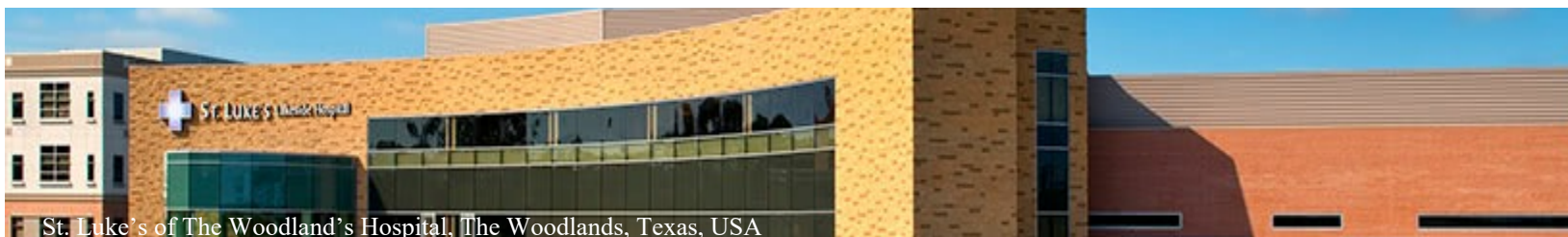


ASIS INTERNATIONAL HEALTHCARE SECURITY COUNCIL NEWSLETTER

3RD QUARTER 2017



St. Luke's of The Woodlands Hospital, The Woodlands, Texas, USA

Chairperson's Message

Elhadji Sarr, CPP

Director Campus Parking & Security
St. Luke's of The Woodlands Hospital



Members of the Healthcare Security Community:

It was a pleasure seeing Healthcare Security Council members again at the ASIS Annual Seminar and Exhibits in Dallas where thousands of security professionals gathered to exchange knowledge and hear an inspirational keynote speech from President George W. Bush.

This year's conference was indeed a great success and a very productive one for the Healthcare Security Council. The annual face-to-face meeting was complemented with a panel discussion of topics specific to the current and future state of security in the healthcare environment.

Moreover, in light of the conversations surrounding a memorandum of understanding with the International Association of Healthcare Security and Safety (IAHSS), leaders of both ASIS International and IAHSS sat down in Dallas to discuss common interests and possible future collaborations. A joint meeting was also held with the ASIS Physical Security Council in which we discussed future joint projects and possible presentations and workshops in 2018.

As you can see, 2017 continues to be a busy year and I look forward to expanding on this momentum with the completion of the best practice project along with individual council members' achievements and activities.

Hadji

Healthcare Security Council Leadership

ASIS International Council Vice President
Mark Schreiber, CPP, CPD

Council Chair
Elhadji Sarr, CPP

Vice Chairs
Myron Love, CPP, PSP
Larry Spicer, CHPA

Secretary
Marilyn Hollier, CPP, CHPA

Committee Chairs

Membership
Steve Dettman, CHPA

Annual Seminar Preparation
Dennis Blass, CPP, PSP, CFE, CISSP, CHSP

Security Management Articles
John White, CPP, CHPA

Program Workshop Chair
David La Rose, CPP, CHPA

Book Reviews
Steve Kaufer, CPP

IAHSS Liaison / Commission Guidelines
Thomas Smith, CPP, CHPA

Webinars
Mike Hogan, CPP

Newsletter
Terry Jones, CPP, PCI, PSP, CHPA

Legal/Legislative
Michael Spicer, CPP

Mentorship / Young Professional Liaison
Bonnie Michelman, CPP, CHPA

Subject Matter Experts
Lisa Terry, CPP, CHPA





Council Meets in Dallas



The ASIS International Healthcare Security Council held their annual face-to-face meeting on Sunday, September 24, at the Kay Bailey Hutchison Convention Center Dallas, Texas, USA.





