## Section 5

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Hazard Control and Prevention

Introduction

The overall approach to controlling and preventing workplace violence in health care is described in Section 1.

Solutions and strategies reported in research literature and by health care organizations including, those in the WSI project, demonstrate that implementation strategies must be carefully planned and used in combination.

A combination of engineering and administrative controls is primarily used within a WPV program to control and prevent the risk of violence:

- **Engineering controls** such as:
  
  o Physical and environmental safety and security measures e.g., controlled access to buildings and patient care units, weapons screening, monitored surveillance systems and panic/duress alarms or systems
  
  o Design of the physical environment to
    
    - Improve visibility
    
    - Provide barrier protection for staff, and allow for quick access to assistance and egress
    
    - Reduce risk of furniture and equipment being used as weapons
    
    - Create a less stressful environment for patients and visitors

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**Administrative controls** such as:

- Identifying (using a validated risk assessment tool), monitoring and managing patients/visitors at high risk for violence using interventions that are customized to address the underlying cause of the agitation or aggression and stage of violence being exhibited.

- Violence reporting including user friendly, well communicated processes to get help during an WPV incident and when reporting/documenting incidents, and communication, reporting, and documentation protocols that inform all staff who will be in contact with a patient who is identified at risk for violence e.g., department transfer huddles; shift change huddles; flagging the patient’s health record, etc.

- Incident response protocols including use of behavioral health rapid response teams, emergency medication kit for violence, the use of safe assessment rooms, clearly defined protocols for use of restraint and seclusion as a last resort, security personnel and the use of force.

- Post incident management and incident investigation

- Policy and procedures for employee groups who are at higher risk for exposure to violence e.g., employees working alone or in secure areas

- Policy and procedures to address organizational risk factors for WPV such as, improve staffing levels during busy periods to reduce crowding and wait times, provide adequate security and mental health personnel on site, etc.

- Proactive safety and security audits and security rounding

- Education and training for employees including protective behavior training (de-escalation)

Well written WPV policy and supporting procedures, that is actively enforced, followed, and maintained, provides the foundation and assists to facilitate the effectiveness of solutions to control and prevent WPV.
It is important to note that there is no clear evidence that defines or supports a specific intervention or combination of interventions, that will reduce the incidence and risk of WPV in hospitals or health care environments in general.

The lack of high-quality studies may be because the causes of WPV are multifactorial and varying in nature, thus making it harder to conduct well controlled research studies over a long period of time. Additionally, implementation of comprehensive WPV programs in health care is a relatively new initiative.

To date, research about the impact of multi-component WPV programs on reducing the risk and incidence of violence in health care are mixed (Morphet et.al., 2018)

However, despite the lack of evidence to support effectiveness of WPV programs, it is widely agreed by OSHA, the Joint Commission, experts in the field of WPV and other related entities, that the implementation of a comprehensive WPV prevention program is key to preventing and managing WPV. Despite the lack of research, there are numerous hospitals who have developed best practices that are successfully used to manage WPV and reduce risk to staff and patients. Examples of these are included throughout this toolkit.

Overall, it appears that the best approach to addressing all types of WPV in health care is using a customized multifaceted program approach that includes promoting a culture of safety for both patients and employees together with ongoing risk assessment, evaluation, and continuous improvement of interventions.

The following is a summary of the evidence published to date related to various interventions used in WPV programs. This information is mostly based on two large scoping reviews of peer reviewed literature by Raveel & Schoenmakers, 2019 and Morphet, et. al, 2018, and other references as noted.

 Evidence to support WPV Training programs is discussed in Section 6 and WPV Polices in Section 4.

If specific interventions are not mentioned below e.g. panic alarms, it’s because there is currently very little or no published evidence to know if they are effective or reducing the incidence or risk of WPV.

Patient assessment tools to predict the immediate risk of violence (Tool 5a WPV Risk assessment tool)

Validated risk assessment tools that are designed to identify the risk of patient violence based on a set of observed behaviors, are a good predictor for violence in the short term, thus, improving patient management and reduce the incidence and severity of violence.

Two risk assessment tools with good validity and sensitivity for early identification of aggressive behavior are STAMP and the Brøset Violence Checklist (BVC). (Calow et al, 2016)

To be effective these tools must be used correctly on a consistent basis so that patients are identified at risk for violence accurately and resource allocation for response management is used appropriately.
Clearly communicated and practiced standardized violence response protocols are also key to success of using violence risk assessment tool.

