

Paul Sarnese, CHPA, MSE, MAS, CAPM, Owner, Secured & Prepared Consulting Discusses Virginia Law About Hospital Security

Paul Sarnese is joined by Jennifer Schmitz, Vice President, Engage, Powered by ENA, and Domenic Gallelli, Director, Valentis to discuss the impact of new law

RICHMOND, VIRGINIA, UNITED STATES, June 27, 2024 /EINPresswire.com/ -- The state of Virginia is now mandating that hospitals and emergency departments conduct a risk assessment of the environment and provide trained security staff within the Emergency Department at all times.

Today, we are joined by Paul Sarnese, CHPA, MSE, MAS, CAPM, Owner of Secured & Prepared Consulting

(www.securedandprepared.com) and Jennifer Schmitz, MSN,EMT-P, CEN,CPEN, FNP-C, NE-BC, Vice President of Client Engagement for Engage (www.enaengage.com), Powered by ENA, and Domenic Gallelli, MS, CPP, Director of Business Development at Valentis (www.valentisinc.com) to discuss the impact of this new law.



Paul Sarnese, CHPA, MSE, MAS, CAPM, Owner/Founder Secured & Prepared Consulting

Read about the new law here: Virginia Law Requires Every Hospital with an Emergency Department to Establish a Physical Security Plan Using Industry Standards (www.americanbar.org/groups/health-law/section-news/2023/december/va-law-requires-every-hospital-with-an-ed-to-establish-a-physical-security-plan-using-industry-standards/)

SecuritySolutionsWatch.com: Thank you for joining us today Paul, Jennifer and Domenic. It is shocking to learn about the increase in violence against healthcare workers and we applaud your efforts to address this very serious issue. Please tell us more about this new Virginia law.

Paul Sarnese: Although it is a sad commentary that laws need to be passed to protect healthcare workers, the implementation of Virginia Senate Bill 827 is a major step in the right direction to mitigate violence against healthcare workers. I believe that we will continue to see states enact laws to mandate that healthcare facilities conduct a risk assessment and develop comprehensive workplace violence prevention and security programs. In North Carolina, every hospital that has an emergency department must conduct a security risk assessment and develop and implement a security plan with protocols to ensure that at least one law enforcement officer is present at all times. Currently, in Ohio, Ohio House Bill 452, sponsored by Reps. Andrea White, R-Kettering, and Rachel Baker, D-Cincinnati, requires hospitals around the state to develop workplace security plans and a system for reporting violent incidents. Yes, the new Virginia law requires every hospital with an emergency to establish a security plan. The security plan must be developed using standards established by the International Association for Healthcare Security and Safety (www.iahss.org). The security plan must be based on the identified risks. The security plan must also outline training requirements for security personnel and response to weapons,



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defensive tactics, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches The law also requires that at least one off-duty law-enforcement officer or trained security personnel must be present at all times in the emergency department.

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We are honored to speak with Paul Sarnese, Jennifer Schmitz, VP, Engage, Powered by ENA, and Domenic Gallelli, Director, Valentis about this new law in Virginia to increase hospital security."

Martin Eli, Publisher

Jennifer Schmitz: The new Virginia law mandating risk assessments and trained security staff in emergency departments is a necessary step toward safeguarding healthcare workers and patients. At Engage, Powered by ENA, we view this law as critical in addressing the escalating issue of workplace violence in healthcare settings.

The immediate requirement for hospitals to conduct thorough risk assessments is critical to identify

vulnerabilities swiftly. Equally important is the presence of trained security staff who can respond rapidly and professionally to any threats. These measures are not just beneficial but vital in preventing incidents of workplace violence, which poses a significant and growing risk to emergency nurses and other healthcare professionals.

This law underscores the need for proactive strategies to create a safer environment. By enforcing these requirements, we can significantly reduce the risks of violence, ensuring that

healthcare workers can perform their duties without fear and that patients receive care in a secure setting. The urgency of this law aligns with our core principles of promoting a culture of safety and continuous improvement in healthcare environments.

SecuritySolutionsWatch.com: Paul, as the past President of the International Association for Healthcare Security and Safety (www.iahss.org), it must have been a great accomplishment to see that the new law mandates that the IAHSS industry guidelines be used to assess the overall environment and security program.