A Panel Discussion on Our Industry

The Healthcare Security Council meeting featured four experienced leaders of associations that serve our industry. Council Vice Chair, Larry Spicer, CHPA, moderated a discussion of trends in the healthcare security industry and the challenges of the panel's many volunteer leadership roles.

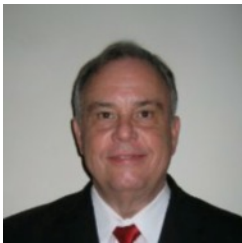


Left to right: Mike Cummings, Bonnie Michelman, CPP, CHPA, and Doug Kohlsdorf, CPP, Martin Green, CHPA





Our Members Shared Their Knowledge in Dallas



Dennis Blass, CPP, PSP, CFE, CISSP, CHSP, participated in the panel discussion, Use Security and Resilience Management to Mitigate Organizational Risk. He was joined by Lisa DuBrock, James Leflar, and Marc Siegel.

Dennis Blass, CPP, PSP, CFE, CISSP, CHSP



Michael D'Angelo, CPP, CHPA, participated in the panel discussion, Becoming a Security Professional. He was joined by Kenneth Ribler and Joseph Robinson.

Michael D'Angelo, CPP, CHPA



Bonnie Michelman, CPP, CHPA, presented, Change Management: Optimizing An Organization's Sanity and Success with David Gibbs. The presentation was sponsored by the Healthcare Security Council.

Bonnie also participated in, Mock Trial: The Aftermath of a Domestic Bombing.

Bonnie Michelman, CPP, CHPA





Dan Yaross Presents to IAHS SSSC

The Healthcare Security Council's Immediate Past Chair, Dan Yaross, MS, CPP, CHPA, spoke at IAHS Southeastern Safety and Security Healthcare Security Conference (SSSC) at Myrtle Beach, South Carolina on August 29th. The topic was Visitor and Guest Worker Vetting and Badging.

He also spoke in behalf of the IAHS at the American Society of Healthcare Risk Management (ASHRM) annual conference in Seattle, Washington on Monday, October 16th with Jim Sawyer, CHS-IV, CHPA, CPP, Director of Security Services for Seattle

Dan Yaross, MS, CPP, CHPA



Marilyn Hollier Publishes Article

Council Secretary, Marilyn Hollier, CPP, CHPA, collaborated with Rose Miller CPP, CHPA recently writing "Strategies to diversify your public safety workforce", which has been published in The Journal of Healthcare Protection.

Marilyn Hollier, CPP, CHPA



Keith McGlen's Book Review Published

Council Member Keith McGlen, CPP, CHPA's book review of "The Bully-Proof Workplace" was published in the November issue of Security Management magazine.

Keith McGlen, CPP, CHPA





Federal Government Establishes MANDATE for “All Hazards” Planning and Preparation for the Healthcare Community

Facilities are Running Out of Time to Comply!

By Ron Lander, CPP, CHEPS, CMAS, PSM

The early October wildfires in Northern California and recent spate of hurricanes in the Southeast and Puerto Rico reinforce the fact that the healthcare community is in need for more stringent attention to organized and community supported Emergency Management. With the potential for catastrophes in the future, the Centers for Medicare and Medicaid Services (CMS) has been working on “All Hazards” Emergency Preparedness for several years and published CMS-3178 - The Final Rule for Healthcare Emergency Preparedness on September 16, 2016.



Ron Lander, CPP, CHEPS, CMAS, PSM

The purpose of this new regulation is to:

- (1) Establish consistent emergency preparedness requirements across provider and supplier networks.**
- (2) Establish a more coordinated response to natural and man-made disasters.**
- (3) Increase patient safety during emergencies.**

This is not a sleepy regulation that gives the healthcare industry up to five years to prepare for, like HIPAA (Healthcare Insurance Portability and Accountability ACT). **This rule mandates that if healthcare facilities do not comply by NOVEMBER 17, 2017, they risk not receiving Medicare and Medicaid reimbursements in December!**

Who does this effect? This applies to **seventeen Medicare and Medicaid provider sectors**, ranging from Ambulance Service companies to hospice providers, clinical laboratories and everything in between.

