

Building Biothreat Security Protocols

IT'S **HIM** HUMAN
INVESTIGATION
MANAGEMENT



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Index

Index	2
Re-Purposing methods to survive an active biological threat	3
Situation	3
Entry and Access Control	4
Level of Awareness	4
Protocol 1.....	5
Protocol 2 Technology	5
Protocol 2.1: The instruments are only as good as the users.	5
Technology can assist more so.....	6
Priority 3 Manpower	7
Protocol 3.2: Emotion Management:	7
Protocol 3.3: Placing staff according to health status	7
Protocol 3.4: Situational Awareness Training	7
Protocol 3.5: Position staff by character traits.....	8
Protocol 3.6: Physical confrontation	8
Protocol 3.7: Authority Participation	8
Rehabilitation Centres (mental institutes)	8
Policing Authorities.....	8
Department of Health	8
Quarantine Centre	8
Protocol 4 Specific Disease Protocols.....	8
4.1 Black Fungus.....	8
Protocol 5 Incident Management	9
Protocol 5.1: The Importance of Incident Management.....	9
Protocol 5.2: Reporting:.....	9
Protocol 5.3: Gathering information from other locations or fields of interest	9
Protocol 6 The Outdoors	10
Protocol 7 Isolation Room	10
Protocol 7.1: Position.....	10
Protocol 7.2 Occupants	10
Protocol 7.3 Furnished	10
Protocol 7.4 Food and Drink.....	10
Protocol 7.5 Cleaning.....	10
Leadership and Information.....	10

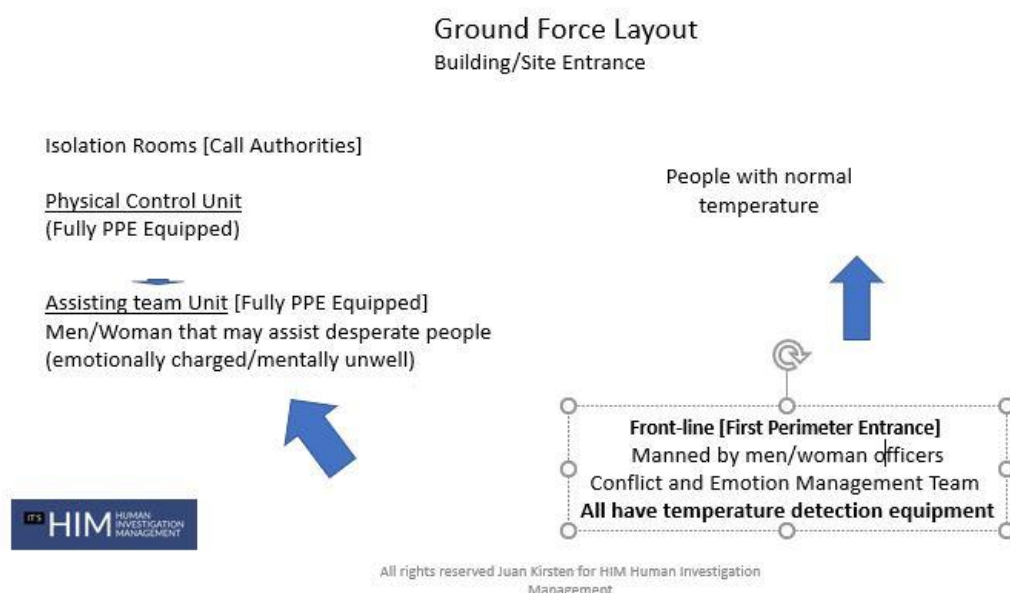
Re-Purposing methods to survive an active biological threat

Building Security for an existing site was designed based on risk assessment considerations but not considering the implications of an active biological threat. The practitioner now must re-purpose their existing security by re-budgeting and upgrading their software, technology, and equipment. Furthermore, [They] may need to upskill and re-position manpower to limit the collateral damage which is not only costs related to the biothreat but also to profit protect against an outcome of an economic meltdown.

Situation

The vulnerability landscape has changed dramatically. Some viruses could be airborne, and some could be transmitted by bodily fluids. A site during an airborne pandemic cannot afford to have an infected person in their location. Simply put, if such occurs, that company or site will be shut down for a period of time.

On any site could contain private sector business or governmental infrastructure support services that could experience displays of public resentment or perhaps business closures. The character profile of population is tense with people that are emotionally challenged, perhaps mentally unwell and others that feel desperate and could react abnormally with aggression. Subsequently, security officers or supervising officers on the ground *must be layered and positioned by* character traits. They should be educated in distinct cognitive skills and/or proficient in 'bio-threat' physical management skills.



Overview

Equipment, technology, and manpower protocols for any site *must be relevant and considered with a serious mentality because it hosts people traffic for any length of time. It is not the weapon that is the issue – it is the person that causes crime and mayhem. Consequently, we are focused on the people.*

Entry and Access Control

There is a difference between access control and entry control. Access control is granting access to specific people by using some form of identification verification system or access control technology.

Entry control is vital

This is the controlling the **flow and behaviour** of people to or on a site. It must be professionally managed because people will avoid going to the site which will impact on the revenue of the site.

