heart attack or SCA, it is necessary to look at what is required for that officer to get to you.

A hypothetical example of a time table showing a person who begins complaining about chest pains, or is found collapsed on the floor by a SCA are as follows:

1. The clock begins when the victim states they are having chest pains or are found unconscious by a co-worker.
2. The co-worker then tells/calls someone else to call building security and the fire department or emergency medical services. In the best case scenario, this call takes 45 seconds.
3. At this point security dispatcher contacts a security officer to respond which takes approximately another 45 seconds.
4. The security officer will then retrieve the AED from the nearest location and begin their ascent/descent to the tenants/victims floor which takes approximately another 180 seconds.
5. The security officer arrives at the victim and requests information to begin properly administering aid within about 30 seconds.
6. Security officer will prepare the AED and start the AED cycle within about 60 seconds:

As we see, under the best case scenario, it is very likely that the elapsed time before a security officer can apply first-aid could be as much as **SIX MINUTES!**

Six minutes into this hypothetical SCA scenario, this victim may now have less than a 50 percent chance for survival, and if they do survive, brain damage is probable. Statistics show that brain damage begins after 4 and 6 minutes of oxygen loss to the brain.

An AED Program can be developed in the workplace based on the needs of the organization by taking into account the following considerations: will the staff responsible for AED program oversight, and/or, management consist of existing staff that already have safety as a part of their job description; or will staff need to be trained? If staff is trained, but safety is not a part of their job description, organizations will need to determine whether these individuals will have a responsibility to respond.

Assessment; Determine the needs for your environment. How many devices are necessary? How long will it take EMS to arrive at your location? How long will it take EMS to arrive at the site of the emergency; are there obstacles such as stairs, secured doors, etc.?

Funding; Determine the budget necessary to purchase the equipment, train employees, volunteers or other staff and provide program maintenance.

Legislation; Understand the current laws concerning AED use in your state. Please consult with your legal advisor or local state EMS department for further information on the most current AED legislation in your state.

Implementation; Determine if your organization needs an internal implementation team to manage the program or needs to purchase a solution package to provide management oversight. The management of the program could include a program point of contact, medical direction, program maintenance, data management, development of protocols and response plans.

Training is necessary in order to understand the role of defibrillation in the cardiac chain of survival. Training in CPR and AED skills will enable the rescuer to use all the steps in the cardiac chain of survival and increase the victim's chance of survival. In most cases, EMTs and first responders are required to know how to use an AED as part of their job responsibilities. The majority of all 50 states now have AED Good Samaritan Laws that help protect lay responders.

Having training for your employees in CPR along with having the proper equipment (including an AED) within a close distance, gives a stricken employee a much better chance of survival. Alternatively, waiting for someone else to provide these services (no matter how qualified), adding only a few minutes to the time frame from the starting point, will significantly reduce the chance of survival for your employee.

To all of the management/stakeholders of business reading this article, the following represents important factors to be reviewed when considering AEDs.

The cost of AEDs and training employees to provide CPR and other first aid shows tremendous good will towards employees and customers. Just the loss of productivity after one of these incidents can be more costly.

You as Security Managers in Commercial Real Estate can make a difference in the lives of your tenants, not only by providing services that protect them, but by supporting OSHA in getting the employers to participate in the proper protection of their employees. We accomplish this by training our employees, who are the most logical first responders in CPR, and in the use of AEDs.

The American Heart Association (AHA) has assigned classification ratings for CPR training and AED use. Both are considered AHA Class I, which is the highest rating given where research has shown that the training and use benefits significantly outweigh the risks. The AHA recommends both CPR training and AED use for all public safety responders and recommends AED Programs at all sites where there is a high likelihood of a witnessed SCA.

Works Cited:

- The American Red Cross, 2008
- The American Heart Association, 2005
- Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, 2005
- Occupational Safety and Health Administration (OSHA) www.osha.gov/publications/osha3185.pdf