



Heathcare Aggression Response Training (H.A.R.T.)

Conflict Avoidance/Physical disengagement Training.

**Includes techniques for the defense of self/others,
Restraint and Control techniques, Advanced
Communications/De-escalation skills, Dealing with all
forms of Cognitive Impairment and Intervention
Techniques for Mental Health situations.**

***NOTE: Pinel Restraint Training is included
with the clinical staff program in class.***



Bio of Michael D. (Mike) Burgess

Mike is the President and Managing Director of M.D. Burgess And Associates Inc, a training network formed in 1996 to train people in various professions to deal with violence at all levels, including the Security profession and healthcare working environment.

He is a Superior Court recognized subject matter expert in areas specific to training and the use of force for restraint and compliance purposes and in the defence of self/others. He is also a multi-qualified instructor trainer in the use of force.

Mike served as an Instructor trainer from 1995 -1998 full time, and 1998 - 2003 on contract to the Ontario Police College in the area of Use of Force, Officer Safety, Judgment Simulators, Defensive Tactics and Firearms.

He has chaired the Core Competencies Committee for the Canadian General Standards Board and acted as a subject matter expert/advisory member on the Use of Force committee regarding the latest version of the International Security Officer Training Standard # 133.1 which became effective in 2007 for ISO standards.

Mike has been a regular lecturer for Federated Press at its national Chief Security Officers Conference since 2004. He holds seminars and advises top level executives on risk management issues and training as well as due diligence and how to achieve it. Many contain licensed establishment where specific skill sets are required.

Mike began working within the health care industry in 2005 running personal safety training for personnel working in hospitals. This led to his involvement in the development of Code White training programs and customized programs for the various applications within healthcare to replace many U.S. based systems that lacked Canadian content. Today custom programs are available for Code White Teams, and generic training of all staff according to their assigned client bases.

Mike and several of the companies instructors are Master Instructors in the Pinel Restraint System. They can facilitate and certify instructors in the safe use of Pinel restraints as well as Code White Violence Prevention and Management Programs. Pinel is Health Canada approved for use and the training meets or exceeds the requirements of Accreditation Canada for medical facilities.

In order to maintain his objectivity and unbiased opinions for the courts, Mike does not belong, nor subscribe to, any Associations, Federations, Clubs nor teach any non-government “sanctioned training “systems or methodologies.”

He is the author of some six technical manuals for training security and healthcare personnel and is also a subject matter expert in Advanced Communication skills, Understanding Emotional Driven Behaviour and Personalities.

CURRICULUM OVERVIEW AND INSTRUCTIONAL OBJECTIVES

Part I: Prevention & De-Escalation

Module One Advanced Communication (Dealing with the Cognitively Impaired)

Upon completion of this module, staff will be able to:

- Manage their own emotional response to stressful encounters
- Accurately interpret a range of communications conveyed by clients
- Communicate effectively to be better understood

Module Two: Understanding and Managing Emotionally-Imbued Behaviour

Upon completion of this module, staff will be able to:

- Identify and distinguish between primary and secondary emotions
- Articulate/understand the locus of emotion and emotional learning
- Identify root causes of negative emotions and aggressive behaviour

Module Two: Older Adult Clients and Aggressive Behaviour

Upon completion of this module, staff will be able to:

- Explain the factors and circumstances unique to the older adult in care which contribute to and precipitate aggressive behaviour
- Describe the importance and the process of assessment in helping determine reasons for the expression of aggressive behaviour
- Describe the influence of cognitive impairment on the instigation and nature of aggressive responses
- Avoid triggers as a specific strategy to mitigate or eliminate aggressive behaviour
- Communicate effectively and with a positive regard for the distressed older adult

Module Three: Mental Illness and Cognitive Impairment

The impact and effect on Aggressive Behaviour

Upon completion of this module, staff will be able to:

- Articulate a general working definition of both mental illness and cognitive impairment
- Identify the major behaviour symptoms associated with common mental illnesses
- Differentiate the basic difference between hallucination and delusion and presenting responses unique to each
- Communicate effectively with mentally ill or cognitively impaired clients to prevent violent behaviour

DAY TWO: Legal issues, Situational Awareness, Personal Safety, Proxemics, Physical disengagement skills to facilitate escape from escalated situations.

Module One: Basic Legal Principles as they apply to personal safety and the management of aggressive behaviour

Upon completion of this module, staff will be able to:

- Understand Federal laws for the use of force in self defence and defence of others, appropriate levels of force and how each may impact their safety.
Have an understanding of the definitions of assault, harassment, threatening within criminal law and what to do when it happens.
- Have a basic understanding of Provincial Mental Health legislation including when and who may use force to to “restraint” a patient.
- Apply the above knowledge directly to these skills, knowledge and abilities
- Articulate, clearly, their perception of an incident and the reasons for their choice of action in a given intervention

Part II: Situational Awareness

Module One: Introduction to the Management of Escalated or Potentially Violent Situations

Upon completion of this module, staff will be able to:

- Apply basic strategies to increase skill achievement and maximize safety while learning.
- Examine and compare basic techniques to physically control or escape from violent or aggressive behaviour
- Describe strategies that will help minimize the levels of force required to disengage from, or control a violent situation
- Recall three cardinal rules to consider prior to applying any use of force
- Follow a five-step plan to detect early signs of violence and prepare to respond
- Demonstrate the value placed upon protecting oneself, patients and co-workers and respect for the personal space of others

Module Two: Maintaining Situational Awareness

Upon completion of this module, staff will be able to:

