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Research Article

Role of Health Care Security Assistants in Supporting Disaster and Emergency Preparedness in Healthcare Facilities

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Abstract:

Health care security assistants play a crucial role in the preparedness and response to disasters and emergencies within healthcare facilities. Their responsibilities extend beyond traditional security measures, encompassing the development and implementation of comprehensive emergency response plans, conducting risk assessments, and collaborating with healthcare staff to train personnel on safety protocols. In times of crisis, such as natural disasters, pandemics, or mass casualty incidents, these professionals serve as a vital link between security operations and medical staff, ensuring that safeguard measures are effectively communicated and executed. Their presence in training exercises and emergency drills ensures that healthcare facilities are better prepared to respond swiftly and efficiently, minimizing potential harm to patients and staff alike. In addition to their proactive preparedness roles, health care security assistants are essential during actual emergencies, facilitating quick communication and coordination among various departments. They help manage crowd control, ensure the safety of patients and staff, and provide situational awareness to decision-makers. By leveraging their knowledge of the facility's layout and procedures, security assistants can direct emergency responders and assist in the safe evacuation of individuals if needed. Their multifaceted contributions not only bolster the safety of healthcare environments but also enhance the overall resilience of healthcare systems, enabling them to navigate the complexities of emergency situations with greater efficacy.

1. Introduction

The contemporary healthcare landscape exists in a state of perpetual vulnerability to a vast and expanding spectrum of disruptive events. These range from internal emergencies such as fires, utility failures, and acts of violence, to external mass-casualty incidents stemming from natural disasters (e.g., earthquakes, hurricanes, floods), technological accidents, pandemics, and human-induced threats like terrorism or active shooter situations [1, 2]. Within this complex threat environment, healthcare facilities—hospitals, clinics, long-term care centers—are not merely passive shelters but active, critical nodes in any community's emergency response network. Their core mission of providing uninterrupted, safe patient care is severely tested during such events, creating a multifaceted challenge that extends far beyond clinical capabilities alone. Traditionally, disaster preparedness planning has been dominated by clinical, logistical, and administrative perspectives, often overlooking a crucial component integral to operational continuity and safety: the role of Health Care Security Assistants (HCSAs) [3, 4].

HCSAs, often referred to as healthcare security officers or specialists, are personnel specifically trained to maintain safety, security, and order within the healthcare environment. Their function transcends the outdated stereotype of a passive guard stationed at an entrance. In the modern healthcare ecosystem, they are trained professionals whose duties encompass access control, patrol, conflict de-escalation, liaison with law enforcement, and protection of assets, personnel, and patients [5, 6]. However, their most critical, and sometimes under-analyzed, contribution lies within the domain of disaster and emergency preparedness [7, 8].

1.1 Defining the Health Care Security Assistant:

To fully appreciate their role in emergencies, one must first understand the foundational scope of the HCSA's responsibilities and competencies. The position exists at the critical intersection of public safety, customer service, and clinical support within a unique and high-stakes environment. The International Association for Healthcare Security and Safety (IAHSS) provides industry standards that outline the basic and advanced training requirements for these professionals, emphasizing a patient-care-centric approach to security [9]. Core competencies include knowledge of legal aspects of detention and use of force, understanding of patient privacy laws such as HIPAA, proficiency in emergency response procedures, and, crucially, advanced skills in verbal de-escalation and crisis intervention, particularly when dealing with individuals experiencing mental health crises or extreme stress [10, 11].

The professionalization of the field has moved HCSAs away from a purely reactionary model towards a proactive, intelligence-led one. They are trained in conducting vulnerability assessments of physical infrastructure, identifying potential security gaps in departments like pharmacies or emergency rooms, and monitoring for suspicious activities that could precede a violent incident [12]. This daily operational awareness forms the bedrock of their disaster preparedness value. Their intimate

familiarity with the facility's layout—including alternate routes, utility cut-offs, storage locations for emergency supplies, and vulnerable access points—is knowledge that becomes invaluable during a chaotic event when time is critical and conventional wayfinding may be compromised [13]. Furthermore, their regular interaction with all facets of the hospital community, from clinical staff and administrators to patients and visitors, positions them as key nodes in the facility's informal communication and observation network, capable of gathering situational intelligence that may not be visible through formal channels [14].

1.2 The Pre-Incident Phase:

The most effective disaster management occurs long before an alarm sounds. HCSAs are deeply embedded in the pre-incident phases of mitigation and preparedness, contributing to the reduction of potential disaster impacts and the development of operational readiness.