Paul Sarnese: Yes indeed, an immensely proud moment for our members and the Association. IAHSS has been around for over 50 years and provides outstanding resources to leaders responsible for healthcare safety, security, and emergency management. IAHSS is a professional



Domenic Gallelli, MS, CPP, Director of Business Development at Valentis (www.valentisinc.com)



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association with more than 3,000 members worldwide. For over fifty years, we have educated and served our members and the profession by offering exclusive resources and benefits including industry and design guidelines, local and international educational and networking opportunities. IAHSS has certified tens of thousands of dedicated professionals who keep healthcare facilities, patients, staff, and visitors safe. IAHSS offers great training and certification programs like the Basic, Advanced and Supervisor certifications, a Safety Certificate Program, and maintains the prestigious Certified Healthcare Protection Administrator (CHPA) certification, the standard for the healthcare security leader dedicated to the profession.

SecuritySolutionsWatch.com: Are people aware of the problem of violence in healthcare?

Jennifer Schmitz: It is widely acknowledged within the industry that violence is a significant problem in healthcare and, particularly, in emergency departments. This issue, however, is not commonly known outside of the healthcare sector. The severity of the situation is evident in a recent Press-Ganey analysis, which revealed that two nurses are assaulted every hour. Additionally, research conducted by the American Nurses Association (ANA) indicates that 80% of workplace violence incidents are not reported.

The statistics are staggering and what has become even more concerning is that nurses tend to "expect" this as part of their work. Healthcare workers should not have to come to work, care for others, and fear for their safety while doing so.

Paul Sarnese: Most American are not aware of the issue of violence in healthcare. I recently spoke at a conference about designing the healthcare environment to mitigate violence. The audience was made up of architects, engineers, and facilities management leaders. Many were not aware of how prevalent violence is within healthcare. When I started to share the stats about healthcare workers being 5 times more likely to be a victim of aggravated assault than any other industry, that two nurses are assaulted every hour in this country, that 85% of violence against the healthcare staff is committed by the patients that the healthcare team are caring for, that 1 out of 4 nurses have been assaulted on the job and that 70% of physician reported acts of violence against them- the audience was shocked and quite honestly they were unaware of the risks associated with providing care to others.

SecuritySolutionsWatch.com: Domenic, how can Valentis assist healthcare facilities, more specifically Emergency Departments in Virginia to only comply with the new law but reduce the frequency and severity of violent incidents?

Domenic Gallelli: Make no mistake, the world is not a safe place. And people want to feel safe. Especially people that have dedicated their lives to helping others when in the direst of need, they deserve to be able to go to work and not be looking over their shoulder. I work in security and pride myself on being informed, but the statistics I learned from Jennifer and Paul were startling.

Before I go any further, it is germane to this issue to circle back to the point that Paul and Jennifer made at the beginning of this conversation. And that is the lack of awareness outside the healthcare paradigm. But what should also be disconcerting is the potential ambivalence among hospital administrators. This is not the time for indifferent attitudes like "it doesn't affect me," "we will get a waiver," or my favorite, "we haven't had a problem yet." and so forth among the people responsible for implementation of these measures.

Valentis works from a balanced methodology between its standards, security measures, and client training. First, maintaining a well-trained armed security team with a professional appearance goes a long way to deter potentially violent incidents. If no incidents occur, it is next to impossible to measure how effective deterrence can be. A professional and competent appearance for an armed security officer conveys an image of confidence to the public, while again being a deterrent to anyone with less than noble intentions. Contrarily, complacency in one's appearance can be an invitation to violence because there are studies supporting the belief that an officer who looked or acted unprofessional provides advantage to an assailant since they feel they are fully capable of overcoming and successfully resisting the officer. The mandatory standard that Valentis deploys of training, equipment knowledge, and readiness is one of the

most prevalent aspects of this methodology, as it will answer effectively when there is a violent situation.

The second concept is identifiable security measures, such as screening all incoming visitors and patients. Although screening is a rudimentary security measure, it remains an effective way of keeping weapons out of emergency departments. Screening can be expanded to include patients arriving via ambulance.

The third and often less discussed concept is client training. The client, including all Emergency Department staff, needs training for situational awareness and basic response when a situation may turn violent. Moreover, training includes information sharing to the extent that if recognizable behaviors of a patient or visitor are critical to the extent that again others may be harmed, it must be turned over to the armed security staff. Hospital staff do not deserve to be mistreated or abused in any way. Staying ahead of the issue before it becomes a problem goes a long way to reducing the frequency of violent incidents. The last part of this is that if the situation turns violent. This training will be of immeasurable benefit to the Emergency Department staff because the immediate response from our team will be to bring the threat under immediate control, but it also means how staff can potentially assist the response without actually being a liability, or in the way.