- Complete a comprehensive check list of pre-planning, pre-approach safety strategies to consider before caring for or interacting with clients
- Establish a desirable reactionary gap or position of safe distance
- Complete a pre-contact risk assessment and apply it continually throughout incident
- Use avoidance and redirection techniques to reduce the risk of personal harm and buy time for de-escalation efforts.
- Assess threat levels based on the relationship between *threat, time, distance and shielding*

Module Three: Proxemics (Relative Positioning) and Teamwork

Upon completion of this module, staff will be able to:

- Assume a role within a team approach to patient interactions
- Assume both basic and reactionary stances to increase personal safety
- Take up an escort *position* to guide client direction

Part III: Physical Intervention/Control Techniques

Module One: Releases and Disengagement vs. Control and Containment

Upon completion of this module, staff will be able to:

- demonstrate respect for the caregiver's commitment to help, not hurt, the client
- Apply three basic body mechanics principles as a foundation for the safe management of an aggressive client
- Control and Contain a Violent Patient within the framework of healthcare guidelines
- Control Violent persons in order to assist security personnel while applying restraints or detaining for police.

- Execute with competence and confidence
 - The handshake release
 - The release of a patient's grip on other objects (e.g. chair)
 - The wrist and arm grab release
 - The clothing grab release
 - The choke release
 - The headlock release

Module Two: Practice Session

Upon completion of this module, staff will be able to:

- demonstrate confidence and competence, to a minimum standard, the transition from lesser techniques to control measures and restraint if applicable.
- demonstrate confidence and competence, to a minimum subjective standard, the releases from common grabs and assaults.
- demonstrate confidence and competence, to a minimum standard, pro-active violence prevention methods using team approaches and proxemics, to avoid confrontations.

EVALUATION PROCESS: Evaluations are in the form of both a written exam, pass mark 75% and physical skills competency testing during the course.



HEALTHCARE AGGRESSION RESPONSE TRAINING

(H.A.R.T.) Includes Non-violent crisis intervention tactics, Patient Control, Disengagement and Containment Techniques

CURRICULUM OVERVIEW AND INSTRUCTIONAL OBJECTIVES

H.A.R.T. PART I & II– (PATIENT WATCH AND INTERVENTION CAPABLE RESPONDERS)

H.A.R.T. PART III & IV – INTERVENTION CAPABLE RESPONDERS ONLY.

Situational Awareness, Personal Safety, Effective Communications Skills, Proxemics and Code White Response Team Awareness

Pat I

Time: 90 minutes

Resources: Large classroom with open area access, tables, chairs, laptop with projector & screen

Situational Awareness/Personal Safety. Upon completion of this session, staff will have:

- Identified and explained a comprehensive mental check list of precautionary measures to take prior to approaching a patient who is behaving in a threatening or aggressive manor;
- an awareness of and pre-emptively respond to inherent risks from persons or the situational environment
- an ability to assess –plan-then act in fluidly and seamlessly in response to changing behaviours and impacting factors within an escalated situation
- demonstrated the ability to assess threat levels based on the relationship between the nature of the threat, reaction time, distance and shielding options.
- demonstrated the skill of maintaining a desirable reactionary gap and position of safety in a variety of situations; and
- performed a pre-contact risk assessment, including its continuous application throughout an incident;

www.BurgessAndAssoc.com

Effective Communications during interactions with aggressive persons .

Time: 90 minutes

Resources: Large classroom with open area access, tables, chairs, laptop with projector & screen

Given previous training/experience in communications, verbal de-escalation techniques and an understanding of impacting factors on communications, upon completion of this session, staff will have:

- an understanding of the applicable legislation relative to their duties ie: Mental Health and Patient Restraint Act, Criminal Code and Federal legislation
- an understanding of court acceptable limitations on uses of force for restraints and in self-defense or defense of others.
- the ability to manage their own emotional response to stressful encounters
- an understanding of how/why emotions drive human behaviour and an ability to identify and distinguish between primary and secondary emotions and the link to escalated behaviour
- The ability to describe the influence of emotions on cognitive impairment and the instigation of aggressive responses in all types of patients
- an ability to communicate effectively with the distressed persons during behavioural emergencies and responses

Part II

Time: 180 minutes

Resources: Large open area access

Proxemics (Relative Positioning) Working with/in Teams,

Upon completion of this session staff will have:

- an understanding of “Proxemics” and the impacting factors of personal space issues
- demonstrated the two basic stances used as a platform for all interventions, preventative maneuvers and disengagement techniques
- demonstrated the skills of “relative positioning”
- an understanding of the concepts of Time v. Distance, “Shielding” and the use of physical barriers to enhance personal safety and mitigate risk to non-Code White response personnel
- described their role and understand the tactics/strategies used in support of a others
- demonstrated the *contact and cover* concept to enhance personal safety and reduce patient anxiety while responding to patient behavioural emergencies or emergent situations
- demonstrated non-physical options to escort or transfer a patient without precipitating an escalation, and while maintaining control and ensuring the safety of all involved; and
- have an understanding of the employers team strategies, directing policies/procedures, including any stepped response policy options for interventions where a serious risk of harm or injury exists to the patient or staff

H.A.R.T. PART III & IV ARE MODIFIED FOR ADMINISTRATIVE STAFF, ESCORT PERSONNEL, AND OTHER PERSONAL SUPPORT WORKERS.

H.A.R.T. PART III & IV – ALL EMPLOYEES, INCLUDING SECURITY STAFF.

Options for disengagement from physical aggression, Options for passive/active empty hand control, restraint techniques per corporate policy guidelines, guiding/escort techniques, containment and control to facilitate transition to restraints if applicable (security).