The seventeen disciplines are:

1. Hospitals
2. Religious Nonmedical Health Care Institutions (RNHCIs)
3. Ambulatory Surgical Centers (ASCs)
4. Hospices
5. Psychiatric Residential Treatment Facilities (PRTFs)
6. All-Inclusive Care for the Elderly (PACE)
7. Transplant Centers
8. Long-Term Care (LTC) Facilities
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
10. Home Health Agencies (HHAs)
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
12. Critical Access Hospitals (CAHs)

Continued





Ron Lander continued:

13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
14. Community Mental Health Centers (CMHCs)
15. Organ Procurement Organizations (OPOs)
16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
17. End-Stage Renal Disease (ESRD) Facilities



Beyond the techno jargon and acronyms, the goals of the Rule recognize that there are systemic gaps that must be closed by establishing consistency and encouraging coordination across the Emergency Preparedness sector of the United States and its possessions. For example, “The Rehabilitation Center” in Hollywood Hills, Florida that had a portable generator and window air conditioning units because of the extreme heat, causing fourteen deaths, probably would have avoided that tragedy had there been better planning and training for a long-term power failure. “You can’t just back up a generator to a nursing home and plug it in,” said Bob Asztalos, a Florida lobbyist at a recent Florida state hearing.

Ironically, this facility was “across the street” from a major hospital and some pre-planning and installation of an “emergency” generator connection with the hospital’s power plant could also have helped immensely. There were several other factors to this tragedy—refer to this [website for a CBSN video about the facility](#).

The Oct. 1 mass shooting in Las Vegas where over twenty area hospitals were dealing with victims further reinforces the need for better “community-wide” support and communications. Further, there are four requirements that facilities must fulfill complete before the deadline:

(1) Risk Assessment and Planning Document

Each individual facility must (internally or externally) perform a Risk Assessment to identify the areas that must be dealt-with to conform with the Final Rule.

(2) Policies and Procedures

Based on the Risk Assessment, develop an emergency plan using an all-hazards approach—focusing on capabilities and capabilities that are critical for a full spectrum of emergencies, or disaster specific to the respective location(s).

(3) Communications Plan

Develop and maintain a communications plan to ensure that Patient care must be well coordinated within the facility, across healthcare providers and with State and Local public health departments and emergency systems





Ron Lander continued:

(4) Training and Testing Plan

Develop and maintain training and testing programs, including initial and annual re-training, conducting drills and exercises (full-participation and tabletop) in an actual incident that tests the plan.

Excerpt from Los Angeles Times, October 18, 2017:

The Northern California wildfires created what some described as an unprecedented healthcare crisis that has served as a wake-up call in the region. Not only were two major hospitals evacuated hours into the disaster, but the chaos continued for days after.



Thousands of people were displaced and staying in shelters, many without their medicines. The fires left clinics burned, or evacuated for days. Pharmacies struggled to fill prescriptions. Nursing home patients waited on cots in shelters, without oxygen tanks or their caregivers. Doctors and nurses also lost their homes.

The damaging effects on the healthcare system could easily be repeated during other natural disasters, such as earthquakes causing widespread destruction in the Los Angeles region and the Bay Area.

Officials in Santa Rosa said the fires showed the success of some of their medical emergency planning, but also exposed gaps in the healthcare system's response.

"It's going to happen again. There's going to be another fire, there's going to be another earthquake, there's going to be another flood and ... we absolutely have to get better at this," said Chad Krilich, chief medical officer for St. Joseph Health in Sonoma County.

What does this mean to the healthcare security and support community? While this rule does not apply specifically to healthcare security and safety departments, consultants who have experience in healthcare risk, vulnerability and threat assessments are best positioned to provide the necessary assessments in a timely manner.

