

Protecting hospitals from 'new' terrorist threats

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Health care facilities play a vital role in the UK's terrorism contingency plans, but a new study by researchers at the Adam Smith Business School, Glasgow University, provides a timely warning to managers, regulatory bodies and government that crucial services such as hospitals are also potential targets for malevolent actions.

Most academic studies of terrorism threats concentrate on how [health care](#) services plan for and respond to mass-casualty terrorism attacks that may occur elsewhere in a city. However, writing in the latest issue of the journal *Public Management Review*, researchers Denis Fischbacher-Smith and Moira Fischbacher-Smith warn that health care managers, hospital designers and [urban planners](#), as well as regulating authorities and national government, need to reassess their "Western-centric" view that terrorists are unlikely to attack these [health care services](#), particularly given evidence from attacks on other public buildings and services such as schools and transport systems.

Their article "The Vulnerability of Public Spaces: Challenges for UK hospitals under the 'new' terrorist threat", draws on the researchers' own experiences within health care buildings, warning that:

"Whilst it may seem obvious to some readers that hospitals are potential targets, our work with UK hospitals suggests that the threat potential is not something that is high on the managerial agenda."

They also highlight the fact that:

"Perhaps one of the greatest challenges to health care managers and to governments, particularly in an evidence-based world, is how to plan for events that have no a priori evidence – especially when resource allocation is often contingent on a rational business case."

The article discusses how and why acute health care buildings may be vulnerable to attack at multiple levels and emphasizes how gaps in the system create the potential for failure across layers of the organization.

Pointing out that there are potential risks from anti-abortion and animal rights activists, as well as known terrorist groups, the researchers provide scenarios and examples from their own experiences of how easy it can be to access health care buildings. They also identify the hitherto underestimated "risks from within" whereby health care staff may pose the highest level of risk, particularly if they become radicalized months or years after being appointed to a position of trust.

The authors state that the open and permeable nature of health care will remain its main vulnerability, and acknowledge the difficulty of raising awareness of risks among staff, patients and the local population while at the same time ensuring that patients and staff feel safe. This is especially difficult in the UK setting, where medical staff are frequently rotated from one hospital to another, and where large and complex hospital campuses make it difficult to know who should – and who should not – be in the building at any point in time.

Their report proposes that hospital managers should conduct an audit to uncover potential for failure at multiple points in their hospital system and consider the associated implications of these vulnerabilities. They should also assess the networks (both human and technical) that the hospital depends upon in order to function, and plan for resilience. It is vital for any such audit to be regarded as a continuous and iterative process in order to ensure that the organization learns and adapts to the

dynamic nature of the threats.

In addition, managers need to communicate the importance of conforming to security protocols in order to raise awareness of the potential problems – from both rogue colleagues or the threats from outsiders. Greater rigour is also needed in relation to recruitment and selection of all categories of staff in terms of background checks.

The most significant challenge, however, relates to the timeframe for addressing risks in relation to infrastructure investment – given that policy-makers must ensure a proportionate response to the risks faced, and yet the timescale for major capital projects is often 10–20 years in a planning cycle.

The authors conclude:

"Such a strategic approach to developing resilience will be necessary if government policies in terms of urban protection and health care performance are to have any hope of success. ... [M]any hospital providers are yet to fully engage in these debates."

More information: Fischbacher-Smith, D. and Fischbacher-Smith, M. The Vulnerability of Public Spaces: Challenges for UK hospitals under the 'new' terrorist threat, *Public Management Review*. [DOI: 10.1080/14719037.2013.769851](https://doi.org/10.1080/14719037.2013.769851)

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