Note: Regarding MPOX, check your country's status because in some countries could be at higher risk. Pregnant or people living with people that are pregnant must not be on the frontline. One in four pregnancies deliver a healthy baby, two miscarry and the third will be a still born.

Level of Awareness

The mission is to identify people of concern and disallow access

People could be acting normally without displaying symptoms for a few days before they display illness. Therefore, we must identify the threat in theater *by using what we do know which are* the symptoms of high fever and coughing or could be displaying pox (sores, lesions, blisters, and cuts).

Arcturus Variant

The Arcturus variant seems that some people display pink watery eyes besides, the standard covid19 symptoms.

Protocol 1

If a person (person of concern) is identified *before even taking temperature* and seems to be ill, then in a calming and gentle method refer them to another officer that is positioned 'out-of-pathway' of the line. The receiving officer could then direct them to a specific entry point into the site which should eventually lead to a quiet place where the person could be interviewed and managed accordingly.

Normally

To identify an infectious person being in high-threat status is by the measurement of someone's temperature and can be done *with handheld thermometers and thermal imaging cameras however there are issues with thermal imaging cameras besides protocols for any type of non-contact fever detection device.*

*The fever detection settings must be clearly known by the users, for example - ensure that it is known that for temp fever detection only begins at **37.5 but, consider threat alert at 37.7 or 37.8 Avoid ciao**s by not alarming the person that displays they are in a state of fever. Remember that the people are already scared, nervous and insecure. The entire process must be as calm as possible.*

Protocol 2 Technology

There are many technology providers jumping on the bandwagon with some not providing the correct solutions for a specific application. There are also some that are driving product with false information. This is due to some technology designers that are uneducated and unaware of the characteristic traits of the threat and therefore highlight attention to specific unrewarding benefits or use wording that misinforms the buyers. The following "technology testing group" is highly recommended to evaluate brand performance and if the technology used complies with the health community guidelines (FDA or any similar body in your location), be it cctv thermal imaging technology, temperature detection equipment for various purposes, namely IPVM (<http://www.IPVM.com>)

Protocol 2.1: The instruments are only as good as the users. There is a difference between non-contact infrared thermometers (NCIT) and thermal imaging detection cameras. There are distinct protocols to install and use such. Ensure that authentic goods are purchased and the users on the ground know exactly how to use such and follow the protocol instructions.

Furthermore, and very importantly, *where to place the equipment* because the background light or the temperature from outside could linger in the doorway.

Also consider, the distancing of objects or person from the equipment must be for accurate readings. There is some equipment that cannot read a person's forehead through someone's hair or when wearing a hat. There is some equipment that reads the temperature near the inner eye and not the forehead which is more accurate.

The point is, that the user must be educated on the equipment that is selected and therefore requires proper training. There is some good examples and knowledge on IPVM ([e.g. in nursing home](#)). Do view the USA Food and Drug Administration (FDA) for protocols of Non-Contact Thermometers (NCIT) and the Thermal Imaging Cameras. Mass-screening many people at the same time is not recommended with thermal imaging camera systems (www.fda.gov/medical-devices/general-hospital-devices-and-supplies/thermal-imaging-systems-infrared-thermographic-systems-thermal-imaging-cameras)

Before a person could have been identified using CCTV facial recognition that could track the person's movements over the past days to determine who they were in contact with. This was considered by following the footsteps then one could identify others who could become ill. The problem is that people wear masks and therefore, the facial recognition software may not be effective therefore do check with IPVM to ensure the brand has been tested. (<https://ipvm.com/reports/face-masks>).

Technology can assist more so

Technology identifying behavior patterns for good reason

The technology must identify if staff that could have a high probability of managing aggressive behavior and to determine if they are wearing the appropriate personal protection at the same time. Besides such identify which staff are experiencing the aggressive behavior. This then could call for certain changes to staff positioned or for additional and specific training to be included.

Technology used to prevent crime and corruption

Using analytics or other technologies to ensure that people,

- People do not double up behind another to get into the site.
- To ensure people are prohibited or leaving specific entrances *with or without packages or objects*.

The technologies that could possibly assist would be related to anti-tailgating for entry and exiting.

Technology saving lives

Technology can identify a person in distress by perhaps falling on the ground and not moving or even if they are having convulsions. In this instant the technology could speedily notify the appropriate people.

Priority 3 Manpower

Protocol 3.1: Dress for the Job

The eyes are just as porous as the mouth and therefore, all practitioners on the ground should consider using goggles/face-shield besides a mask and gloves. The manpower that may need to use physical constraint measures must be dressed in appropriate personal protection gear.

Protocol 3.2: Emotion Management:

Security manage the flow and the behaviour of people. When people are emotional then more people get infected because they could offload the virus through shouting or touching.

The nature of the beast dictates that people will be acting abnormally for fears related to sickness and because of issues related to the economic meltdown.

*They may be aggressive, depressed, desperate, highly emotionally, mentally unwell, or totally illogical. Therefore, **the practitioner must be aware of emotion management as first priority. The objective is to keep people calm.***

Protocol 3.3: Placing staff according to health status

Staff that have any health issues that could compromise their life must not be placed on the front line and should be utilized behind the scenes. They may resist in parting with an unhealthy status report for fear of losing their jobs and therefore must be re-assured in some fashion that their job is secure.