Security Integrators and other support vendors should also be ready for a demand for the following hardware and software to support the mandates of this regulation:

- (1) Intelligent Access Control
- (2) Visitor Management
- (3) Mass Evacuation Alert Programs and Systems

Continued





Ron Lander continued:

- (4) More extensive use of video surveillance so management can quickly assess an incident
- (5) Interoperability appliances that community on public service networks
- (6) Backup systems for all electronic functions from the Network Architecture to the simplest of healthcare support tools.
- (7) Electrical Upgrades
- (8) Provision of Fresh Water and disposal of Sewage capabilities when the facility infrastructure fails
- (9) Additional HVAC support through the facility's backup systems.
- (10) Vendors for Fuel and other types of off-site support
- (11) Suppliers of day-to-day supplies and medicine
- (12) Communications support in the event of land-line and cell phone failures

What does this mean to the healthcare community? This Rule is not intended to focus on only large and medium-sized hospital. It specifically aims at smaller facilities like Eldercare Homes and Laboratories that are more focused on patient service rather than preparing the facility for a disaster.

Download the entire rule and resource information from the [ASPR-TRACIE website](#). ASPR-TRACIE has been a leader in providing for those desiring additional support in this and other areas of healthcare emergency preparedness. While this rule focuses on Emergency Preparedness, it obviously touches on Business Continuity, Facility Management, Community Relations, Human Resources and other disciplines in the healthcare community. **Make sure the C-Suite is aware of this rule and emphasize the timeliness.**

Some photos, quotes and information was received from The Los Angeles Times and Reuters.





What is a Hospital's Function? What do the People Staying at a Hospital Look for? What Does a Professional working at a Hospital Look for?

By Dr. Max Saguier, CPP, PSP

HEALTH – WELFARE

Factors affecting welfare are related to Security. To be safe, that is, to be free from harm and danger, protected from crime and chaos, is considered crucial to attaining well-being (second in importance in Maslow's pyramid).



Dr. Max Saguier, CPP, PSP

Research has identified the following facts:

- Bad safety at a health center has a dramatic impact on an individual's well-being - working or being looked after in a "dangerous" place significantly reduces an individual's satisfaction.
- Fear of crime and concerns about personal and family safety also have a negative impact on well-being and thus on the reputation of the hospital.
- Poor physical security can have a direct detrimental effect on physical and subjective well-being and thus on the reputation of the hospital.
- Dangerous and poor environments reduce quality of life, while good environments reduce stress.
- Security policies and procedures may have the potential to reduce personal freedom, independence and satisfaction. This highlights the distinction between good and bad security work.

Then welfare is clearly an important condition, and it is obviously vital to adopt security practices that balance the needs of people against the risks identified.

This raises the question, why does not security systematically seek to highlight the key role it plays in achieving a condition that is essential both to "happy" care and a good working environment? Usually security professionals do not know how to communicate what value we generate; we do not know how to "sell" our value. That generates a lack of support and weariness.

Examples:

Basically security allows staff to work - prevents and / or resolves interruptions caused by incidents, assists in safety and hygiene, allows an efficient use of space and allows flexible work schedules. It prevents escalation of problems and ensures compliance with policies and procedures that would otherwise make the hazard and / or disruption of operations present. Security builds trust which is also a facilitator for good working practices among colleagues, management, patients, family, and suppliers. Security keeps the organization reliable by creating an environment of trust in which breaking the rules and honesty are easy to identify.

Security helps to care for people and their well-being, because protecting people makes them feel safe, and can contribute to a positive environment, not only by creating an overall sense of security, but also by mitigating negative events in the place (robberies, thefts, abuses, etc. that can lower patient and staff morale).

continued





Max Saguire continued:

Security helps protect reputation (something critical and essential to the long-term success of any hospital), because without security, incidents could happen that could damage reputation. Without a good security response when incidents arise, there would be escalation in problems and damage to reputation. Security creates trust in a community (workers and consumers of the hospital). If security personnel are effective, they give credibility to a community / health center / hospital and a reputation for good security can contribute to commercial success.