Controlled Restraint Techniques in situations where escape is not possible.

Time: 180 minutes –half day. Pre-requisite training – Hart I & II

Resources: Large classroom with open area access, movable seating, flip chart, projector and screen.

Upon completion of this session staff will be able to or have;

- demonstrate confidence and competence in the use of physical skills to transition from lower level responses to Controlled Restraint to assist security or police.
- an understanding of Policy and Procedures regarding aggression responses and personal safety.
- demonstrated an understanding of stepped responses
- demonstrated a high proficiency in the two basic stances used as a platform for all interventions, preventative maneuvers and disengagement techniques
- demonstrated confidence and competence in the use of the physical disengagement options
- demonstrated confidence and competence in transitioning from disengagement options to passive empty hand control & guiding techniques
- demonstrated the ability to transition to and from any Stepped Response Option to a non-physical option to facilitate escort or transfer a patient while maintaining control and ensuring the safety of all involved;
- demonstrated the skills and ability to transition at any point from a higher level response to environmental controls only and communication responses

www.BurgessAndAssoc.com

Additional Information and References

Instructor Trainer in the Pinel Medical Restraint System 2010 to present. Designed, developed and deliver instructor and end user certification in the use of the Pinel Restraint System. Primary instruction is in pre-application control and transition techniques, as well as physical restraint for application, adjustments and de-restraining.

Federated Press Montreal – Guest lecturer and Subject Matter Expert on Healthcare Security/Responses to Behavioural Emergencies in Medical/Healthcare work environments. 2007 to present. See program overview and workshop info attached.

HEALTHCARE Code White Training has been facilitated in the following locations; (This is a partial list only.)

Meno Ya Win, Sioux Lookout, Ontario, 2017, 2018,2020. Intestive training and certification of Code White response teams, Security staff, and instructor training certification. Code White, H.A.R.T. and Pinel restraint certification completed for approximately 75 staff members.

DeBeers Victor Mine Medical Centre – EMS, Code White and Remote Medical Emergency Training

Bridgepoint Health Toronto – Trained 60 members of Code White Response Teams

Guelph Homewood Health Centre – (Formerly Homewood Psychiatric) 2007 to 2014. Trained the trainers and all staff from units containing Form One patients or persons under lockdown status.

Shouldice HEALTHCARE Staff Toronto -2015 Code White Training

North Bay Hospital- Code White for security personnel

Geraldton Hospital - Code White for security personnel

Guelph General Hospital – Code White for ALL hospital staff

Groves Memorial, Fergus and Palmerston hospitals – Code White workshops

Haldimand County EMS, Hospital and Continuing Care Home – ongoing training for all staff up to 2011.

Sault St Marie Hospital – 2010-2013 Security Code White Training

Mackenzie Health Richmond Hill,

Sudbury General



Bio of Michael D Burgess

Mike is the C.E.O. and Managing Director of M.D. Burgess And Associates Inc, a training company that focuses specifically in the area of violence prevention and responses. The company provides specialty training to such professions as Security/Loss Prevention, Bar/Event staff, Hospital personnel-clinical and non-clinical, Municipal Law Enforcement, Provincial Offences Officers including Special Constables and Federal Law Enforcement Agents.

Corporately, Mike provides Prevention of Violence in the Workplace, Dealing with Difficult People, Advanced Communications skills, Pro-active Aggression Response Training and consulting for policies, procedures and facilitation for team or management training programs.

Mike is a court recognized subject matter expert in the use of force, due diligence and risk management in the aforementioned professions. He has testified most recently in several Ontario Superior Court cases and also worked in conjunction with lawyers and judges to settle many cases outside of court including several high profile cases.

Mike personally oversees the facilitators and support staff including program design and development, and is actively training instructors and regularly facilitating classes himself. Corporate programs are delivered via Universities and Colleges, direct to clients using on site and distance education programs also owned by the company. The company has been delivering services in Ontario since 1995.

Mike has personally facilitated training, and participated in team training of 20,000 police officers and hundreds of instructors for the Ontario Police College, the O.P.P. and several Municipal Police Services including Special Constables, between 1995 and 2009.

Mike served as an Instructor trainer from 1996 -2003 full time and on contract to the Ontario Police College in the area of Use of Force, Officer Safety, Judgment Simulators, Defensive Tactics and Firearms. He is a recognized by police agencies as an expert in the area of violence prevention, the use of force, judgment training, and is a multi-qualified trainer.

In 2004 he was appointed to chair the Core Competencies Committee for the Canadian General Standards Board and as a subject matter expert/advisory member on the Use of Force committee regarding the latest version of the Security Officer Training Standard # 133.1 which became effective in 2007 for ISO standards. He assisted in the updating and development of new training standards for the C.G.S.B. which formed the platform for Ontario's regulations under the new P.S.I.S. A.



Mike has testified before the Ontario Standing Committee on Justice Policy regarding training standards in Ontario and was a contributor to the Provincial Advisory Board on standards for the P.S.I.S.A. He also contributed materials recently on Bill C-26 in 2013 that lead to amendments to the self-defence sections of the Criminal Code of Canada.

As a consultant, Mike assists in the vetting and drafting of internal policies and procedures related to operations, conflict and risk management, crisis intervention, staff safety and situational awareness, dealing with difficult people and behavioural emergencies. References and samples of materials are available on request.

