

NATIONAL UNIVERSITY

OF PUBLIC SERVICE

Doctoral Council

BALÁZS GERGELY TISZOLCZI

**SAFETY ISSUES AT HUNGARIAN HOSPITALS IN THE LIGHT OF
THE SET OF OBJECTIVES AND OPERATIONAL
CHARACTERISTICS**

author's introduction and criticism to the PhD dissertation

Budapest

2017

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Supervisor:

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1. THE DESCRIPTION OF THE SCIENTIFIC PROBLEM

In present day Hungary the health care system, and hospitals as its important elements, distinctly form part of the critical infrastructure. Act CLXVI of 2012 the identification, designation and protection of critical systems and facilities identifies at sub-sector level the institutions providing active inpatient care as possible critical system elements, and the implementation decree of this act sets forth detailed criteria for the designation. Subsidiarity is of a special importance among the principles of the protection of critical infrastructure, and within its frames ensuring the protection is primarily the competence of the operator of the institution in question. It is their responsibility to plan the security of their own facilities, to make the relevant decisions,¹ thus apart from the role of government bodies, it is them that play the main role in guaranteeing the security of the facilities in question.

As regards critical infrastructure protection the emphasis is shifted to the continuity of functioning, an important element of which is the security of the applied technology and processes, while Act XCIII of 1993 on occupational safety (Act on Occupational Safety) imposes significant responsibilities on the employer via the tripartite system of occupational safety to protect the health and safety of people staying within range, and pursuant to the provisions of the act the employer is responsible for ensuring healthy and safe working conditions.

Avoiding disruptions to the processes, the technology, the appropriate availability and functioning of the staff responsible for the functioning of the technology and for performing health care tasks can jointly guarantee the functioning of the hospital institutions in question in accordance with their purpose, in safety and without interruption.

There are several definitions and interpretations for the determination of the notion of security already mentioned several times, and this determination generally involves all essential characteristics of the field and the topic under examination.² **Hospital security as a notion is already widespread in everyday speaking, however, at present no uniform and widely accepted notion is defined behind this expression to describe in an exact manner its criteria by taking into consideration the set of objectives and the operational characteristics.**

¹ Government Resolution No. 2080/2008 (VI. 30.) on the National Programme of Critical Infrastructure Protection

² Lajos Szabó: What is security? In: *Pécsi határőr, tudományos közlemények*, 2012. XIII. p.73–86. ISSN 1589-1674

In general, security in itself means a non-dangerous and uninterrupted state of a certain thing. Putting into practice of this simple conception is a complex professional task, the solution of which to a large extent belongs to the civil defence sphere, to the area of security organization.

Risks threatening security can be very diversified in the case of hospitals, however, as regards their nature they do not differ from those being characteristic of an industrial, commercial, administrative objects and the activities performed in such objects. Nevertheless, my experience so far during my work performed as a security organizer in the health care sector has been that **when planning certain defence-like tasks the technical equipment and organization measures generally accepted and utilized in the profession cannot be used, or can be used only with such heavy restrictions that considerably limit their effectiveness, or even make it impossible to use them for the original function. Although during the performance of certain operational tasks the general rules of the profession are followed, putting into the hospital practice of the applications that have been successfully tried elsewhere does encounter difficulties, and shows insufficient effectiveness.** All this means that hospital security professionals need to face such difficulties, therefore need to find answers to questions that are probably not present in any other institutions having different functions.

Based on my practical experience I believe that the reason for the above lies in the effects of the institutional set of objectives and certain functional characteristics on the organization of protection.

2. INTERPRETATION OF THE SET OF OBJECTIVES AND OPERATIONAL CHARACTERISTICS OF HOSPITALS

According to the Pallas Encyclopaedia: „objective is something that we aim to achieve through action, to implement through an activity”.³ The objective determines the nature of actions, and has an impact on the direct and indirect environment of the action, effecting or creating certain institutional operational characteristics.

The definition of hospital is: „an institution serving for the care, medical care, nursing, resting of patients or people in acute conditions, ensuring also providing for their vital necessities.”⁴ As such, the objectives of functioning can be directly linked to the illimitable

³ Pallas Encyclopaedia/Objective (Cél) <http://mek.oszk.hu/00000/00060/html/019/pc001911.html#6> (2013.08.10)

⁴ Mihály Dió, dr. Lajos Forgács: Basic concepts of health care and hospital engineering (Part 3). In: *Orvos és kórháztechnika*, 2007. Vol. XLV Issue 3, pp. 4-9 ISSN 1585-7360

basic right of every individual, the right to physical and mental health that is declared also by the Fundamental Law of Hungary. Thus, curing, restoring and preserving health are the driving forces of hospital activities, being the primary function, to which all elements of the organisational, personnel and physical resources applied during the care-taking processes are subordinated.