Protocol 3.4: Situational Awareness Training

Many security practitioners have been trained in situational awareness training, which has been mostly related to environmental situational awareness. This training is situational awareness of people whereas the practitioner on the ground must be able to identify a person of concern for distinct reason, namely,

- Health Status: Signs of sickness
- Emotional Status: - Mentally unwell, - Mentally sound but desperate, or - Coping and Co-operative
- Access Intention: True or untrue (are they causing an issue for other reasons – crime related - and not intend on entering the site)

Protocol 3.5: Position staff by character traits

Security officers could be highly trained with physical handling abilities, but they may not be appropriate for first contact with a person of concern. **First contact should be with practitioners** that are unbiased and that have the characteristics of being a people person, perhaps have had leadership or conflict management training would be best for first interactions. The front line first interaction team must be accompanied by officers in full hazmat gear in-case the person of concern acts aggressively. The main objective is to isolate the person of concern from others and therefore is shifted away slowly but surely down the line.

Protocol 3.6: Physical confrontation

Training must be revised so as to reduce the face-to-face confrontational time exposure. Therefore, the staff should be trained wearing full PPE gear so that they are accustomed to performing with such.

Protocol 3.7: Authority Participation

The contact details for the following agencies must be utilized to summon the appropriate authorities for a person of concern. They would have the necessary equipment and training to manage the situation.

Rehabilitation Centres (mental institutes)

Policing Authorities

Department of Health

Quarantine Centre

Protocol 4 Specific Disease Protocols

4.1 Black Fungus

In some countries the black fungus can be life impacting and deadly therefore do check with your Ministry of Health to determine the status in your location.

Identify the black fungus and summon the cleaning crews that should be equipped with the appropriate chemicals.

Check any stores that are refilling, selling oxygen or assisted breathing machines and ensure that they are complying with government standards. If not, then report such stores immediately to the authorities.

Protocol 5 Incident Management

The equipment integrated with AI (artificial intelligence) software and connected to the equipment would work for incident management assessment and which would serve greatly for deep analysis. ***This could be,*** a software database profiled with full contact details along with any volunteered medical reported information, connected with access control technology, temperature recording and facial recognition (mask may need to be dropped for a few seconds for facial recording).

Protocol 5.1: The Importance of Incident Management

In this active pandemic threat situation, security success to limit the collateral damage of covid-19 will depend on the level of situational awareness of the decision-makers on the ground (all are decision makers) and their reaction speed.

We will talk now on two aspects being, situational awareness and reaction speed. Incidents reported provide situational awareness. The decision-makers will make decisions on what they know. If they are unaware of something happening, then, nothing will be done. **The biggest nightmare for any practitioner is not knowing what is truly happening on the ground.**

Protocol 5.2: Reporting:

Information must be collected from the users of equipment or technology on the ground, and from the people on the ground. In-fact any source must be used that can contribute information be it electronically or physically.

Reporting and the incident management can assist tremendously when correctly comprehended and used properly. The HIM Critical Thinking for incident management provides the practitioner on the ground the abilities to see the big picture and also identify the formation of a situation that could impact the growth of the pandemic or a criminal structure that will take advantage of the situation. Because this is a fluid threat in motion, there may be issues uncovered that could lead to requiring additional tech, equipment, or manpower with relevant skills.

Protocol 5.3: Gathering information from other locations or fields of interest:

This protocol calls to the fact that the manager/analysts must keep their eyes on what is happening not only in their own location but on countries that are in a similar situation – for example, speaking to the southern hemisphere or first/third world-countries.

Furthermore, interact with like-minded practitioners in discussion groups or source information from professionals in the field. Pandemics kill egos!

Protocol 6 The Outdoors

There are sites that do have outdoor areas where people can mingle. It is known that a person's droplets can be carried further with wind. Therefore, areas that have no wind barriers should be seriously restricted areas.

Protocol 6.1: Area restricted because of the wind factor infecting others

The words describing the reasoning behind such spell out clearly the logic and reasoning for such, which may present sufficient reason to people that may want to break the rule because they may be smokers. Desperate people do desperate things!

Protocol 7 Isolation Room

Protocol 7.1: Position

Must out of public sight, isolated and easily accessible on street level

Protocol 7.2 Occupants

Only one person at a time

Protocol 7.3 Furnished

A soft couch only. Note if Mpox is concern, then deep clean immediately.

Protocol 7.4 Food and Drink

Bottled Water (definitely no communal beverage supply system)

Protocol 7.5 Cleaning

STRICLY COMPLIANT: health guidelines fully after each occupant

Leadership and Information

The information in this work could change from time to time because of the learning curve related to active threats, the outcomes displayed and the learning experiences.

If any person would like to suggest additions to this work, kindly contact the author of the document for consideration and acknowledgement. The booklet referred to in this work is endorsed various organizaitons. It is based on the Critical Thinking the X Factor in Criminology, Security and Risk [HIM](#) Human Investigation Management.

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