**Flagging Patient Records for Risk of Violence**

A 90% reduction in assaults by high-risk patients was reported by the Veterans Health Care Administration when flagging a high-risk patient’s chart was used to communicate risk of violence.

**Behavioral Health Rapid Response Teams (Tool 5g)**

These teams assist to intervene as early as possible when a patient’s agitation is escalating and show promise in reducing the severity of the incident or situation. When implemented using evidence-based models, they reduced security calls, restraint use, and staff injuries while moderately improving staff knowledge and self-efficacy. The presence of the team alone is reported to be enough to de-escalate the situation in some cases. (Choi et. al, 2019)

**Safe Assessment Rooms (SARs)**

There is some evidence to support that having a space or area where patients with behavioral disturbance are assessed and de-escalated in the Emergency Room can improve patient management including success of de-escalation and create a safer environment for consumers and staff.

**Crisis Stabilization Centers**

This relative new concept offers a way to reduce the number of patients experiencing a behavioral health crisis in Hospital Emergency Departments. Saxon et al, report that Crisis Stabilization Centers are effective at providing suicide prevention services, addressing behavioral health treatment, diverting individuals from entering a higher level of care and addressing the distress experienced by individuals in a behavioral health crisis. Studies also show that the cost of Crisis Stabilization Centers is significantly less than psychiatric inpatient units and satisfaction among clients is greater. These centers may also be adjacent to an Emergency Departments. (Saxon et al, 2018)

**Design of the Physical Environment**

There is some evidence that: (1) improving visibility so that staff can see people entering and moving around the facility e.g. the use of closed-circuit video surveillance systems, adequate lighting, and treatment spaces and offices with windows. Constant monitoring of surveillance footage enables rapid identification and prompt response to escalating behavior and allows evaluation of incidents and enhancement to staff training; (2) Securing furniture or using weighted furnitue to reduce risk of being used as a weapon can reduce the incident of violence

**Post-incident support**

Debriefing of staff, review of violence incidents and other measures to support staff involved with violence has been shown to raise staff awareness of the risks for WPV and increase reporting. Performing a root cause analysis using a team approach can identify systematic weaknesses in the WPV program and overall safety culture, and potential solutions, action plans and revision of workplace violence policy and procedures.
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The following Sections in this toolkit, provide more information about developing and implementing strategies to control and prevent workplace violence:

- **Section 3:** Step 8 Developing solutions to address and control hazards
- **Section 4:** Developing the WPV Program Plan
- **Section 6:** Education and Training
- **Section 7:** Implementing the program

**Tool 3a. Gap analysis tool** and **Tool 3f. Safety and security assessment checklist**, provide more information and ideas about engineering and administrative controls that can be used to prevent and manage WPV.

Examples of tools (5a-5f) developed by the hospitals in the WSI project are also provided as resources.

This Section provides a list of existing resources with links to tools where possible, that will assist you to develop solutions and strategies to address WPV in your health care facility.

### Physical and Environmental Safety and Security Measures

Refer to **Section 9** for references and resources related to Facilities Design i.e., standards and guidelines that address employee and patient security and safety needs, when designing and building behavioral health, emergency and other departments within health care facilities.

#### References and Resources Related to this Section – Other


- **Caring for Our Caregivers. Preventing Workplace Violence: A Road Map for Healthcare Facilities (December 2015).** Occupational Safety and Health Administration (OSHA). [https://www.osha.gov/Publications/OSHA3827.pdf](https://www.osha.gov/Publications/OSHA3827.pdf)


- **Elements of a Best Practice Violence Prevention Program for BC Healthcare (2005).** The
Workplace Violence Toolkit – Section 5


Emerging Health Care Concern: Preventing Workplace Violence
Presentation on Workplace Violence
https://www.jointcommission.org/assets/1/6/PreventingWPV_081816.pdf


https://bmjopen.bmj.com/content/9/9/e028465
Workplace Violence Toolkit – Section 5


Safewards. New 2020

Mental Health Nursing Institute of Psychiatry Health Services and Population Research, London, England

- Resources for Safewards Implementation
  http://www.safewards.net/model-diagram
- Selected Articles about the Safewards Model


**The Joint Commission - Workplace Violence from the Field** [New 2020](https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/from-the-field/)

*Western Connecticut Health Network*-Examples of policies related to workplace violence:

- **Armed Intruder – Active Shooter Code 55**
- **Bomb Threats Code 10**
- **Code Grey – Immediate Security Assistance – Danbury Hospital**
- **Code Silver: Site Emergency Lockdown**

