

What a leader learned from being on-duty as a security officer

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Putting himself on the front line proved eye-opening for the author.

Although I serve as a director of operations at PalAmerican Security, I recently worked a couple of security shifts to better understand the experience of my healthcare security team. I then wrote a blog about my experiences at palamerican.com. Below, I expand on the blog to highlight lessons I learned.

#1 Clearances required by regulations can pose barriers to working as a healthcare security officer.

Before working as a healthcare security officer, you need to be vetted and cleared to work in the healthcare environment. I had to get a higher-level background check and medical clearance, receive booster vaccines, and attend the hospital system's orientation. After I completed the hospital's orientation, I quietly attended on-the-job training with a few members of the security management team. I worked with the plant operators to understand the basics of the health-

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care security role, and then I was officially cleared for duty.

#2 The hospital administration and, more importantly, the clinical teams and security need to work together to build a team-driven work environment and community.

I started off by working during a shift that started at 2 p.m.—that is, a 2nd shift. Before I began, I put on my black security polo and laced up my comfortable black trainers, clipped my hospital credentials to my lapel, and headed to the site to report in. I arrived 15 minutes early and made my way to the reception area where the security desk is located. I sat my things down near the security locker and learned that I had made my first mistake. “No one is allowed behind the desk,” the receptionist told me, so I gathered my things and waited in the lobby area.

About 10 minutes later, the receptionist called over to me, “Mr. Security, you are all set.” She wanted to clean the reception area and sanitize the surfaces before allowing me to relieve her of her duties. I put my things down and listened intently to the readout report. She provided me with an updated patient census,

told me about the compassionate visitors’ list, and informed me that I should be expecting four ambulance transport arrivals just in time for the shift change. And just like that, she disappeared behind the staff exit doors, and I was on my own.

Healthcare is an increasingly customer service-driven enterprise, and it is important that we integrate security professionals into the customer service mission and equip security officers who sit in for receptionists with the level of knowledge that receptionists have. It is equally important that excellent customer service is extended not only to patients and visitors but also to care providers and vendors and others who perform services for the facility. Healthcare security leaders can drive the integration of security professionals into the organization’s overall customer service mindset.

#3 Be aware of the full scope of the work and responsibilities of healthcare security professionals when making recruitment and onboarding decisions.

The 2nd shift is two types of busy and both require strict management of access control and

customer service. Since early 2020, security professionals have been on the front lines of COVID-19 response and management within the healthcare environment. As a security officer, I was required to administer a COVID-19 screening to all persons entering the facility. The screening included a temperature check and verbal acknowledgment of the COVID-19 questionnaire.

Security is simultaneously required to answer the switchboard phone and answer questions from worried visitors and family members. A 2nd shift security officer must be good at multitasking while maintaining clarity on what is going on in all parts of the hospital. I felt the pressure of screening the physicians, nurses, CNAs, and EVS workers at shift change while I was also transferring a critical call to the nurse manager, while a woman with tears in her eyes was trying to ask me about her mother, who had just been admitted.

Security professionals are required to have elevated levels of emotional intelligence. I can guarantee that most of our position descriptions or scopes of

work do not have that as a position criterion.

#4 We need to advocate for the healthcare security profession.

During the first few hours, I felt anxious yet confident that I could rely on my training and common sense. The anxiousness subsided when I hit the rhythm of shift. Effective healthcare security officers find a way to align their security responsibilities as an extension of care service. The post work hours are hectic during the week, particularly in the age of visitation restrictions. Friends and family members of patients are trying to squeeze in precious visits before visiting hours conclude. Because of the pandemic, visitation and access to the facility was no longer unrestricted. During my shifts, the visitation protocol allowed for two visitors per patient per day. Keeping track of each patient room and the number of visitors on the floor was difficult, mainly because we were using analog sign-in sheets.

I recall one tense exchange with a healthcare leader during peak visiting hours. The exhausted and stretched nurse manager walked down the hall-

way toward the reception desk and yelled “Security!” I immediately made my way to her. “What are you doing?” she asked. “There are way too many people on the second floor!” I listened intently as she listed all my apparent failures as a security officer. I remained quiet during the exchange but was reminded that my healthcare security team members undoubtedly experience this kind of treatment at one time or another.