Operation characteristics, in turn, can be interpreted as the individual characteristics, practical criteria, operational conditions of the hospital processes necessary for attaining the objectives, having been created for this end, or perhaps emerging unintentionally, of the applied personnel and physical-technical resources. Furthermore, they include the legal, economic, social, technical-technological characteristics and phenomena of the wider and closer operational region and area of the institution that have a direct or indirect effect on the hospital activities, thus influencing the method of implementation of the objectives, as well as the extent to which that these are feasible.

The scientific problem itself, the reason for considering the hospital security organization to be an extremely difficult and complex task, the planning and implementation of which the experts responsible have to face significant difficulties, thereby find answers to questions that are probably not present at any other institutions of other functions, will become interpretable in the light of the set of objectives and the operational characteristics.

3. HYPOTHESES

On the basis of the thoughts included in the scientific problem and the interpretation of the notions related to the problem my research aimed at examining the following hypotheses:

1. The hospital security notion widespread in professional circles does not take due account to the set of objectives, therefore in its own, security-based meaning does not provide an appropriate interpretation as regards practice.
2. Relying on my own experiences I assume that in several sub-areas of security organization there can be identified hospital operational characteristics to be treated as facts and that have a negative effect on the institutional security organization, causing difficulties in connection with the effective security-based risk management that – in certain respects – require the reinterpretation of the limits of employer's responsibility set forth in legal regulations. Managing of risks threatening the continuous operation, as well as the health and safety of those providing and using health care services should be initiated at a society-wide, legislative level. Within the institutional frames, in many

cases, no sufficient and/or appropriate opportunities are available to the employer, operator to fully meet their legal obligations set forth in legal regulations and to enforce the general professional rules and principles related to security organization.

3. Although traditional defence methods and tools are indispensable for solving the security problems revealed, many times they are not sufficient in themselves. Applied security technology – as an interdisciplinary area – requires a close integration of the results of other disciplines so for not applied or only in a limited area, and this set of knowledge should be a part of the professional tool kit of security organizers, and they should be able to use it efficiently, in accordance with the objectives, in everyday conditions.

4. RESEARCH AIMS

In line with the ideas expressed when presenting the scientific problem and the hypotheses the objectives of my research are:

1. to *prove* that the security technology based interpretation of the term hospital security does not provide a sufficient interpretation as regards practical matters, to *define* a possible and exact 'hospital security' notion that fully takes into consideration the set of objectives and the operational characteristics;
2. to *prove* that the risk management related difficulties revealed in connection with the hospital set of objectives and operational characteristics require the reinterpretation of the employers' responsibility set forth in legal regulations. In order to attain this it is necessary to:
 - *examine at a theoretical level* through which interactions and in which way the hospital set of objectives and operational characteristics cause the security organization difficulties;
 - *discover* the operational characteristics of hospitals – present at a significant part of the institutions – that due to their nature largely affect institutional security;
 - *examine* their specific impact on the organization of protection.
3. *examine*, through theoretical analysis of the reasons of security organization difficulties experienced in practice, the results – so far not utilised generally or not to/in a sufficient level/method – of which disciplines is required to be integrated more closely in the

security technology in order to solve the problems that arising during the organization of the protection in hospitals;

4. *recommend practically viable solutions* that take into consideration the current operational characteristics of the Hungarian hospital system in order to overcome the difficulties revealed.

5. RESEARCH METHODOLOGY

During my work I used both general and special research methods. Of the general methods I used particularly the method of comparison, during the processing of literature available from public resources and analysing the non-public, internal materials made available to me and examining their applicability I followed the analytical method, and I synthesized the knowledge gained during my empirical researches. I used the inductive method to formulate my conclusions, some of which I supported with a questionnaire survey in order to reduce the margin of errors resulting from generalization and to ensure professional justification. I kept publishing the partial results of my research activities by fulfilling the quality requirements set for scientific publications.

A significant part of the particular research activities consisted of observation and surveying of the practical activities in hospitals, performed partly during the performance of my work tasks in various health care institutions as an external security consultant, and partly at the clinics of Semmelweis University, as an occupational safety officer in public employment. Another, equally important part of the research activities was performed by visiting the sites of the following health care institutions and making more than 20 in-depth and several smaller interviews with the people responsible for security and/or performing health care tasks:

In Budapest, apart from the around 20 clinics and institutes of the Semmelweis University, at the Szent János Hospital, Uzsoki Utcai Hospital, Péterfy Sándor Utcai Hospital and Clinic, Budai Egészségközpont, and in rural areas, at the Szent Borbála Hospital of Tatabánya, Szent Pantaleon Hospital of Dunaújváros, Markhot Ferenc Training Hospital and Clinic of Eger, and outside Hungary, the Swiss St. Claraspital, Felix Platter-Spital, Kantonspital Baselland, Universitätsspital Basel.

