Complex Operating Environment – Healthcare Facilities

The US has more than 5,600 registered healthcare facilities, the majority of which are privately owned and operated. Each varies greatly in size, location, layout, patient demographic, and resource allocation. These facilities provide patient services to millions of people each year and play a significant role at the local, state, or regional levels when responding to hazards ranging from man-made incidents, such as terrorism, to natural disasters or infectious disease outbreaks. This product provides first responders, public health officials, medical professionals, healthcare staff, and other health and medical industry partners planning and operational response considerations in advance of a potential attack at a healthcare facility.

The following areas may require additional planning and response considerations in the event of an attack against a healthcare facility:

(A) EMERGENCY DEPARTMENT

Open, public access may increase potential security concerns. A response following an attack may include enhanced physical screening of patients, visitors, and vehicles, including ambulance and other emergency service vehicles, and victims self-reporting to limit the possibility for secondary or follow-on attacks.

Additional physical security mitigation measures may include bollards at public accesses to create physical barriers or securing equipment, such as uniforms or emergency vehicles, in an effort to prevent loss or theft.

(B) OPERATING ROOMS & SURGICAL SUITES

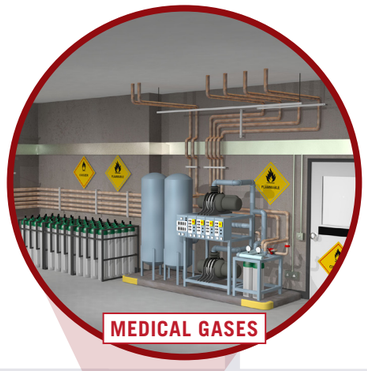
Medical staff occupied by in-progress surgical procedures may be unaware of or unable to react or respond to a potential threat or an attack. Consequently, response procedures should consider the need for medical personnel to continue operational care for surgical patients.

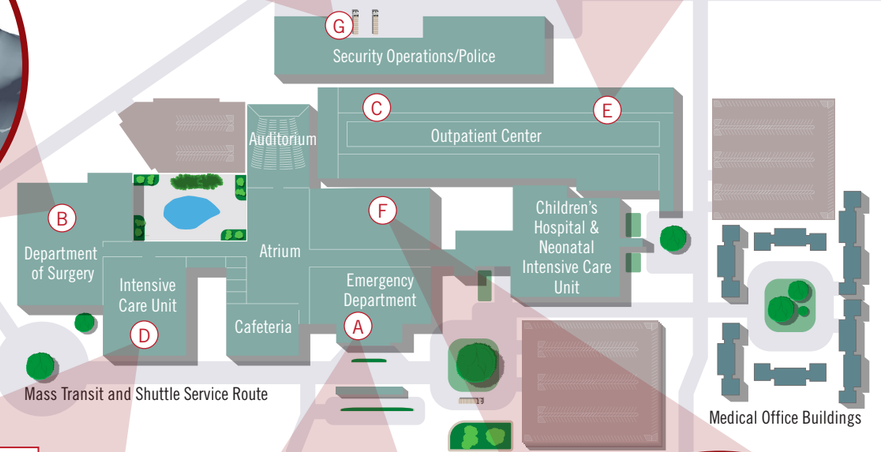
(C) RADIOLOGY & NUCLEAR MEDICINE

Magnetic Resonance Imaging (MRI) suites are generally in restricted areas. The strong magnetic field may extend beyond the suite and has the potential to pull a firearm from the hands of a responding officer and cause the weapon to discharge. The magnetic field is typically always on and may take several minutes to disengage, requiring response tactics to be adjusted.

(D) INFECTIOUS DISEASE, BIOHAZARDS, & QUARANTINE AREAS

General awareness and knowledge of the types of hazards in the area should be communicated among medical staff and first responders. Access is typically secured, monitored, and limited, according to facility operating procedures. However, during an attack, security may be compromised, and infected individuals may leave the area, putting the general population at potential risk. First responders required to enter the area should have access to appropriate personal protective equipment to shield against potential hazards.