Security measures may be used for other purposes, for example to solve problems, create efficiencies, benefit patients and reduce costs of other aspects of the business - CCTV and access control, for example, can allow remote monitoring of operations, patient behavior analysis, visitors and staff, measure compliance in response to incidents, or track people in emergencies.

Finally security helps protect against financial losses, provides information to substantiate or deny insurance disbursements, reduce the likelihood of incurring fines and penalties in case of non-compliance with legal or other requirements and responding correctly to incidents reduces the losses that can be associated with unnecessary interruptions to work / production.

Bonnie Michelman Honored at ASIS Conference

By Marilyn Hollier, CPP, CHPA



Bonnie Michelman was presented with the 2017 Karen Marquez award by ASIS Women in Security at a special reception in her honor at this year's ASIS annual conference in Dallas on September 26th.

This is the fifth year the award has been presented to a Woman Security professional who has 10-15 years of experience, holds professional certifications and has made significant contributions to the security industry. The award is named for Karen Marquez, who was owner and Executive Vice President of MVM, Inc., a physical security firm based in Virginia. Karen had a very successful security career and was a contributor/leader for ASIS women security professionals before she passed away in 2006 after a long battle with cancer. Her husband was present for the award ceremony.

I think we all agree that Bonnie is very deserving of this prestigious award. She has held many leadership positions in several security organizations. Bonnie is a past President of IAHS (twice), ASIS and ISMA. Over the years, Bonnie has written numerous articles and done presentations on several security and leadership topics.

Most importantly, Bonnie has been a leader, role model, coach and mentor to many women and men in the security profession. This is well-deserved recognition for her many years of serving and making positive contributions to the security industry. **Bonnie is a true security Rock Star!**



Bonnie Michelman, CPP, CHPA



ASIS INTERNATIONAL HEALTHCARE SECURITY COUNCIL 2017 COUNCIL MEMBER ROSTER



The Healthcare Security Council serves as a credible resource for information on healthcare security best practices. It provides a forum for the exchange of information and expertise in all areas of healthcare security. The Council also promotes certifications, education, and training, with the goal of increasing professionalism in the field of healthcare security.

Paul Barratta
Stanley Security
Reading, Massachusetts, USA

Dennis Blass, CPP, PSP, CFE, CISSP, CHSP
Children's of Alabama
Birmingham, Alabama, USA

Mary Cervantes
St. Joseph's Medical Center
Stockton, California, USA

Michael D'Angelo, CPP, CHEP
Baptist Health South Florida
Miami, Florida, USA

Steven C. Dettman, CHPA
Mayo Clinic
Phoenix, Arizona, USA

Anton Dörig
Kantonsspital St. Gallen
St. Gallen, Switzerland

Martin Green, CHPA
Baycrest Health Sciences
Toronto, Ontario, Canada

Robert Hoefs, CPP, CHPA, CPTED
R. A. Hoefs LLC.
Bloomington, Illinois, USA

Michael Hogan, CPP
Texas Children's Hospital
Houston, Texas, USA

Marilyn Hollier, CPP, CHPA
Security Risk Management Cons.
Columbus, Ohio, USA

Lex Holloway, CPP
Caris Life Sciences
Irving, Texas, USA

Stephen Hollowell, CPP
Holy Cross Hospital
Silver Spring, Maryland, USA

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Steve Kaufer, CPP
Inter/Action Associates, INC.
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Ron Lander, CPP, CHEPS, CMAS, PSM
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David LaRose, MS, CPP, CHPA
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Lakeland, Florida, USA

Myron Love, CPP, PSP
Anne & Robert Lurie Children's Hosp.
Chicago, Illinois, USA

William Marcisz, JD, CPP, CHPA
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Orlando, Florida, USA

Keith McGlen, MS, CPP
Memorial Hermann Health System
Houston, Texas, USA

Bonnie Michelman, CPP, CHPA
Massachusetts General Hospital
Boston, Massachusetts, USA