As a trainer, instructor trainer and recognized expert in the area of judgment and decision making for enforcement situations, Mike helped pioneer the process of evaluation for police recruits using the Interactive Computer Assisted Trainer (ICAT) at the Ontario Police College with the Provincial Use of Force Coordinator. Mike's police career included appointments to the Ontario Provincial Police "In Service Training Unit", and as Officer in Charge of Use of Force Training for a number of Municipal Police Services where he authored policy and procedures besides facilitating re-certification in the use of force. He currently provides this service to personnel within organizations that are tasked as intervention capable.

Internationally, The Canadian High Commission in Bridgetown Barbados supported the company in its bid to train security personnel and police in eight Caribbean nations that were hosting the World Cup Cricket. The W.C.C. Security Directorate short listed Mike and his company to provide training for the International World Cup Cricket Games. The company has recently consulted with government agencies in St Lucia and Mexico assisting them in the development of legislation and training for the security and police sectors. Currently consulting is ongoing in the U.K. and the Dominican Republic.

Mike has been a regular lecturer for Federated Press at its national Chief Security Officers Conference since 2004. He holds seminars and advises top level executives on risk management issues and training as well as due diligence and how to achieve it.

He has published a number of technical/training manuals and is a regular author for Canadian Security Magazine and other periodicals.

A full C.V is available on request with references. Mike can be contacted at mike.burgessandassoc@gmail.com or call toll free 1.866.295.2500 for all enquiries and quotations for training programs. Further information is also available via www.SecurityTrainingSupport.com and www.BurgessAndAssoc.com

2nd

Healthcare Security

Leading security practices to maximize patient, staff and healthcare facility safety

April 28 & 29, 2015, Toronto

Workshop Included:

Privacy Risks & Health Information Protection

who should attend

Directors, Managers and senior professionals responsible for security and protection services in hospitals and healthcare facilities

course highlights

- Learn how to leverage the risk management cycle to meet security needs in an open healthcare environment
- Hear how the City of Toronto is utilizing technology to secure its public infrastructure and facilities
- Find out how Kingston Hospitals have ramped up their emergency preparedness with an integrated community response plan
- Discover what is being done at Markham Stouffville Hospital reduce the risk of fire
- Hear about Toronto East General Hospital's risk-based approach to violence in its workplace
- Examine the key considerations in deciding to outsource to meet your security needs
- Explore how to increase effectiveness in managing the security function

Two-Day Event!

Speakers & Participating Organizations



Course Leaders

Daryn Rollins,
Pinkerton Consulting & Investigations, Inc.



Course Leaders

Mike Burgess,
M.D. Burgess and Associates Inc.



Kathy Callfas,
eHealth Ontario



Dwaine Nichol,
City of Toronto



Alain Normand,
City of Brampton



John Premzell,
Markham Stouffville Hospital



Rocky Prosser,
Kingston General Hospital



Brett Reddock,
Unparalleled Technologies (a division of REDD KNIGHTS GROUP Inc.)



Michael White,
SecurityRisk.ca

COURSE LEADERS

DARYN ROLLINS

Daryn Rollins is Director of Operations / EPS for **Pinkerton Consulting & Investigations, Inc.** His broad experience includes violence in the workplace, physical security assessments, emergency management, and investigative work in Canada and regions of the U.S.

MIKE BURGESS

Mike Burgess is the Chief Executive Officer and Managing Director of **M.D. Burgess and Associates Inc.**, a training network formed specifically to train people in various professions within hospital security and security/loss prevention.

CO-LECTURERS

KATHY CALLFAS

Kathy Callfas is Manager, Privacy Assurance Operations & Risk Management Services at **eHealth Ontario**. She has diverse experience and knowledge in the fields of health care risk management and privacy as well as program management experience.

DWAINE NICHOL

Dwaine Nichol is the Manager of Security & Life Safety for the **City of Toronto**.

ALAIN NORMAND

Alain Normand is Manager, Brampton Emergency Management Office at the **City of Brampton**. He directed relief efforts in emergencies such as the Saguenay floods, the Quebec ice storm, the Haiti repatriation, and the Calgary floods among others.

JOHN PREMZELL

John Premzell is Manager Fire Safety, Security & Parking Operations at **Markham Stouffville Hospital**. He has experience inspecting and drafting fire safety plans across Ontario before starting his career at what is now Ontario Shores Centre for Mental Health Sciences.

ROCKY PROSSER

Rocky Prosser is Director of Emergency Management, Security & Life Safety at **Kingston General**, Providence Care and Hotel Dieu Hospitals. He has experience in the implementation and development of programs/processes dealing with safety, investigations, security practices, threat and vulnerability assessments in health care facilities.

BRETT REDDOCK

Brett A. Reddock is President & Executive Advisor at **Unparalleled Technologies** ("A division of REDD KNIGHTS GROUP Incorporated"). He oversees all business operations, business development and client support.

MICHAEL WHITE

Michael White is a Consultant at **SecurityRisk.ca**. Michael specializes in developing programs focused on risk management, security, and emergency management.

COURSE PROGRAM

COMPREHENSIVE RISK ASSESSMENT THROUGH UNDERSTANDING THE RISK MANAGEMENT CYCLE

Balancing the open campus environment of a healthcare facility while securing the protection needs of the facility's patients, employees and other assets is a constant challenge for healthcare security professionals. This presentation will discuss how healthcare facilities can conduct a comprehensive risk assessment in order to manage the risks.