(E) MEDICAL GASES

Hazardous materials may be inside the walls and throughout the facility (for example, pipelines) and may present a variety of additional concerns. Locating and shutting off the flow may help reduce risk. Gases may include, but are not limited to, oxygen, nitrous oxide, nitrogen, and carbon dioxide.

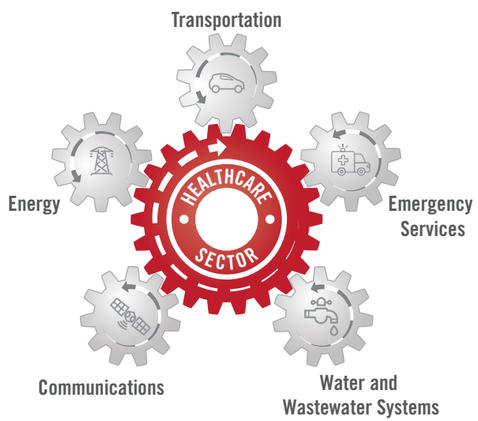
(F) PHARMACY

Hazards may be present in the area if exposed or inhaled. During an emergency response, this area may need to be accessed by staff to treat victims and ensure continuation of patient care. Medication, including narcotics, may need to be secured by authorities to limit potential exploitation or self-treatment by attackers.

(G) MEDICAL WASTE CONTAINMENT AREAS AND LOADING DOCKS

Enhanced security measures may reduce inherent risks to open areas.

SECTOR INTERDEPENDENCIES: The healthcare sector relies on services provided by other critical infrastructure sectors, such as energy, transportation, emergency services, water, communications, and information technology. An interruption in one or more of these sectors has potential cascading effects on the healthcare sector and can cross-jurisdictional or geographic boundaries. Partners from these sectors should factor critical dependency and interdependency issues into contingency plans. They should conduct interdependency analysis, consider restoration prioritization awareness, and, whenever possible, consider alternative methods to support operations during an event or crisis, which interrupt a lifeline sector's ability to provide services to healthcare facilities.



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NCTC 031928 ID 4-18
16 APRIL 2018
AUTHORED BY NCTC, FBI, DHS

Complex Operating Environment – Healthcare Facilities

PRE-INCIDENT PLANNING & COORDINATION: Public health officials, medical professionals, and healthcare staff, first responders, and other state and local officials are encouraged to build partnerships and networks to increase integration across disciplines.

- First responders and healthcare staff are encouraged to perform joint walk-throughs of the facility on various shifts at least annually and at different times of the day to gain familiarity and to note areas that are not regularly visited by emergency responders but may require specialized response during an incident. This may include medical office buildings attached to hospitals or other healthcare facilities that fall under separate management. In addition, annual site security assessments help determine individual facility hazards and risks. Such assessments can improve security posture and help prioritize requirements through planning, training, or resource acquisition. Multi-disciplinary training and joint exercises, including tabletop and full-scale exercises involving a wide range of partners from healthcare professionals, first responders, public health, public utilities, and other partners, may assist with an effective response in the event of an attack.
- Healthcare facility administrators should consider placing critical access kits in strategic locations throughout the facility, which may include facility access cards, master keys, maps, and personal protective equipment. These critical resources should be routinely inventoried and replenished.
- Healthcare administrators should provide regular training to all employees, managers, volunteers, and staff, as well as those involved in maintenance, custodial, food, security and transportation services, on recognizing and reporting behaviors that may be indicative of terrorism.
- First responders and healthcare staff should consider establishing information sharing networks with other healthcare organizations in the surrounding geographic area, as well as other information sharing networks such as fusion centers, to maintain situational awareness of current or emerging threats or concerns. Events that may occur geographically separate from the facility may have an impact on facility operations and may require increased security measures or response capabilities.
- Physical security considerations may include reducing the number of ingress and egress points within facilities and placing security at locations that remain accessible (for example, by maintaining a visible security presence or by installing barriers or fencing).