I made a mental note and got back to work. I understood the nurse manager’s dilemma. On top of all the care she was expected to provide, she had to engage in visitor management. I immediately took responsibility and started reducing the visitor volume on the floor by respectfully asking families to adhere to the hospital’s COVID-19 protocol. With the help of some nurses and CNAs, we cleared the floors without incident. But I could not shake the reprimand I had received and decided to ask the nurse manager for a minute of her time at the end of her shift.

As she finished her final rounds and counts, she came over with what I felt was a bit of annoyance and tiredness. I intro-

duced myself, “my name is Johnny Boykins, and I am the director of operations of the security team. I oversee all of the organization’s security programs in Florida, and I want to talk about our exchange from earlier.”

To my surprise, she gave me her full attention. I explained that I was concerned about the treatment of my security team members. She stopped me, apologized, and explained that four people had died that day and that there was just a lot going on. I agreed with her but wanted to humanize our shared experience. I explained that while she was dealing with the death of patients in the clinical spaces, I was dealing with family members in the lobby wanting to pay their final respects. As healthcare security leaders, we must continuously advocate for the healthcare security profession. Healthcare security officers are essential workers and provide a vital service in the healthcare community.

In my exchange with the nurse manager, I told her that I was the one having to provide the news that only two family members would be allowed to pay their respects. I also had to actively

manage every visitor, staff member, and vendor's access to the facility, not to mention remaining proactive in my security patrols. The nurse manager and I would go on to have a brief and respectful discussion, and all was forgiven. I am glad I spoke up, but I also wondered how readily security officers could have had that conversation with a manager and whether the hostile interaction with the nurse manager would have left them feeling defeated.

#5 Be sure your organization understands that healthcare security is a profession that requires a special skill set.

No one goes into healthcare security because they dream of earning big bucks. Most security officers come to this work with a mission to help or as a stepping stone to law enforcement or emergency services in general. Security leaders should educate other departments to the fact that although healthcare security officers are not clinicians or healers, they do undergo a few levels of training and meet licensing requirements and proficiency standards and are worthy of respect. In many cases, security officers receive advanced training

in de-escalation techniques, investigations, emergency management, and crisis response. Healthcare security officers participate in behavioral health responses and play a vital role in the overall health and safety response for patients, clinicians, administrators, and visitors.

#6 All healthcare security leaders need to spend time on the front line.

Leaders need to know what it feels like to be on the front line. One of the biggest lessons I learned during my shifts is that about half of the people you interact with as a security officer look straight through you. They do not look you in the eyes, they talk about you or complain about sticking with protocols, or they become frustrated with you because you are not moving quickly enough or answering their questions to their satisfaction. The other half of the people are deeply appreciative of the work and presence of security. For example, at the end of visiting hours, I announced over the PA system that visitation had concluded. As soon as the lobby area was cleared and the automatic doors were locked, I made rounds looking for lingering visitors. I

checked in with the nurses' station, and they told which rooms had straggling visitors. I politely knocked at the door and let the visitor know what the visiting hours were for the next day. In 15 minutes, I was able to usher all the visitors out of the facility and ensure the hospital was secure. Nurses stopped by the desk on their way to their breaks, thanking me for helping them clear the floor. They were able to complete their procedures without the demanding pressures of lingering family members. Receiving the thumbs up from the nurse's station is a good feeling.

#7 Rethink training and expectations for security team members.

After visiting hours are over, the hospital slows down and gets noticeably quiet. That was my cue to take a short break and eat my lunch. I wrote and finalized a few incident reports and prepared the security workstation for my relief's arrival. The 2nd shift was busy, and I did not get a true break until the bulk of it had concluded. I learned there was not very much time to do the work that I require my team to complete.

As a healthcare security lead-

er, I gained a better understanding that officers cannot just "do your online training" on shift, because there is not enough time to complete it. My relief showed up dutifully 15 minutes early. I provided him with the readout, gave him the security keys, and reviewed the pass-down log. I wished him a good shift and went on my way.