- Risk management cycle: from identification to strategies to execution and review
- Undertaking a strategic security review
- Threat assessments
- Vulnerability assessments
- Understanding your vulnerabilities, threats and strengths
- Ensuring sustainability

LEVERAGING NEW SECURITY TECHNOLOGIES

Technology has revolutionized the way security teams create safe havens within our healthcare facilities, allowing security to improve surveillance and reduce costs. This discussion details how the City of Toronto leverages various security technologies to secure its incredibly diverse infrastructure and facility types.

- Integrating access control, intrusion detection and digital video surveillance
- Options for replacing analog technologies, including Internet Protocol (IP) technology
- Leveraging digital video cameras, remote access and intelligent analytics
- Instituting biometrics
- Latest trends at the City of Toronto
- Issues to consider before roll-out: privacy, change management, legal issues
- Evaluating costs and benefits to the facility, including ROI, TCOI



While nothing compares to the experience of attending the live event, with its enhanced networking opportunities and direct contact with leading experts, for those unable to attend in person FP provides a convenient option to still benefit from this unsurpassed learning experience:

FP's live interactive Webcasts allow you to actively participate in events, from downloading all material distributed by lecturers to asking speakers questions.

Healthcare Security

Balancing an open hospital environment with the
protection needs of patients, staff and property

November 21, 22 & 23, 2011, Toronto

Supported by:



Ontario Chapter

Conference highlights

- Discover how Brampton Civic Hospital trains its security staff for crisis intervention
- Hear how Bridgepoint Health plans for the challenges of a fire
- Learn how Hamilton Health Sciences and St. Joseph's Healthcare deal with psychiatric emergencies
- Learn about Toronto East General Hospital's workplace violence threat assessment program
- Discover how The Hospital for Sick Children balances the open campus environment with the protection needs of its people and assets
- Find out how the Ontario Shores Centre plans for evacuation and lockdown

Optional workshops

ESTABLISHING AN EFFECTIVE VIOLENCE THREAT ASSESSMENT PROGRAM

Mike Burgess, President and Managing Director, **M.D. Burgess and Associates**

OPEN ENVIRONMENT VS. PROTECTION: ACHIEVING THE RIGHT BALANCE THROUGH EFFECTIVE RISK MANAGEMENT

Scott A. Jupp, Regional Manager & Director of Healthcare Services, **G4S Secure Solutions (Canada) Ltd.**

Participating organizations

BAYCREST CENTRE
BRAMPTON CIVIC HOSPITAL
BRIDGEPOINT HEALTH
CITY OF TORONTO
G4S SECURE SOLUTIONS (CANADA) LTD.
HAMILTON HEALTH SCIENCES
HOTEL DIEU HOSPITAL
ISA CONSULTING GROUP
KINGSTON GENERAL HOSPITAL
MARKSON LAW PROFESSIONAL CORPORATION
M.D. BURGESS AND ASSOCIATES

MICHAEL WHITE CONSULTING
MOUNT SINAI HOSPITAL
ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES
PINKERTON CONSULTING & OPERATIONS
PROVIDENCE CARE
ROUGE VALLEY HEALTH SYSTEM
ST. JOSEPH'S HEALTHCARE HAMILTON
THE HOSPITAL FOR SICK CHILDREN
THE SCARBOROUGH HOSPITAL
TORONTO EAST GENERAL HOSPITAL
UNIVERSITY HEALTH NETWORK

Unlike our corporate security counterparts, healthcare security is often likened to a high-wire act, one that balances the need for an open, functional hospital environment with the need to effectively protect people and physical assets. Fail to get the balance right and the results can be catastrophic.

But how do you achieve that balance? How do you develop operational strategies and approaches to keep your healthcare facility secure without locking the place down?

We think the best way is to learn from senior hospital security executives who have successfully walked that tightrope and find out how they are doing it.

Join these leading Canadian healthcare institutions who are effectively nurturing open and vibrant healthcare facilities by providing effective security for staff, patients and the community:

- University Health Network
- Brampton Civic Hospital
- The Hospital for Sick Children
- Hamilton Health Sciences
- St. Joseph's Healthcare Hamilton
- City of Toronto
- Mount Sinai Hospital
- Kingston General Hospital
- Toronto East General Hospital
- And many more

Discover how they are:

- Preventing and containing the fall-out from psychiatric emergencies
- Developing systemic approaches to security risks and violence prevention
- Leveraging new security technologies in access control & surveillance
- Working with municipalities, police and community partners to coordinate security efforts
- Preventing workplace violence
- Developing comprehensive security risk assessments
- Planning for evacuation and lockdown

Get practical advice from Canadian hospital security directors on balancing the open campus environment with the protection needs of the hospital's people and assets.

With the level of practical experience at this conference, this is one event you cannot afford to miss.

P.S. Don't miss our optional workshops on Establishing an Effective Violence Threat Assessment Program & Open Environment vs. Protection: Achieving the Right Balance through Effective Risk Management.

Who should attend

Directors, Managers and senior professionals responsible for security and protection services in hospitals and healthcare facilities

AV PROCEEDINGS

Audio/Video segments clickable slide by slide
Papers and overheads also included
Print any of the material for your own use



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Creating a more Efficient Security Department

Mike Burgess, President and Managing Director,
M.D. Burgess and Associates

Monday, November 21st

9:00-9:45

PANEL DISCUSSION: TRAINING, WAGES AND MANPOWER ISSUES - ENSURING SECURITY AND SAFETY GETS THE RESPECT IT DESERVES

Ron Lowe, Director, Facilities Operations, The Hospital for Sick Children
Calvin Millar, Director, Security and Parking, Brampton Civic Hospital
Victor Trotman, Director, Labour Relations, University Health Network
Michael White, Security & Risk Consultant

Is the role of security as highly valued as it should be in the healthcare sector? Or has the focus on cost cutting and the bottom line eroded the ability of security to protect staff, patients and key infrastructure effectively? How do we go about changing the perceptions of security and increasing visibility within the organization? Hear leading healthcare security executives discuss the current state of the healthcare security environment and find out how we can enhance the visibility of security within the organization.