During the research activities performed at the institutions my main goal was to study, compare, assess the applied practices based on the statements of the hypotheses, and to examine the particular solution methods and their efficiency. Apart from the continuous summarizing of the experiences thus gathered, within the frames of the research activities:

- I collected and studied the Hungarian and foreign, mainly English literature available in the topic, in a hard copy or electronic format;
- I conducted several consultations and exchanges of experiences with security experts working on relevant scientific and research areas, mainly from Hungary, but in certain cases from abroad, myself being the member of the International Association for Healthcare Security and Safety;
- I participated in the elaboration of the security plan of Uzsoki Utcai Hospital as a member of the hospital security work group at the Zrínyi Miklós National Defense University;
- I studied the authority activities related to the security and safety of hospitals, and as an external observer participated in civil protection and institutional fire drills, both in Hungary and abroad;
- I participated in professional lectures , seminars in topics related to the security and safety of hospitals;
- as a supervisor I provided assistance to several students in preparing their theses in the topic of hospital security;
- during my college and university studies my theses were about hospital security, and to a justified extent I have used the thoughts of such theses in this work.

6. DESCRIPTION OF THE RESEARCH PERFORMED

In the first chapter I examined the knowledge related to the operation of Hungarian hospitals, their place and role in Hungary's health care system. During the presentation of the typical characteristics of the sector I demonstrated that the health care system, and within that the hospitals play a priority role in the life of Hungarian society, both as regards their operational objective, being the preservation, restoration of health, and their operational conditions.

In the second chapter I examined the interpretation of security and related notions in hospital surroundings, and I analysed the place, role and tasks of the security system as regards the hospital processes aimed at attaining the objectives.

By using the system-based framework I introduced a theoretical approach, with the help of which the professional content required to examine, prove the hypotheses, to achieve the research aims can be organized into a logical system in the dissertation.

I revealed at a theoretical level through which interactions and in which way the hospital set of objectives and operational characteristics cause the security organization problems, and

I examined their general, quantitative nature.

By revealing patient security connections I **proved** that the security technology based interpretation of the term hospital security does not provide a sufficient interpretation as regards practical matters, furthermore **defined** a possible and exact 'hospital security' notion that fully takes into consideration the set of objectives and the operational characteristics.

In the third chapter from the elements of the macro environment of the security system I examined certain sociological, demographical, financial, economical, legal processes and characteristics being relevant in Hungary, from the dimensions of the important subdivisions of security organization, i.e. occupational safety, fire protection and personal and property protection. Such dimensions included the health situation of the Hungarian population, the human resources situation of health care, the main age indicators of the population, the ownership situations in health care, the infrastructure, as well as the high-level legal framework applicable to the activities.

By examining the macro environment of the security system and analysing its effects on security I **proved** that in several sub-areas of security organization can be identified hospital operational characteristics to be treated as facts that cause considerable difficulties to the professionals responsible.

I **proved** that during guaranteeing the safety of patients, visitors and employees, the security of their personal properties, the security of real estate and immovable tangible property, as well as the uninterrupted availability of the infrastructure, certain important elements of the security technology tools and procedure system cannot be used in the case of hospitals or can be used partly only, and this fact – primarily through the limited applicability of risk management tools and methods – calls for the reinterpretation of the limits of employers' responsibility set forth in legal regulations.

I **pointed out by concluding the consequences** that the security organizer profession should accept that the difficulties discovered in the chapter will for a long period continue to determine the work of experts active in hospital institutions.

In the fourth chapter, examining the micro environment of the security system I presented the difficulties and my relevant solution recommendations that are related to the relevant characteristics of the three important organisational elements of hospitals – human participants, organisational culture, and the buildings required for the performance of tasks.

I **demonstrated within the frames of an individual primary research** that the majority of the people involved estimates the physical and mental health risks to be significantly higher than employees working in other economical sectors.

I pointed out the interactions through which the security system is capable to affect the achievement of organisational goals. After detailing the risks I presented the theoretical solution options for the difficulties related to their handling, **I examined** which methods should be in focus during the planning of the tasks.

I concluded that a significant part of problems revealed in connection with the handling of the risks related to human participants are due to ignoring the physical and personality psychology characteristics of individuals during the planning and implementation of security measures.