**Overhead Emergency Codes -Poster. The Joint Commission** [New 2020](https://www.jointcommission.org/assets/1/6/EM-OVERHEAD-EMERGENCY-CODES-POSTER.pdf)


**Veterans Health Administration (VAH)** [New 2020](https://www.publichealth.va.gov/about/occhealth/violence-prevention.asp)

- **VHA’s Workplace Violence Prevention Program (WVPP)**
- **Mental Health Resources US Department of Veterans Affairs.**

**Section 5 - 8**
Workplace Violence Toolkit – Section 5


Public Services Health and Safety Association (PSHSA), Ontario, Canada


  Appendix E - Examples of Controls

  Personal alarm Devices needs assessment tool

- Working Alone or in Isolation (2019).

Presentation by Lynn Van Male, PhD (Director, Workplace Violence Prevention Program at Veterans Affairs) at the Joint Commission on August 30, 2018.


Books


Improving patient and worker safety: opportunities for synergy, collaboration and innovation (2012). The Joint Commission, & Joint Commission. Oakbrook Terrace, IL.
[https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf](https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf)
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Webinars (can be accessed free of charge)

http://www.ihi.org/resources/Pages/AudioandVideo/WIHI-Workplace-Violence-in-Health-Care-Can't-Be-the-Norm.aspx


Identifying and Monitoring Patients/Visitors at High Risk for Violence

References and Resources Related to this Section – Articles

New 2020  

New 2020  
https://pdfs.semanticscholar.org/55b9/bae9c373a130a593177ed848d02afd7f1e16.pdf

New 2020


New 2020


The modified overt aggression scale (moas). American Academy of Pediatrics New 2020
https://depts.washington.edu/dbpeds/Screening%20Tools/Modified-Overt-Aggression-Scale-MOAS.pdf


References and Resources Related to this Section – Other


Association of Threat Assessment Professionals www.atapworldwide.org/
A non-profit membership association including mental health professionals, law enforcement, corporate safety specialists, lawyers, probation officers, and others concerned with threat and violence risk assessment. Topic areas include threats, stalking, and homeland security.

https://www.va.gov/vhapublications/
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Completing the Violence/Aggression Assessment Checklist (VAAC) for Emergency Departments (ED) or Emergency Medical Services (EMS). (2016). Public Services Health and Safety Association (PSHSA). Toronto, Ontario, Canada.
https://www.saswh.ca/files/Violence/Resources/Completing_the_VAAC_.pdf

Minnesota Department of Health
Prevention of Violence in Health Care Toolkit
https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html

Risk Identification
- Broset Tool Utilization - Article (PDF)
- HealthEast Threat - Assessment Worksheet (PDF)
- St. Cloud - Environmental Checklist Screenshot (PDF)


The University of Nebraska Public Policy Center "Threat Assessment Glossary" (2013). Bulling, D, & Scalora, M. Paper 123. http://digitalcommons.unl.edu/publicpolicypublications/123

https://www.apa.org/monitor/2014/02/cover-threat
Violence Reporting Procedures

Information about Oregon OSHA recordkeeping requirements related to WPV related workplace injuries can be found in Tool 2d: Analyzing Injury Data and Direct Injury Costs

References and Resources Related to this Section – Articles


References and Resources Related to this Section – Other

California Hospital Association

Workplace Violence Prevention Resources
https://www.calhospital.org/workplace-violence-prevention

  Workplace Violence Incident Case Number Assignment Form
    ▪ Violent Incident Log
    ▪ Violent Incident Reporting

Confidential Incident Report Forms. U.S. Department of Labor Occupational Safety and Health Administration (OSHA).

Johns Hopkins Safe-at-Work Program

  Johns Hopkins Continuum of Disruptive Behaviors at Work

Minnesota Department of Health

Prevention of Violence in Health Care Toolkit
https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html

Accurate and Concurrent Reporting

  Development of a Data Collection Instrument Article (PDF)
  Injury Severity Levels (PDF)
  Incident Types (PDF)
  St. Cloud - Aggressive Incident Dashboard FY11-FY14 (Excel)
  St. Cloud - Aggressive Incident Dashboard Template (Excel)
  Suggested Data Collection Elements (PDF)

The Joint Commission - Workplace Violence Resources - from the Field

  Employee Reporting Procedure - Western Connecticut Health Network
  Incidents of Workplace Violence and Assault of Western Connecticut Health Network Employee Reporting Procedure

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Incident Response (includes Active Shooter Resources)

Refer to Section 4 for additional WPV policy related resources.

