1. **All hospitals should conduct an initial emergency department (ED) Safety Risk Assessment (SRA) and repeat it whenever there are changes to their service or workflow, as well as in advance of any renovations, alterations or construction that would affect patient access.** It is recommended that an exterior SRA be conducted annually, including an assessment of evening and daytime conditions. Hospitals should consider using International Association for Healthcare Security and Safety (IAHSS) Design Guidelines for Healthcare Facilities as a tool when conducting the SRA. Additional considerations for the exterior SRA may include but are not limited to:
    - Evaluation of ingress to health care facilities from where patients and staff enter the campus;
    - Evaluation of vehicle access to parking areas;
    - Evaluation of pedestrian access to the facilities from parking lots and shuttle and bus stops;
    - Evaluation of lighting, signage and surfaces;
    - Evaluation of exterior equipment and signage that support the health care organization;
    - Review of wayfinding graphics to ensure symbols are universally understood;
    - Monitoring or ensuring signage on all prominent entrances to the hospital;
    - Evaluation of visualization for all ED access points, either by personnel on site or video surveillance;
    - Evaluation of exit and entrance doors, considering:
        - A numbering scheme to identify location in the event a patient needs assistance with access;
        - Prominent entrances to the hospital that are not ED doors; and
        - Posting the operating hours on buildings/doors that are not open 24/7;
    - Engagement with local EMS, neighborhood associations, and appropriate entities;
    - Evaluation of security systems, including:
        - Electronic surveillance, such as video and motion sensors;
        - Duress systems for the hospital campus, (for example, “Blue Light” intercoms or other two-way communication devices); and
        - Backup response planning when situations arise that require additional resources;
    - Examination of ED lighting to ensure clear visibility around access points, considering:
        - Shadows, shade, glare, and other barriers to visibility;
        - Day of the week, time of day, seasons;
        - Different populations (for example, the elderly, persons with disabilities, or families experiencing an emergency situation);
        - The emphasis and de-emphasis of wayfinding features, such as employee versus patient entrances; and
        - Neighborhood concerns, including local regulatory and zoning requirements;
    - A walk-through of the ED, taking into account its 24/7 environment and all the ways patients come into the facility;
        - Engagement of the Patient Family Advisory Committee and other external stakeholders, including wayfinding experts, as appropriate; and
        - Engagement with actual patients to ensure effectiveness of any changes.

2. **All hospitals should offer education to employees regarding the responsibility of the hospital to ensure patients seeking care are directed to the appropriate care location.**
    - NOTE: This may be incorporated into existing new employee onboarding or ongoing employee training programs.

3. **All hospitals should consider designing and implementing emergency department access drills. These may include full-scale drills or other exercises to test recognition and response capabilities (such as using an actor who presents to the hospital property in medical distress seeking medical care).** There are many opportunities to enhance preparedness, assess performance and continually improve responses to potential emergency access situations.
    - NOTE: These may be incorporated into an organization's existing emergency management exercise program.

4. **All hospitals should consider a standardized telephone response for ED access situations where the hospital is notified that someone seeking emergency care is unable to gain access to the hospital, including:**
    - Hospital telephone operators and ED staff who may answer such phone calls are asked to keep the caller on the phone until help arrives, obtain the caller's phone number, location on the hospital property, and door where they may be located; and
    - Hospital operators, security operations, and/or other staff may need to deploy security officers to take the lead in responding to requests for patient searches outside of the emergency department.

5. **All hospitals should work to ensure navigation to a hospital ED via the cloud is accurate whether walking or driving.**
    - It may be necessary to secure a new municipal address for the hospital ED in order to help improve accuracy of GPS markers linking to maps and directions in cellular phone applications and other online tools.
    - All hospitals should examine the online map pin for the hospital ED on Google Maps or similar applications for accuracy. This may entail working with search engine optimization partners to update the map markers and GPS coordinates of hospital locations to ensure proper listing.
    - Hospitals should consider testing and reviewing new applications that patients may use to locate an ED.

6. **All hospitals should coordinate with local public safety offices, including police departments and potentially fire departments, to facilitate assistance in case of an emergency on the hospital's campus.**
    - Hospitals should request that local safety officials have direct phone numbers to hospital emergency departments in their local 9-1-1 center directories, called "Public Safety Answering Point".

7. **Massachusetts state agencies should explore technological and operational solutions for 9-1-1 emergency response that facilitate better communication, minimize response time, and increase the accuracy of locating the caller.** The current system can result in delayed patient care due to:
    - Wasted time routing calls when the call isn't transferred to the caller's local police department, necessitating the call be routed to the correct location[1]*;
    - Discrepancies in information passed through various agencies and respondents mean the caller may need to explain the emergency more than once; and
    - An inability to consistently and accurately locate the caller.

Reference Standards

- IAHSS Security Design Guidelines
- FGI 2018 Guidelines for Design & Construction of Hospitals
- TJC Standards

Working Group Membership

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[1] https://www.mass.gov/lists/state-911-commission-notices-minutes#minutes-of-open-meetings-and-hearings-