As regards the people using the services, and within that especially as regards the patients, **I examined** the victimisation risk. By synthesising the relevant physical and personality psychology factors, as well as by **adapting to the topic** the accident sequence model proposed by Ramsey **I revealed** the mechanisms through which the contact with the perpetrator can lead to becoming a victim in the case of patients. **I concluded** that as regards those utilising the services – and taking into consideration the operational characteristics of hospitals – improving the security awareness is the only tool for the management of the institution to be used in practice to prevent the most characteristic crimes I examined. **I put forward specific, practical recommendations** to launch a continuous, large-scale communication campaign in health care. **I summarised** the main requirements for the creation and location of a specific communication content **by analysing** an own prepared poster design.

I laid down as a basic principle that when handling the typical risks related to the people providing the care great emphasis need to be put on exploring all personal factors that may deteriorate the efficiency of security methods applied in practice. **I identified** several typical characteristics that significantly increase the possibilities of both the occurrence of accidents and becoming victims. As a solution **I proposed the introduction of behaviour-based programmes**, especially to prevent the accidents originating from lifting loads, carrying loads and using sharp and spiked tools. **I called the attention to** the importance of appropriate education and training, **presented** an outline of the main didactic principles to be used in connection with education. Having analysed the motivation, driving forces and attitudes towards the health care activities and work environment of the people providing the health care **I proposed conclusive communication strategies** to overcome the risk management difficulties revealed.

I concluded that physical and verbal abuse prevailing in health care is the consequence of conflicts formed through complicated interactions between the perpetrator and the victim. In

order to ensure the prevention of aggression **I analysed** the trigger situations and reasons, and **pointed out** that we may reduce the risks by introducing administrative methods, organising training courses on non-violent communication, organising training courses on conflict management and de-escalation, appropriate physical organization of the work place, and by work organization measures. **I made specific suggestions** for the practical thematics of training courses and the arrangement of work places.

Through analysing the circumstances of task fulfilment by the security guards performing personal and property protection services in health care institutions **I identified** what knowledge, personal and professional competences a security guard must possess apart from the general professional, legal and ethical knowledge. **Presenting a specific training path I made a recommendation** for the transformation of the present vocational training system, for the creation of a module within the basic training to provide education on the professional knowledge typical of the health care sector.

During the examination of the security aspects of the organisational culture **I concluded** that the increased organisational and social risk taking experienced in practice is the most significant, and what is more a system-level problem in the case of hospitals.

I revealed that the physical arrangement of the buildings serving hospital functions plays an important role in presenting chances for crimes, has an outstanding importance in preventing both the crimes against property and impulsive crimes, as well as in ensuring continuous operation. **I concluded** that hospital facilities do not fulfil the modern CPTED⁵ principles due to their age and technical characteristics, and they present serious fire security risks as regards the people utilising the services. In order to manage the risks resulting from the characteristics of the buildings **I proposed the elaboration** of a recommendation including the definition of the security goals and the related principles. As regards certain content elements of the recommendation **I proposed specific suggestions**, by way of presentation.

As an important task in reducing fire protection risks **I presented** the elaboration of a system of requirements required by the authorities, and being suitable for unambiguous interpretation and subject to accounting. **I suggested** that the legislator extend the scope of construction activities as regards hospitals that can be performed exclusively based on a building permit or under notification, specified in accordance with predetermined functions,

⁵ Crime Prevention Through Environmental Design

size or activities to be performed, or similarly to the modification of risk classes, require a notification for the commencement of the planned activities.

I made a suggestion for the legislator to determine and introduce the notion and scope of high-priority institutions from a fire protection point of view – that would include also the hospitals – and oblige such institutions by the force of law to perform risk assessment procedures as regards fire security, and **I suggested to set forth** the content and form of such assessments **in legal regulations**. **I presented as a basic condition** that the fire security risk assessment be considered a fire protection professional activity. **I suggested as an alternative solution** to involve people possessing fire protection qualification and appropriate experience in the performance of the risk assessment set forth by the act on occupational safety in the case of institutions of high-priority from the fire prevention point of view.

In this chapter I proved that in order to solve the practical problems the security organizer need to improve its approach, and its professional skills, factual knowledge need to be developed continuously, and the results of the disciplines so far not connected or only theoretically connected to the organization of security should be implemented in everyday practice, since although the traditional security methods and tools are indispensable for solving several difficulties, they are not sufficient in themselves. When presenting this chapter **I identified many of such areas** – these mainly include the areas of behavioural science, psychology, occupational psychology, victimology, didactics, sociology, however, in certain cases in order to successfully solve the problems experts may need to adapt the methodology and tools of marketing, organizational development and management/administration.