ROLES AND RESPONSIBILITIES: First responders and healthcare professionals should identify agency and organizational roles they will perform during an emergency to avoid any potential delay in response due to overlapping responsibilities. Considerations may include patient accountability, which can involve evacuation or movement; internal control points; security access; and facility lockdown procedures and protocols.

CRITICAL FACILITY FUNCTIONS: Prior to an emergency situation, healthcare facilities are encouraged to identify critical functions and determine organizational priorities to ensure continuity of operations. Consider utilities; information technology; communications; pharmacy, laboratory, and radiology services; laundry and housekeeping amenities; nutrition and dietary services; and administrative and financial functions.

- Assess supply chains to identify potential gaps and assist in developing additional delivery or receiving options. Effective collaboration between manufacturers, distributors, and vendors, as well as consideration of regional requirements and strategies, can enhance preparedness in the event a facility's supply chain is interrupted or compromised during an emergency.
- Establish an accounting of available or required equipment, medical supplies, or other materials that may help first responders and healthcare professionals perform life-saving actions in a more timely and efficient manner. Agencies may need to assess their own stockpiles and coordinate with partner organizations in their geographic region to determine procurement strategies and enter into formal agreements and understandings in the event of a crisis.
- Cybersecurity plays a critical role because healthcare has become increasingly dependent on information technology to perform routine functions. A physical attack on a facility in conjunction with a cyber incident may greatly disrupt response capabilities and cause a chain reaction throughout the facility. Identify and practice at least annually processes for maintaining operations in the event that access to electronic health records or other computer-based systems or records is not possible.

LOCKDOWN, EVACUATION, RELOCATION PROCEDURES: Evacuation or relocation is often considered the last resort for healthcare facilities due to the complexities surrounding the process. Lockdown, evacuation or relocation of a facility may occur with little to no warning, highlighting the importance for healthcare staff, as well as first responders, to coordinate in advance and remain familiar with the protocols which prompt procedures for each facility. The following are considerations in the event a facility must enter lockdown, evacuate, or relocate:

- Immediately notify first responders of any changes in the facility's status to ensure an appropriate response, including assistance with diverting traffic and routing patients to other healthcare facilities.
- Coordinate and exercise access control to facilities for law enforcement or emergency response personnel during a lockdown event.
- Account for patient provisions in the event of an extended lockdown scenario including medications, medical equipment, water, food, or other supplies, especially for high-risk or intensive care patients.
- Initiate screening procedures at control access points within the facility to include persons, vehicles, bags, packages, equipment, and deliveries.
- Track patients, employees, visitors, first responders, and necessary medical equipment during partial or total evacuation or relocation to ensure individuals are accounted for throughout the entirety of an event. Train and conduct exercises for healthcare staff so that they become familiar with standard operating procedures.

COMMUNICATIONS: Interoperability is key to an effective response. The ability to communicate appropriate, timely, and relevant public information may require identification of communication methods and dissemination platforms, both internal and external; agreed upon frequencies and channels; and the frequency of information sharing during emergency and steady states. In addition, healthcare facilities are encouraged to collaborate with public health officials to coordinate unified messaging:

- An incident may require communication among stakeholders with disparate communications capabilities. Establish emergency response plans that include primary and alternate methods of communication among first responders, healthcare professionals, security personnel, and other partners.
- Designate an off-site location where media assemble that does not interfere with an incident response and where public information officers serve as a single point from which to release information to the media and general public during both steady state and emergency operations. Provide the public with information throughout the span of an incident related to operating status, alternate care sites, reunification site facilities, active security, or screening alerts.
- Consider warnings and notifications beyond the immediate incident scene or area, including staff arriving on duty or concerned citizens who would like to contribute or assist.

OPERATIONAL & INCIDENT RESPONSE: During an emergency response, quickly establish a unified command structure using the Incident Command System (ICS) to effectively and efficiently manage integration of facilities, equipment, personnel, procedures, and communications.