References and Resources Related to this Section – Articles

De-escalation New Topic Section 2020


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Trauma-Informed Care New 2020


The Trauma Informed Project http://www.traumainformedcareproject.org/


Trauma-Informed Care. Substance Abuse Mental Health Administration (SAMHSA) -HRSA Center for Integrated Health Solutions (CIHS). https://www.integration.samhsa.gov/clinical-practice/trauma-informed


The Health Alliance for Violence Intervention (HAVI) is an organization that fosters hospital and community collaborations to advance equitable, trauma-informed care for violence intervention and prevention programs. https://www.thehavi.org/


Searchable book


Management of the Agitated Patient New Topic Section 2020


https://escholarship.org/uc/item/69j5k9bz
https://escholarship.org/uc/item/2sf5q2v6

https://escholarship.org/uc/item/9t41z4rb


Crisis Stabilization Units  National Alliance on Mental Illness (NAMI)
https://www.nami.org/Learn-More/Treatment/Getting-Treatment-During-a-Crisis


https://escholarship.org/uc/item/4kz5387b

https://escholarship.org/uc/item/881121hx


https://escholarship.org/uc/item/0pr571m3


**Behavioral Health Rapid Response Teams** New Topic Section 2020


**Behavioral Emergency Response Team (2014).** University of Maryland Medical Center
Workplace Violence Toolkit – Section 5


Incident Response (includes Active Shooter Resources)

References and Resources Related to this Section – Other

The Agency for Healthcare Research and Quality (AHRQ)

Workplace Violence Toolkit – Section 5

California Hospital Association

Workplace Violence Prevention Resources
https://www.calhospital.org/workplace-violence-prevention

- Disruptive Behavior Algorithm
- Disruptive Behavior Guidelines – Assessment, Intervention, Documentation

http://bidders.camhx.ca/Code%20White%20%E2%80%93%20Caution%20%E2%80%93%20Threatening%20Person%20with%20Weapon.pdf


Depression and Bipolar Support Alliance New 2020

Understanding and Bipolar Support Alliance

Understanding Agitation Kit for Treatment Teams and Medical Staff

- Multiple Resources about De-escalation techniques
  https://www.dbsalliance.org/education/clinicians/understanding-agitation-kit-for-treatment-teams-and-medical-staff/

- Understanding Agitation Webinar

- Video demonstration of verbal de-escalation (9 minutes)
  https://www.youtube.com/watch?v=udRjZcRuak4


Minnesota Department of Health

Workplace Violence Prevention Resources
https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html

Treatment Plans

- St. Cloud - Unique Treatment Plan Policy (PDF)
- St. Cloud - Unique Treatment Plan Policy and Example (PDF)

Incident Response

- Assessment and Management of Violent Patient - Article (PDF)
- Enhancing Safety in Behavioral Emergency Situations - Article (PDF)
- Essentia Health - Response Policy (PDF)
- HealthEast - Behavioral Emergency Code Green Presentation (PDF)
- Metro Compact - Incident Response Team Make-Up (PDF)
- Metro Compact - Sample Incident Response Form (PDF)
- St. Cloud - Acronyms for De-escalation (PDF)
- St. Cloud - Active Threat Response Plan (PDF)
- St. Cloud - Active Threat Situation Presentation (PDF)
- St. Cloud - Lockdown Procedures (PDF)
- St. Cloud - Patient Belongings and Room Search Policy (PDF)
- Verbal De-escalation on the Agitated Patient - Article (PDF)


https://www.jointcommission.org/jointcommission.org/sea_issue_56/

U.S. Department of Veterans Affairs

- Prevention and Management of Disruptive Behavior - Training overview and basic information
- Preventing Patient Violence in VA Health Care (2.6 MB, PDF) on pages 14-15 in Vanguard magazine.