SecuritySolutionsWatch.com: Domenic what makes Valentis different than other security contractors?

Domenic Gallelli: Earlier I mentioned the word standard. For us, it all starts with what we call The Valentis Standard. To us, standards and guidelines are diametrically opposite. Standards are constant, precise, unwavering, non-negotiable. Guidelines are general rules, indications, outlines. "Good enough" or "close enough" are unacceptable here. Standards are exact. There is no such thing as good enough or close enough. 99 is not 100. That entire mindset was one of the most powerful factors in my leaving my previous company after 10 years to join Valentis. I believed in that.

Valentis holds an unwavering commitment to the belief that an individual's actions in a controlled environment will almost mirror how they react in real-world incidents. Nobody rises to the occasion. You are either capable or you are not. Any security company can provide a uniformed body, an untrained one at that, pay them poorly and charge the cheapest price and be satisfied; in fact, most do. Is that really what the new law is supposed to represent? You are supposed to be protecting the ED personnel and you expect to do that with the lowest common denominator? Not us. All Valentis personnel are trained equally to the Valentis standard, regardless of background or previous experience. The most stringent screening and the most comprehensive training. If my wife were an ED doctor, knowing what I know, I would want her, and her coworkers protected by the best possible option on the market.

SecuritySolutionsWatch.com: Paul, how can Secured & Prepared Consulting assist healthcare

facilities, more specifically Emergency Departments in Virginia to only comply with the new law but reduce the frequency and severity of violent incidents?

Paul Sarnese: We take a unique approach to helping healthcare organizations identify and correct vulnerabilities in their workplace violence prevention (WPV) programs. I say unique because as we know, WPV is not just a security issue. We know that if you want to make your team not only feel safer, but be safer, at work then you must assess the sum of the whole. We obviously complete a physical environment/security assessment. We evaluate how access to the facility and other sensitive areas is managed and controlled. We evaluate the ability for staff to view entrances, waiting area and other areas of concern. We evaluate the ways in which staff can summon help to respond to a potentially volatile situation. We evaluate security officer staffing and deployment. We evaluate the training and education provided to staff and security officers to identify and manage aggressive behavior. We evaluate the working relationship between the clinical team and the security team. We also evaluate the other contributing factors such as the organization's infrastructure, the WPV program, policies and procedures and the clinical components. My partner, Mitch Gesinger, MSN, RN, CJCP, CPHQ (LinkedIn www.linkedin.com/in/mitch-gesinger-msn-rn-cjcp-cphq-64a0b8a5/) evaluates the clinical components like how the Emergency Department identifies high risk individuals, how does the facility manage medications, how do they manage the electronic medical record and other clinical processes; and what type of behavioral health and addictive services resources are available. After the assessment, we provide evidence-based recommendations to strengthen the workplace violence program and improve staff and patient safety. We pride ourselves in maintaining long term relationships with our clients.

SecuritySolutionsWatch.com: Jennifer, can you explain some of the services and resources that Engage provides to assist Emergency Departments?

Jennifer Schmitz: At Engage, Powered by ENA, we focus on helping emergency departments improve their safety and efficiency. We offer practical recommendations on basic safety measures for staff, patients, and families. We also support the development and implementation of behavioral health policies and procedures. One of our key services is facilitating reviews of the ENA Workplace Violence Mitigation Toolkit with ED leaders, helping them understand and apply its strategies. Plus, we provide one-on-one support to emergency department leaders, guiding them in implementing and advocating for workplace violence mitigation strategies. Our goal is to ensure that emergency departments have the tools and knowledge they need to create a safe and supportive environment for everyone.

SecuritySolutionsWatch.com: How can Emergency Departments or other healthcare leaders contact you or find out more about the services that you provide?

Paul Sarnese: I can be reached at 856-305-9204 or through email at paul@securedandprepared.com or through our website at https://www.securedandprepared.com

Jennifer Schmitz: Emergency department and healthcare leaders can learn more about our services by visiting our website at https://www.enaengage.com/. Email us at jennifer.schmitz@enaengage.com or call 207.770.0562 for direct inquiries.

Domenic Gallelli: Yes of course. I can be reached at 215.704.1254, via email at dgallelli@valentisinc.com or through our website www.valentisinc.com

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What's YOUR SOLUTION?

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