In the domain of **risk assessment and vulnerability analysis**, HCSAs provide a unique security-focused lens. While facility managers may assess structural integrity and clinicians may plan for medical surge, security personnel evaluate risks related to crowd behavior, access point failure, loss of lighting or surveillance systems, and the potential for civil unrest or violence during a crisis [15, 16]. They can identify which entrances may become bottlenecks during a mass casualty influx, or which stairwells require additional lighting and signage for evacuation in a power outage. Their daily reports on minor security incidents can, when aggregated, reveal patterns that inform broader preparedness strategies, such as identifying departments with frequent volatile incidents that would require prioritized security support during an emergency [17].

Regarding **plan development, training, and drills**, HCSAs are essential participants, not mere subjects. Security leadership must be integral members of the Hospital Incident Command System (HICS) and the facility's Emergency Management Committee [18]. Their practical insights ensure that emergency plans are logistically sound from a security and traffic flow perspective. Furthermore, HCSAs are often key facilitators and evaluators during full-scale and functional exercises. They may role-play as agitated family members, coordinate simulated traffic control points, or test the lockdown protocols for various units [19]. This active involvement tests the plans under realistic conditions and ensures that security staff themselves are thoroughly drilled in their emergency assignments, which often differ significantly from their daily routines. Their training in National Incident Management System (NIMS) and HICS principles ensures they can integrate seamlessly with responding external agencies during an actual event [20].

Physical and Operational Preparedness also falls partly under their purview. HCSAs are frequently responsible for managing and controlling access to key resources vital for disaster response. This includes securing and monitoring access to emergency supply caches (personal protective equipment, pharmaceuticals, durable medical equipment), fuel reserves for generators, and emergency communication equipment [21]. They also play a role in ensuring the functionality of physical security systems that are critical in a disaster, such as backup power for electronic locks and surveillance cameras, the integrity of perimeter fencing for crowd control, and the availability of portable barriers and signage for establishing controlled zones within and around the facility [22].

1.3 Critical Functions During Active Emergencies

When a disaster strikes or an emergency is declared, the HCSA's role shifts dynamically from preparation to active response. Their actions in the initial minutes and hours are critical in establishing a safe operational platform for clinical lifesaving activities to proceed.

One of the most visible and vital functions is **access control, perimeter security, and traffic management**. A major incident can trigger a rapid convergence on the healthcare facility: ambulances, private vehicles carrying victims, media, concerned citizens, and even curious onlookers [23]. Without effective control, chaos at the entrances can paralyze the Emergency Department. HCSAs, following pre-established plans, swiftly establish inner and outer perimeters. They designate and secure ambulance ingress/egress routes, create separate staging areas for walking wounded, direct non-essential traffic away, and control the flow of authorized personnel and vehicles [24, 25]. This function is not merely about order; it is about ensuring unimpeded access for emergency medical services and preserving the facility's capacity to function.

Internally, **crowd management and behavioral control** are paramount. Disasters create high-stress, high-anxiety environments. Waiting areas may overflow with distressed families. Patients and visitors may become agitated due to fear, grief, or long waits for information [26]. HCSAs, trained in crisis intervention and de-escalation, are deployed to these hotspots. Their presence can have a

calming effect and prevent situations from escalating into violence or panic. They manage queues, disseminate approved information to reduce rumors, and identify individuals who may need specialized psychological first aid or medical attention for acute stress reactions [27]. In events like an active shooter or internal hostage situation, their immediate actions to lockdown units, shelter-in-place, and guide law enforcement through the complex layout are directly life-preserving [28].

The protection of **critical assets and infrastructure** becomes even more urgent during a response. In the confusion of a disaster, opportunistic theft of drugs, equipment, or personal belongings can occur. More importantly, HCSAs safeguard vital infrastructure: they may post guards at electrical switch rooms, oxygen storage tanks, IT server rooms, and water purification systems to prevent accidental or intentional tampering [29]. During extended events like power outages, they enhance patrols in stairwells and poorly lit areas to maintain safety. Their role in preventing the disruption of these core utilities is a direct contribution to clinical care continuity.

As **liaison and support for external agencies**, HCSAs serve as the critical link between the healthcare facility and the multitude of external responders. Police, fire departments, FBI, FEMA, and public health officials arriving on scene need rapid orientation and integration [30]. HCSAs, familiar with the facility's HICS structure, can escort these agencies to the Incident Command Post, provide access credentials, brief them on internal conditions and security concerns, and facilitate their movement within the controlled zones. This coordination prevents external responders from inadvertently disrupting clinical operations and ensures their efforts are effectively integrated into the overall response [31].