#8 Understand the differences in responsibilities between healthcare security shifts.

The next week, I volunteered to cover the 3rd shift for a team member who had a sudden family emergency. I had not worked an overnight shift for more than a decade, so I left my day job early to take a short nap before starting. I reported to the hospital lobby about 15 minutes early, but the officer I was relieving was conducting staff escorts to the parking lot. When she returned, she was surprised to learn that a senior leader in the operation intended to handle the shift. She immediately volunteered to do it instead. I said, "I think I can handle one overnight shift." She laughed and gave me some pointers. "Conduct your side duties early, be prepared to do many escorts at 2 a.m. for the staggered

shift change, and hope you don't get a 'witching hour.'" Confused, I asked her to clarify. She explained that the 3rd shift is primarily quiet. The hospital slows down, the radio chatter is infrequent, and no one comes into the lobby. But, at times, things get hectic and then, suddenly, everything goes quiet—hence the "witching hour." The officer talked a little shop talk and then departed. It is incredibly important to meet with and understand the unique difference between security shifts and the responsibilities of each. Most healthcare security leaders are not fully engaged in the work that happens outside of business hours.

I took the officer's advice and completed some of the side duties security was responsible for, including bagging face masks, prepping face shields, replenishing the "clean" pens, and making sure there were plenty of supplies for the day shift. I conducted an exterior patrol and returned to the hospital lobby. I decided to take an hour and complete some online training that I required my team to complete, but as soon as I clicked the start button, an emergency code sounded over the PA system. "Code Blue

Room 227, Code Blue Room 227, Code Blue Room 227!" The formerly still lobby came alive as respiratory therapists and nurses started running up the stairs because the elevators moved too slowly. I understood that the security officer did not have a significant role in Code Blues during overnight shifts because there were no visitors.

Twenty minutes after the code sounded, two physicians buzzed at the door. I let them in and asked them to present their hospital credentials and tried to conduct the COVID-19 screening protocol. The physicians were not thrilled with my questioning but complied. I suspect their discontent had less to do with me and more to do with having to come into the hospital at two in the morning. Healthcare security officers, particularly officers who work the overnight shift, typically have great internal-customer service skills and often develop professional relationships with staff members who work the 3rd shift. Third shift officers must be knowledgeable about a range of incidents and understand protocols because they are often the immediate responder to general facility failures and deficits.

#9 On-the-job training should be a requirement for all healthcare security programs.

As soon as I started to log an incident report, I got a phone call from the back ambulance door. Two ambulance transports were waiting with an after-hours admission. I used the remote access control and let them into the ambulance hallway and made my way to the ambulance bay to meet them. Walking through the hallway, I asked myself if this was the witching hour? I contacted the nurse manager, and she worked with EMS transport teams to get the late arrivals checked in. I returned to the lobby, and in a matter of minutes, the stillness I previously experienced was back again. I did not have the energy to return to my online training, but I did spend the rest of the morning escorting nurses to the parking lot and eventually watching the sunrise through the lobby doors. I had not realized that the 3rd shift required a different type of labor. It is not as sleepy as you might expect. I also realized that the 3rd shift officers do a great deal of prep work for the day shifts and thus provide a vital service for security and hospital operations.

The nurses leaving at night were tremendously thankful that I escorted them to their cars. Even the doctors that came in early in the morning were impressed that I made them slow down and present their credentials before letting them enter the facility. I do not think I experienced a true witching hour, but I have a better understanding of how things can change in a matter of minutes. If your security training program does not have an on-the-job component, you should develop a program that outlines the differences in shift responsibilities.

I have a great deal of respect for the healthcare security officers I work with every day. Their jobs are sometimes thankless, but they provide a vital service. It does take a unique skill set to work as a healthcare security officer. I hope more leaders in the security industry take the time and truly experience what the frontline security professionals experience on their shifts. The perspective you gain will allow you to advocate for healthcare security officers, build a more professional workforce, and advance an impactful security program.