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Providence Health Care
Spokane, Washington, USA

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Smith Seckman Reid, INC.
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The Woodlands, Texas, USA

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Holzer Health System
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Cincinnati, Ohio, USA

John White, CPP, CHPA
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Canton, Ohio, USA

Dan Yaross, MS, CPP, CHPA
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Columbus, Ohio, USA





Council Past Chairs

2015-16 Daniel B. Yaross, CPP
2013-14 Dean R. Sobcoviak, CPP
2011-12 Bernard J. Scaglione, CPP
2009-10 Thomas F. Lynch
2007-08 John P. Charron
2005-06 Linda J. Fite, CPP
2003-04 Joseph J. Gulinello
2000-02 Richard H. McClintock
1997-99 Michael R. Cummings, CPP
1996 C. Ray Graves
1994-95 Sheldon Jacob Hecht, CPP
1992-93 Fred J. Jackson, CPP
1991 Ciro J. Cardelli, CPP
1989-90 James T. Roberts, Jr., CPP
1988 David Schachtsiek, CPP

1987 A. Jerry Jones
1985-86 Ralph Burdett, CPP
1984 William J. Fitzgerald, CPP
1983 Robert D. Armstrong
1982 Harry J. Thiel
1980-81 W. Steve Kuntz, Jr.
1978-79 Robert B. Ross
1977 unknown
1975-76 Thomas Henry Conkling
1974 James W. Farrell
1973 George P. Morse
1972 David B. Balise
1968-71 George P. Morse
1966-67 James M. Lynchey



ASIS INTERNATIONAL HEALTHCARE SECURITY COUNCIL TRAINING AND EDUCATION CALENDAR



Webinars

20 December 2017

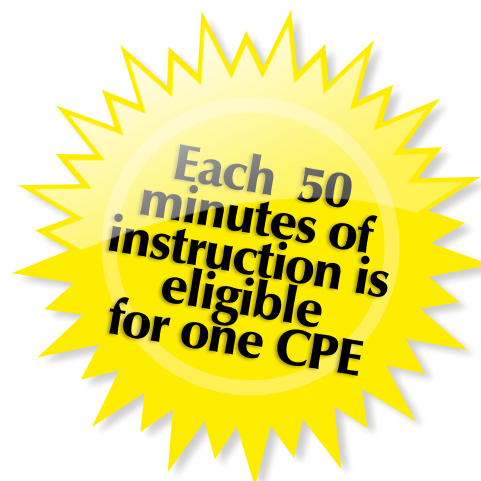
[Creating a New Culture in Response and Recovery](#)

10 January 2018

[Physical and Cyber Security: A Synergistic Relationship](#)

31 January 2018

[How to Turn the EU GDPR into a Business Asset](#)



Live Training/Education

12-13 March 2018 - Orlando, FL

[CPP Review Program](#). Mr Philip S. Deming, CPP & Ms J. Nicole McDargh, CPP.

12-13 March 2018 - Orlando, FL

[PSP Review Program](#). Mr Kevin T Doss, CPP, PSP & Mr H. Lee Neutzling, PSP.

12-15 March 2018 - Orlando, FL

[ASIS Assets Protection Course™: Principles of Security \(APC I\)](#). Mr Edward McDonough, CPP

Global Conferences

[IAHSS 50th Annual Conference & Exhibition \(AC&E\)](#)

15-18 May 2018 | Chicago, IL, USA

[ASIS Europe 2018](#)

18-20 April 2018 | Rotterdam, Netherlands

ASIS 11th Annual CSO Summit

May 2018 | Location TBD

[ASIS NYC 28th Security Conference and Expo](#)

16-17 May 2018 | New York City, NY, USA

[ASIS 64th Annual Seminar and Exhibits](#)

23-27 September 2018 | Las Vegas, Nevada

e-Learning

Learn on your schedule. Check out ASIS International's [e-Learning](#) opportunities.

