

# Pembroke Regional Hospital

# MEMO

**To: All Staff**  
**From: Sheldon Higginson, Manager, Occupational Health and Safety**  
**Date: August 1, 2025**  
**Subject: ED Safety & Security Update**

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As a follow up to previous weeks' communications on July 18 and 25, 2025 regarding the ED Safety/Security Update, please see further updates below.

## **Action Plan - Key Initiatives Underway**

<b>Topic</b>	<b>Description</b>	<b>Status</b>
Security Role Review	Clarifying responsibilities and protocols for security personnel, including their role in emergency scenarios, Code White response, and the use of restraints. This will also be communicated to staff.  If security is needed, please contact Clinical Resource, or x6800 during their working hours. For Code White, follow Code White policy, and initiate by calling x6666.	<b>In progress</b> - Meeting with security on August 1, 2025. Security roles and duties have been clarified and established – implementation in progress. (see Appendix A).
Security Guard Scheduling	Following an evaluation of current coverage hours and benchmarking against other hospitals, the Hospital will plan for security to be scheduled on weekdays from 1600 to 0800 and 24/7 on weekends and statutory holidays.  Until then, the current hours for security are 1630 – 0030.  Implementation target date is October 31, 2025.	<b>In progress</b> - Meeting with security on August 1, 2025. Recruitment underway; one guard secured, and training of additional guards in progress, which may include buddy shifts. Target date of October 31, 2025.
Panic Alarm System Audit	Ensuring alarm reliability and staff awareness, as well as reviewing panic alarm notification process. To note, Panic Alarms are self-monitoring, and any technology failures (e.g., low battery) will result in a notification to Occ Health and Safety.  Education and training on usage, and on the “Personal Panic Alarms” Policy, and “Standard Work Process for	<b>Complete</b> - Stationary Panic alarms have been installed in Triage and at the ED Nursing Station.  <b>Complete</b> – Panic Alarm Policy and Standard Work has been updated and

	Personal Panic Alarms”, available on Policy Medical. For any questions, please contact your manager.	standardized. Live on Policy Medical as of August 1, 2025.
Emergency Department Nurses Station Safety	Assessing the physical layout and identifying safety enhancements specific to the Emergency Department nurses station.	<b>In progress</b> – Working group members met and walkthrough of ED conducted on July 31, 2025.  Recommendations identified and will be brought forward for SLT’s consideration.
Restraint Protocols	Updating restraint policies to reflect a shift toward a “7-point restraint or less” approach, with a focus on safety, dignity, and appropriate use.	<b>In progress</b> – Briefing note submitted to SLT. SLT will review on August 6, 2025.  Education review on restraints usage is underway. Teaching plan being formulated with Education Team on July 31 and August 5, 2025.
ED Building Access Control	Strengthening access between the waiting room and clinical areas.  The Working Group reviewed locking mechanisms and recommended using the same systems as AMH and SDC. As a result, The Security Company has been issued a PO, and the technology has been ordered, to ensure the appropriate locking of doors.	<b>In progress</b> - Work conducted by contractors on July 24 and 31, 2025. Currently awaiting material to be delivered and executed by end of August.  In addition, The Security Company came on site to review the security cameras on July 28, 2025; now awaiting detailed information and updated quote from contractors on implementation.
Violence Alerts	Enhancing after-hours alert entry into Anzer for Violence/Aggression Assessment Checklist (VAAC).	<b>In progress</b> – the policy will be updated to include notifying Clinical Resource after hours for VAAC application to ensure early identification of violent

		patients/visitors. Target completion August 15, 2025.
Search of Patient Property	<p>Reviewing and updating search policy and procedures in collaboration with ED and security teams.</p> <p>Current policies “Search of Patient Property” and “Weapons”</p>	<p><b>In progress</b> - Education session will be conducted on August 7 and 8, 2025 on “Search of Patient Property” policy.</p> <p>New standard work will be created by August 7th for team review and published by August 13, 2025.</p>
Signage	Prevention of Violence Committee recommended violence prevention signage. This was approved and will be displayed organizationally on digital displays.	<p><b>In progress</b> - Approved and uploaded on digital signage boards on July 19, 2025. French translation in progress.</p>

If you have any questions, please reach out to:

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## Appendix A: Contacting Security and Roles of Security

- **Security Extension:** 6800
- **Security Hours:** Daily 1630-00:30
  - Upcoming Change targeted for October 31<sup>st</sup>, 2025
    - ♣ Monday-Friday 16:00-08:00
    - ♣ Weekends & Stats 24/7
- **Clinical Resource Nurse Extension:** 6820
- **Clinical Manager, Resource Team is the Security Liaison**

# **1. Access Control**

- Monitor and control entry and exit points.
- Verify identification of staff, visitors, and contractors as needed.

## **2. Surveillance and Monitoring**

- Conduct regular patrols of hospital premises (interior and exterior).
- Identify and report suspicious behavior or unauthorized access.
- Perform rounds in the following areas:
  - Emergency Department (ED)
  - Acute Mental Health (AMH)
  - Medical (MED)

## **3. Emergency Response**

- Respond to all Code White during scheduled hours:
  - Follow direction from the Code White leader (i.e. can be directed to assist with holds, restraint application)
- Participate in Code White debrief post-incident.
- Clinical Resource Nurse will provide directions for other urgent responses as needed.
- During all other codes, security will take a post at the ED entrance, unless otherwise directed.

## **4. Patient and Staff Safety**

- Escort staff, patients, and visitors when requested.
- Intervene in cases of aggressive or violent behavior under the direction of clinical staff.
- Support staff with de-escalation and restraint protocols when necessary.
- A security guard may be positioned outside a patient's room or unit as a precautionary measure based on the outcome of a risk assessment.

- Actively de-escalate individuals as needed (trained in GPA and NVCI).
- Use of Force is always the last method used.
- Assist clinical staff with belongings searches when required.
- Be present on AMH if the RN is in ED for assessments.
- Escort staff to the parking lot upon request.
- Escort individuals off hospital property as needed.
- Contact OPP when necessary.

## **5. Incident Reporting and Documentation**

- Documents all incidents, accidents, and security breaches in their shift report.
- Maintain accurate and timely shift reports.

## **6. Asset Protection**

- Prevent theft, vandalism, and property damage.

## **7. Policy Enforcement**

- Enforce hospital policies, including:
  - Smoking restrictions
  - Parking regulations
  - Restricted area access
- Ensure compliance with PHIPA and patient confidentiality standards.

## **8. Training and Drills**

- Participate in regular training, including de-escalation and restraint techniques.
- Take part in hospital-wide safety drills and simulations.

## **9. Customer Service**

- Provide directions and assistance to patients and visitors.

- Maintain a professional and approachable demeanor at all times.
- Support patient and visitor wayfinding and escort needs.

## **10. Collaboration and Communication**

- Report to the Clinical Resource Nurse.
- Check in regularly with group leaders from ED, AMH, and MED.
- Follow post orders and hospital protocols.
- Work closely with clinical staff, administration, and facilities management.
- Support hospital leadership in maintaining a safe and healing environment.

## **11. Presence and Visibility**

- Round regularly on units and throughout hospital property.
- Maintain visibility in high-risk areas, including outside patient rooms when indicated by risk assessment.