- Establish mutual aid agreements across organizations and agencies to allow resources to be managed for the entire duration of an incident. In addition, regularly review and update policies and procedures addressing mutual aid. Training, exercises, and drills should incorporate these considerations.
- The Health Insurance Portability and Accountability Act (HIPAA) regulates the use and disclosure of protected health information (PHI). To facilitate a timely response to requests for information, first responders should understand HIPAA requirements for protecting PHI, including information that can be shared under specific circumstances.
- Collecting and preserving evidence can be challenging in any situation. Consequently, healthcare professionals should have a basic understanding of evidence preservation during a terrorism response and recovery, especially as treatment of patients will need to continue. Additional sensitivities may apply to victims of the attack and their families or other visitors arriving on-scene.
- Healthcare professionals are encouraged to develop, review, and update policies and procedures related to the management and response of large numbers of patients requiring medical assistance, which may have the potential to quickly overwhelm staff and resources.

RESOURCES: The following resources may provide additional tools to enhance preparedness in CT prevention, protection, response, and recovery:

Suspicious Activity Reporting (SAR) for Public Health and Health Care Partners provides training to assist public health and health care professionals identify and report suspicious activity and other critical activities associated with homeland security – ***https://nsi.ncirc.gov/training_online.aspx***

US Department of Health and Human Services (HHS) Decision Tool provides guidance for sharing patient information under HIPAA Privacy Rule, including during emergency situations – ***https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/ decision-tool-overview/index.html***

US HHS Technical Resources, Assistance Center, and Information Exchange provides healthcare emergency preparedness resources to stakeholders to improve response, recovery, and mitigation efforts – ***https://ASPRtracie.hhs.gov***

US HHS Regional Emergency Coordinators (RECs) serve as representatives throughout the US to plan for effective federal emergency response and facilitate coordinated preparedness and response activities for public health and medical emergencies – ***https://www.phe.gov/Preparedness/responders/rec/Pages/contacts.aspx***

C**enter for Disease Control (CDC) Preparation and Planning Resources** provides resources to prepare, respond, and recover from numerous natural, man-made and other disasters – ***https://emergency.cdc.gov/planning***

US Department of Energy, National Nuclear Security Administration, Office of Radiological Security assists with recovery and permanent disposal of disused and unwanted radioactive sources, as well as with the training of law enforcement and security officers to properly respond to attempted theft of radioactive sources – ***https://nnsa.energy.gov/ sites/default/files/nnsa/inlinefiles/ors_-_icons_fact_sheet.pdf***

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NCTC 031928 ID 4-18

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JOINT COUNTERTERRORISM ASSESSMENT TEAM | JCAT

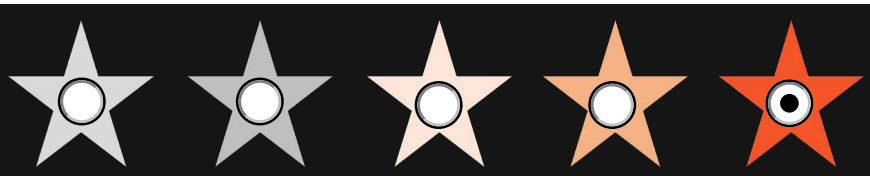
PRODUCT FEEDBACK FORM

(U) JCAT MISSION: To improve information sharing and enhance public safety. In coordination with the FBI and DHS, collaborate with other members of the IC to research, produce, and disseminate counterterrorism (CT) intelligence products for federal, state, local, tribal and territorial government agencies and the private sector. Advocate for the CT intelligence requirements and needs of these partners throughout the IC.

NAME and/or ORG:

DISCIPLINE: ☐ LE ☐ FIRE ☐ EMS ☐ HEALTH ☐ ANALYSIS ☐ PRIVATE SECTOR DATE:

PRODUCT TITLE: NCTC-FBI-DHS (U) First Responder's Toolbox - Complex Operating Environment -

POOR  GREAT

ADDITIONAL COMMENTS, SUGGESTIONS, OR QUESTIONS. HOW DOES JCAT MAKE PRODUCTS BETTER?

WHAT TOPICS DO YOU RECOMMEND?

SUBMIT