Hospital Security and Use of Weapons New 2020


Active Shooter Preparedness

Refer to Section 6 Education and Training for video resources

Active Shooter and Intentional Mass-Casualty Events: The Hartford Consensus II. Bulletin of the American College of Surgeons. 
http://bulletin.facs.org/2013/06/improving-survival-from-active-shooter-events/#.WjMttU0iz8o


Active Shooter Drill Materials. Hospital Association of Southern California. 
http://www.hasc.org/active-shooter-drill-resources

https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf

https://www.aha.org/system/files/content/16/2015mchcactiveshooterresource.pdf

Active Shooter: Tools/Resources. New York State Health Emergency Preparedness Coalition 


Department of Homeland Security

- Active Shooter Preparedness
  The Cybersecurity and Infrastructure Security Agency (CISA)  
  https://www.dhs.gov/cisa/active-shooter-preparedness

- Active Shooter Emergency Action Plan Guide and Template

Hospital Code Silver Activation; Active Shooter Planning Checklist. California Hospital Association.  


https://asprtracie.hhs.gov/technical-resources/resource/231/incorporating-active-shooter-incident-planning-into-health-care-facility-emergency-operations-plans


NFPA 3000™ fact sheets New 2020  
https://www.nfpa.org/~/media/0E8FE5DBA73B46E0801AAFB4D8F17263.ashx

San Bernardino Mass Shooting The Loma Linda Response and Lessons Learned - PowerPoint New 2020  

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5851501/

The Active Shooter Response Toolkit for Healthcare Workers (2016). Lisa Terry, CHPA, CPP. HC PRO.  
https://hcmarketplace.com/active-shooter-response-toolkit

The Joint Commission  
Workplace Violence Resources from the Field  
https://www.jointcommission.org/workplace_violence.aspx

- Willis Towers Watson – Active Shooter/armed intruder video  

- Hospitals & Healthcare Facilities Security Awareness for Soft Targets and Crowded Places  

- Active Shooters in the Hospital Setting – PowerPoint Presentation  
  https://www.jointcommission.org/assets/1/6/wpv_Active_Shooters_Hospital_setting.pdf

- Active Shooters in the Hospital Environment – PowerPoint Presentation
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https://www.jointcommission.org/assets/1/6/wpv_DOH_active_shooter_presentation_Mar_25.pdf

- Emergency Management Resources - Security/Violence/Active Shooter (July 2016)
  https://www.jointcommission.org/emergency_management_resources_violence_security_active_shooter/

- Quick Safety: Preparing for Active Shooter Situations (July 2014). The Joint Commission

Minnesota Department of Health
Workplace Violence Resources
https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html

- Mille Lacs - Active Shooter Policy

https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/flrtc/documents/ActiveShooterEvents.pdf

Policy & Procedures for Addressing Violence Risk with Specific Patient Populations

References and Resources Related to this Section – Articles


References and Resources Related to this Section – Other

Behavioral health resources for the emergency department. California Hospital Association
http://www.calhospital.org/emergency-department-toolkit

Care of the Psychiatric Patient in the Emergency Department (2130). White Paper


WorkSafe BC.


Working with Dementia patients
- Search for ‘Working Safely with Dementia’ -multiple resources
  https://www.worksafebc.com/

Post Incident Management and Incident Investigation

References and Resources Related to this Section – Articles


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### References and Resources Related to this Section – Other

**The Agency for Healthcare Research and Quality (AHRQ)**

- Learn from Defects Tool CUSP Toolkit

**California Hospital Association**

**Workplace Violence Prevention Resources**

- Investigation of Workplace Violence Incidents


**Worksafe BC**

- Incident investigation case example: Violence (2012)

**Minnesota Department of Health**

**Workplace Violence Prevention Resources**
[https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html](https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html)

- Policy - Support for Staff Involved in Violent Incidents (PDF)
- Violent Incident Staff Aftercare Checklist (PDF)
## The Role and Management of Security Staff

### References and Resources Related to this Section – Articles


Examining the Joint Commission’s Sentinel Event Alert No. 57 for healthcare security practitioners (2017). Campus Safety.  


Workplace Violence Toolkit – Section 5


References and Resources Related to this Section – Other

California Hospital Association
Workplace Violence Prevention Resources
http://www.calhospital.org/resource/workplace-violence-prevention-resources
  ▪ Hospital Guard Review Form

Minnesota Department of Health
Workplace Violence Prevention Resources
https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html
  ▪ Essentia Health - Security Management Policy (PDF)

Membership organizations: Safety and Security That offer a variety of publications

ASIS International
https://www.asisonline.org/
Organization for security professionals worldwide.

  ▪ Basic training manual for Healthcare Security Officers, 6th edition (USA) Canadian version also available New 2020
  ▪ Journal of health care protection management

https://iahssf.org/assets/securitysystemmonitoring.pdf

The International Association of Professional Security Consultants (IAPSC)
https://iapsc.org/

Campus Safety magazine - Journal and other publications.
https://www.campussafetymagazine.com