- Tackling serious manpower issues: low pay among staff
- Addressing the needs for better training of security personnel
- To outsource or not to outsource?
- The role of accreditation in enhancing the image of the security department
- Staff retention issues: job security and incentive wages

9:45-10:30

CONDUCTING A COMPREHENSIVE RISK ASSESSMENT: BALANCING THE OPEN CAMPUS ENVIRONMENT WITH THE PROTECTION NEEDS OF THE HOSPITAL'S PEOPLE AND ASSETS

Ronald Lowe, Director, Facilities Operations, The Hospital for Sick Children

Balancing the open campus environment of a healthcare facility while securing the protection needs of the facility's patients, employees and other assets is a constant challenge for healthcare security professionals. This discussion details how Canada's leading children's hospital manages the risks of an open environment vs. the need for security.

- Undertaking a strategic security review
 - Threat assessments
 - Vulnerability assessments
- Using the risk assessment to identify risk mitigation strategies to reduce the hospital's risk to an acceptable and manageable level
- Security Risk Management Cycle: continuously evaluating assets, threats and vulnerabilities
- Ensuring a sustainable risk assessment approach: ensuring capabilities and capacity

10:30-11:00 NETWORKING BREAK

11:00-11:45

LEVERAGING NEW SECURITY TECHNOLOGIES: DEVELOPMENTS IN ACCESS CONTROL & SURVEILLANCE

Dwaine Nichol, Manager, Security & Life Safety, City of Toronto

Technology has revolutionized the way security teams create safe havens within our healthcare facilities, allowing security to improve surveillance and reduce costs. This discussion details how the City of Toronto leverages various security technologies to secure its incredibly diverse infrastructure and facility types.

- Integrating access control, intrusion detection and digital video surveillance
- Options for replacing analog technologies, including Internet Protocol (IP) technology
- Leveraging digital video cameras, remote access and intelligent analytics
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- Evaluating costs and benefits to the facility, including ROI, TCOI

11:45-12:30

WORKING MORE EFFECTIVELY WITH MUNICIPALITIES, POLICE AND COMMUNITY PARTNERS IN EMERGENCY MANAGEMENT

Rocky Prosser, Director of Emergency Management, Security & Life Safety, Kingston General, Providence Care, Hotel Dieu Hospitals

Beyond emergency preparedness within their own organizations, hospitals also need to develop an integrated community response plan. Hospitals should work with local agencies to define roles and responsibilities in the event of a disaster and to create redundant communication systems. In the case of an emergency, there is a need for bringing all the community players together: law enforcement, fire departments, emergency medical services, public health officials, community healthcare providers and local industries. This discussion details how major healthcare centres in Kingston are working with community stakeholders in emergency management.

- Coordinating disaster planning
- Ensuring effective lines of communication are in place
- Establishing an integrated approach to emergency response
- Avoiding a duplication of efforts and resources
- Leveraging community support to manage emergencies

12:30-1:30 LUNCH

Crisis & Emergency Management

Calvin Millar, Director, Security and Parking,
Brampton Civic Hospital

Monday, November 21st

1:30-2:15

EFFECTIVE TRAINING IN CRISIS INTERVENTION FOR SECURITY STAFF

Calvin Millar, Director, Security and Parking, Brampton Civic Hospital

One of the key ways to avoid having a potential crisis turn into a full-blown catastrophe is to ensure you have an educated staff that is well-trained in dealing with crisis intervention. This discussion details how to develop an effective crisis intervention training program.

- Preparing a training plan
- Addressing the healthcare facility's missions, visions, values into the training plan
- Key components of crisis intervention training
 - Customer service 101: the forgotten component
 - De-escalation techniques
 - Effective verbal intervention
 - When to use force
- Evaluating whether the program meets the requirements
- Promoting learning retention methods: making it stick

2:15-3:00

WORKPLACE VIOLENCE: ESTABLISHING AN EFFECTIVE THREAT ASSESSMENT PROGRAM

Clint Hodges, Manager, Protection Services, Toronto East General Hospital

Identifying people who pose a risk of violence and developing plans to contain that risk are critical skills for security professionals. This discussion details the Toronto East General Hospital's systematic and evidence-based approach to developing a violence risk assessment and management strategy.

- Conducting an assessment of the vulnerability to various categories of violence
- Procedures for reporting, investigating and documenting incidence of violence and threat
- Developing policies and procedures to mitigate and respond to workplace harassment and violence
- Taking reasonable precautions to protect employees you are aware are at risk
- Developing the mechanisms for monitoring the workplace and taking proactive action
- Mandate and make-up of the workplace violence response team
- Establishing a workplace violence training and education program

3:00-3:30 NETWORKING BREAK

3:30-4:15

CHOOSING THE RIGHT SECURITY COMPANY

Thomas Fulford, Senior Partner, ISA Consulting Group

As more and more healthcare institutions look to outsource their security function as a way of cutting costs and focusing on their core role as care providers, a key question is how to choose the right outsourcing partner. A flawed selection process or wrong decision can result in immeasurable damage to your corporate image and reputation that can take years from which to recover. This discussion details what to look for when outsourcing security.