Finally, in an age where systems failure is a primary threat, HCSAs support **communication and operational continuity**. They may be tasked with running physical messages between departments if digital systems fail, assisting in the setup of alternative communication stations, or providing security for communication technicians repairing vital lines [32]. Their patrols provide ground truth situational reports to the command center, offering a reality check against often fragmented or delayed electronic information flows.

1.4 The Recovery and Post-Incident Phase:

The conclusion of the acute response phase does not mark the end of the HCSA's emergency role. The recovery phase, aimed at restoring normal operations and learning from the event, requires sustained security engagement.

Facility re-entry and normalization is a delicate process. After an evacuation or lockdown, the controlled return of staff, patients, and visitors must be managed to ensure safety and accountability. HCSAs may verify identities, manage the flow of people back into the building, and conduct initial assessments for any damage or hazards left in the wake of the event [33]. They continue to provide a heightened security presence as the facility remains in a vulnerable state, potentially dealing with lingering public curiosity or media attention.

The **investigation and preservation of evidence** following certain types of disasters is another key responsibility. In the aftermath of a fire, a structural collapse, or an act of violence, the scene must be secured to allow for official investigations by authorities such as police, fire marshals, or OSHA [34]. HCSAs establish and maintain the integrity of these investigation scenes, preventing contamination or disturbance of critical evidence, while still balancing the need for the facility to resume critical functions in unaffected areas.

Perhaps one of the most valuable contributions in this phase is their role in **after-action reporting and process improvement**. HCSAs provide detailed, ground-level observations for the facility's formal After-Action Report (AAR). They can report on what security protocols worked, where bottlenecks occurred, which equipment failed or was insufficient, and how interactions with the public and external agencies unfolded [35]. This feedback is invaluable for revising emergency operations plans, adjusting training curricula, and making informed decisions about future security resource allocations and technology investments.

1.5 Special Considerations and Evolving Challenges

The role of HCSAs must adapt to specific and evolving types of disasters. During a **pandemic**, such as COVID-19, their duties expanded dramatically to include enforcing restricted access policies, screening entrants for symptoms, managing often-contentious masking and visitation rules, securing testing and vaccination sites, and protecting staff from harassment or violence related to public health measures [36, 37]. In **mass casualty incidents (MCIs)** from transportation accidents or terrorist attacks, their focus intensifies on the ultra-rapid establishment of triage and treatment zones, logistics for a sudden influx of victims and families, and managing the inevitable media circus [38]. For **internal threats like active**

aggressors, their training transitions immediately to the "Run, Hide, Fight" or "Secure, Preserve, Fight" paradigms, requiring them to make rapid decisions to lock down areas, guide others to safety, and directly confront the threat as a last resort, often in coordination with arriving law enforcement [39].

2. Challenges and Barriers to Optimal Effectiveness

Despite their critical role, significant barriers can hinder HCSAs from performing at their optimal level during disasters. **Resource constraints** are chronic; many security departments are understaffed and may lack dedicated personnel for emergency roles, leading to burnout and fatigue during prolonged events [40]. **Insufficient integration** into the clinical and administrative fabric of the facility can persist, with security still viewed as an outsourced, lower-priority function rather than a core component of patient safety and operational resilience. Gaps in **training and inter-agency exercises** can also exist, where security staff participate in fire drills but not in full-scale community-wide exercises that test integration with police and fire departments [41].

3. Conclusion:

In conclusion, the Health Care Security Assistant is a cornerstone of modern healthcare disaster and emergency preparedness. Their contributions permeate every phase of the emergency management cycle, from proactive risk mitigation and plan development through decisive action during the crisis to supportive roles in recovery and organizational learning. They provide the stable, secure environment within which clinical heroism can occur. To dismiss or underfund this function is to create a critical vulnerability in the healthcare system's defensive and responsive armor.

The future of this role points towards greater integration, professionalization, and technological empowerment. Healthcare leaders must move beyond a compliance-based view of security and embrace it as a strategic resilience function. This entails ensuring HCSA leadership has a formal seat at the emergency planning table, dedicating resources for advanced training in complex disaster scenarios, and investing in technology that enhances their capabilities, such as real-time location systems for assets and staff, advanced communication platforms, and integrated surveillance and access control systems. Furthermore, fostering a culture of mutual respect and regular collaboration between security, clinical staff, and administration is essential for seamless performance under pressure.

Ultimately, a healthcare facility's ability to weather a storm—whether literal or metaphorical—depends not only on the skill of its surgeons and the stock of its pharmacies but equally on the preparedness, presence, and professionalism of its security team. Recognizing, empowering, and fully integrating Health Care Security Assistants is not merely an operational decision; it is an ethical imperative for ensuring the safety of patients, staff, and the community when they are most vulnerable. The security of care is inextricably linked to the care of security.

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