- Narrowing down the initial search from the large number of firms
- Is the lowest cost provider always the best option?
- Pros and cons of using a formalized RFP process
- Taking full advantage of the vetting process to find the most qualified vendor
- What to look for in terms of key criteria
- Service options
- Level of staff training

4:15-5:00

MANAGING A SECURITY DEPARTMENT IN AN ERA OF INCREASED DEMANDS AND LIMITED RESOURCES

Michael White, Security & Risk Consultant

Meeting increasing expectations with limited budgets is a common challenge for today's hospital security professional. This discussion details key issues in effectively managing the healthcare security department in today's challenging times.

- Understanding the mission, objectives and values of your organization & department
- Developing a metrics approach: use of risk analysis metrics, benchmarks & other best practices
- Demonstrating the value of your ideas and the return on security investments
- Effective communication and motivation of security staff
- How to grow a team: continually improving the competencies of you and your team
- Setting goals and direction

Securing Physical Assets: Lockdowns, Facility Assessments and Fire

Daryn Rollins, Director of Operation MI & IN,
Pinkerton Consulting & Operations

Tuesday, November 22nd

9:00-9:45

PREPARING FOR THE WORST: PLANNING FOR EVACUATION AND LOCKDOWN

*John Premzell, Fire and Safety Officer,
Ontario Shores Centre for Mental Health Sciences*

Emergency evacuation plans are successful because the hospital staff are well trained and work as a team with local fire and law enforcement and other emergency responders, with each understanding their roles and responsibilities. This discussion details how Ontario Shores Centre for Mental Health Sciences is developing its evacuation and lockdown plans.

- Fire evacuation
 - Expanding the evacuation plan to include potential disaster/risk
 - Planning for transportation and staging issues
 - Educating staff and patients on their responsibilities
- Lockdown
 - Determining the potential threat and how plan for it
 - Security systems to keep people out
 - Minimizing exposure of staff, patients and visitors to a potential threat

9:45-10:30

PLANNING FOR THE CHALLENGES OF A FIRE AT A HEALTHCARE FACILITY

Chris Paulin, Facility Supervisor of Security, Bridgepoint Health

Threat of fire, particularly in patient care areas where patients are often incapable of protecting themselves, is one of the most serious issues facing hospital security and emergency management officials. This discussion details Bridgepoint Health's approach to fire planning.

- Key elements of the plan
- Precautionary and crisis evacuation plans
- Key issues in relocating patients
- Developing a sound isolation plan that allows the facility to continue functioning
- Developing an effective reception protocol that takes care of patients who may arrive without charts or accompanying medical staff
- Ensuring that patients' medical problems are not overlooked in the fire emergency
- Risk reduction strategies to reduce the probability of fire in areas such as operating rooms and patient care units
- Practical ways to educate, train and test the knowledge of staff to promote quality facility fire prevention

10:30-11:00 NETWORKING BREAK

11:00-11:45

CONDUCTING A FAILURE MODES AND EFFECTS ANALYSIS AT BAYCREST CENTRE

*Suman Iqbal, Director of Care, Baycrest Centre
Roger Gougeon, Director, Support Services, Baycrest Centre*

Maintaining the balance between an open hospital and the security needs of patients and staff can be even more challenging in a geriatric setting, with a high proportion of patients who out of confusion, frustration or anger seek to exit the facility. This discussion details how Baycrest Centre maintains the balance between security and accessibility.

- Developing a strategy to combat exit seeking
- Conducting a failure modes and effects analysis (FMEA) of the plan
- Use of technology solutions

11:45-12:30

FACILITY ASSESSMENTS

*Daryn Rollins, Director of Operation MI & IN,
Pinkerton Consulting & Operations*

This discussion details best practices for assessing healthcare facility security and implementing improvements for protecting staff, patients and visitors.

- Conducting detailed reviews of your facility, including a security assessment
- Examining physical and policy/procedural security issues including access control, CCTV, alarms and security guard requirements
- Facility risk assessment: targeting acts of terrorism, natural disasters, violent crime, work place violence, or activist assaults
- Conducting a threat assessment and hazard identification
- An approach for considering human-caused incidents: terrorism, workplace violence, sabotage and other malevolent behaviour
- Evaluating facility protection options: considerations when evaluating countermeasures

12:30-1:30 LUNCH

Emergency Security Risk

Joseph Markson, Partner,
Markson Law Professional Corporation

Tuesday, November 22nd

1:30-2:15

DEALING WITH A PSYCHIATRIC EMERGENCY

*Karen Candy, Integrated Manager of Security Services,
St. Joseph's Healthcare Hamilton and Hamilton Health Sciences*

Any attempt to develop a plan to deal with psychiatric emergencies must include a protocol for recognizing potentially violent behavior, a hierarchy of techniques to prevent the occurrence of violence and techniques specifically designed to stop violence without causing patient or staff harm. This discussion details two organization's approach to managing a psychiatric emergency, including:

- Conducting a risk assessment of the individual
- Responding to the tensions between duty of care of patients and care of staff
- Crisis Outreach and Support Team (COAST)
- Best Practices
 - Gentle Persuasive Approach (GPA)
 - Reduction of Seclusion and Restraint
- Ensuring as smooth and safe a transition as possible from the site of the emergency to the appropriate treatment setting
- Ensuring security staff understand and have training in the organization's policy on management of aggression and violence
- Continuous improvement in the security department's response, the importance of debriefing

2:15-3:00

PROTECTING PEOPLE IN LIGHT OF BILL 168: HOW FAR SHOULD YOU GO?

*Mary Anne Adam, Director of Occupational Health and Safety,
The Scarborough Hospital*
*Marylin Kanee, Director of Diversity and Human Rights,
Mount Sinai Hospital*

Recently adopted, Bill 168 puts the onus on hospitals to protect employees from workplace harassment and violence as never before. Mount Sinai Hospital has had a strong harassment and violence prevention program for many years and yet, Bill 168 has required changes to their policies and practices and has had an impact on reporting of incidents. This discussion details Mount Sinai Hospital's approach to workplace violence and harassment in light of Bill 168.

- Developing policies that best protect employees and the organization
- Developing the right training for employees and management
- Balancing the duty to provide information with privacy considerations
- How to implement the requirements if you know or ought to know domestic violence is occurring
- Our experiences addressing workplace harassment and violence prior to and following Bill 168

3:00-3:30 NETWORKING BREAK

3:30-4:15

PREVENTING OCCUPATIONAL VIOLENCE AT ROUGE VALLEY HEALTH SYSTEM

*Karen Clark, Director, Occupational Health Safety & Wellness,
Rouge Valley Health System*
*Mark Richard, Environmental Health and Safety Specialist,
Rouge Valley Health System*

Hospitals and other healthcare facilities can be chaotic and stressful places to work, which can lead to a host of safety and security issues for both employees, visitors and the community at large. This discussion details how the Rouge Valley Health System mitigates the risk of occupational violence and stress.

- Identifying occupational safety and security risk associated with working in healthcare
 - Staff shortages
 - Existing work practices
 - Delays to response in cases of duress
- Developing preventive measures
- Implementing methods to control to mitigate occupational hazards
- Post-event responses: reviewing and making ongoing improvements

4:15-5:00

KEY CASE LAW RELATING TO USE OF FORCE BY SECURITY STAFF

Joseph Markson, Partner, Markson Law Professional Corporation

Use of force is a particularly delicate issue in the charged atmosphere of a hospital setting, where security needs must always be balanced with the concept of the hospital as an open setting. However, to protect people and assets - not to mention the hospital from costly liability issues - hospital security officers should receive use of force training in a hospital context together with an understanding of the specific sections of the Criminal Code and other legislation that govern the lawful application of force and powers of arrest and detention. This session will examine the use of force provisions.

- Use of force provisions of the Criminal Code: Sections 25, 26, 27, 34, 35, 37, and 38 of the Criminal Code of Canada, which deal with the limitations and authorities regarding personal use of force and personal defence
- Permissible use of force
- Liability for use of excessive force
- Use of force to prevent the commission of an offence
- Use of force during police apprehensions and hospital detentions under the Mental Health Act

OPTIONAL WORKSHOP A

Wednesday, November 23rd - 9:00-noon

ESTABLISHING AN EFFECTIVE VIOLENCE THREAT ASSESSMENT PROGRAM

*Mike Burgess, President and Managing Director,
M.D. Burgess and Associates*

In the often chaotic and charged atmosphere of a hospital setting, having security staff that are adept at assessing the propensity for violence and intervening effectively is often key to preventing an already explosive situation from spiraling out of control. But what are the key skills involved? What are best approaches to training your security group? How do you ensure they retain the key skills in times of crisis?

Expand on what you have learned in the conference and find out how to develop an effective violence threat assessment strategy and how to train security staff in threat assessment. Join Mike Burgess for a detailed look at:

- Identifying people who pose a risk of violence and developing plans to contain that risk
- Developing a violence risk assessment strategy
- Incorporating risk assessment throughout the healthcare centre
- Understanding non-verbal signs
- Recognizing precipitating factors
- Bringing a team approach to de-escalate the situation
- Dealing with physical threats: how to make fear and anxiety work for security staff in a crisis situation
- Code White response team training
- Training security staff in the proper use of restraints for aggressive individuals
- Tools for monitoring the healthcare centre to prevent violence

Mike Burgess is the President and Managing Director of M.D. Burgess and Associates Inc., a training network formed specifically to train people in the area of dealing with difficult people and violence prevention. He is a recognized expert in the use of force and dealing with violence in various workplaces. The company is based in Southern Ontario and facilitates programs and training worldwide.

OPTIONAL WORKSHOP B

Wednesday, November 23rd - 1:30-4:30

OPEN ENVIRONMENT VS. PROTECTION: ACHIEVING THE RIGHT BALANCE THROUGH EFFECTIVE RISK MANAGEMENT

*Scott A. Jupp, Regional Manager &
Director of Healthcare Services,
G4S Secure Solutions (Canada) Ltd.*

Balancing the risks of an open campus environment with the protection needs of the hospital's patients, employees and other assets poses complex challenges for healthcare security executives. Maintaining that balance requires an effective risk identification and mitigation strategy, one that reduces potential threats, blocks vulnerabilities and reduces consequences if an incident occurs.

Expand on what you have learned in the conference and find out how to manage and mitigate the risks inherent in an open healthcare environment. Join Scott A. Jupp for a detailed look at:

- Asset identification
- Understanding your security inventory
- Conducting threat and vulnerability assessments
- Assessing the risks
 - Hospital policies and procedures
 - Visitor management approaches
 - Parking facilities
 - Emergency rooms
- The convergence of security with emergency management, planning and design
- Achieving synergies through a coordinated approach to security

Scott A. Jupp is Director of Healthcare Services for G4S Secure Solutions (Canada) Ltd. Mr. Jupp joined G4S in 2003 and is an active member of the International Association of Healthcare Safety & Security (IAHSS), the International Foundation for Protection Officers (IFPO), the American Society for Industrial Security (ASIS), and the Association of Professional Security Instructors.

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