7. CLOSING (SUMMARISED) CONCLUSIONS

Among my closing conclusions I pointed out that guaranteeing of the optimal security level in the case of hospitals in certain regards should be dislodged from the stereotyped position of being a security organization specific tasks. I called the attention of the institutions to the fact that in order to achieve their objectives they have to reconsider all security organization factors that may have any effect on the security performance, even if a connection could not been identified formerly,⁶ and that the key to success in many cases lies

⁶ Zsolt Kapás: Szakmai kommunikáció és módszertan a munkavédelemben (Professional communication and methodology in occupational safety). Budapest, OMKT Kft., 2012. ISBN 978-963-89058-6-4

in the management, especially in doctors. They are the individuals who can accelerate the implementation of favourable phenomenon and the application of behavioural forms.

In conclusion, I summarised the main, general tasks of people involved in the implementation of hospital security, and according to my summary a security organizer should work continuously on developing and implementing new solutions, and their efforts should also be supported by the authority organisations as well, apart from the professional organisations, and the legislator can contribute to the protection of the security of such high-priority institutions by reviewing and amending the legal framework, and the society can contribute by understanding and accepting the rules.

8. NEW SCIENTIFIC RESULTS

Summarising the results of my research I consider the followings to be new scientific results:

1. In my dissertation **I proved** that the security technology approach to hospital security does not provide an appropriate interpretation as regards practice. Through integrating the patient security aspects **I determined a definition** for hospital security that is taking into consideration the set of goals and the operational characteristics with due weight, and duly reflects its everyday interpretation.
2. By exploring in detail the security issues and problems experienced in practice, by systematising them and performing the theoretical analysis of their reasons and analysing their specific influences on the organization of security **I proved** that the set of objectives and operational characteristics of hospitals can cause such difficulties in connection with the effective security-based risk management that, in a certain regard, require the reinterpretation of the employers' responsibility set forth in legal regulations.
3. **I revealed and proved** through theoretical analysis of the reasons of security organization difficulties experienced in practice, the results – so far not utilised generally or not to/in a sufficient level/method – of which disciplines is required to be integrated more closely in the security technology in order to solve the problems that arising during the organization of the protection in hospitals. **In my dissertation I identified several areas** – these mainly include certain practically applicable results of behavioural science, psychology, occupational psychology, victimology, didactics and sociology.

4. Especially with my recommendations regarding the amending of legal framework applicable to hospitals, the increasing of security awareness of patients and health care providers, the restructuring of the vocational training system of security guards, ensuring security of hospitals at the time of construction, and the introduction of a fire protection risk assessment obligation **I elaborated specific suggestions for solutions**, taking into consideration the set of objectives and operational characteristics of hospitals, and being suitable for managing a part of practical security issues at an institutional level.

9. THE PRACTICAL APPLICABILITY OF THE RESEARCH RESULTS, RECOMMENDATIONS

I consider my research results, dissertation to be applicable in the following fields:

1. My dissertation fills a gap, since no similar comprehensive work has been prepared so far in Hungary. Therefore, the dissertation – by providing a more organized system for the general knowledge in the field – ensures an appropriate basis for the experts of the area for their further researches.
2. The dissertation provides a good starting point for the higher education institutions dealing with security technology for determining the subject and subject parts in this topic, as well as for developing the educational topics, text books and lecture notes.
3. The analyses and suggestions included in the dissertation can serve as resources for and can be used by both decision makers in the field of hospital security and practitioners working in the area of security organization.
4. With the help of the theoretical approaches several professionals of hospital security can achieve a better knowledge of the phenomena behind the security problems of hospitals, and through the solutions I suggested they will have a tool to provide several intervention options for the hospital management and to utilise them in practice.

I recommend my dissertation and the application of its results to the following organisations:

1. hospital institutions in Hungary, and the security experts performing activities at such institutions;
2. training and further training institutions, the main task of which is to educate and train security experts ensuring the security (also) of hospitals, especially the teachers and PhD students of the Doctoral School of Military Engineering of the National University

of Public Service who are being active in the security technology research area, the education of safety engineers and occupational safety engineers at the Donát Bánki Faculty of Mechanical and Safety Engineering of the Óbuda University, and the occupational safety engineer training organised by the Occupational Safety Training Center of the Budapest University of Technology and Economics;

3. professional organizations playing an outstanding role in health care and capable of inducing changes, especially the Hungarian Hospital Association, the Chamber of Hungarian Health Care Professionals and the Hungarian Medical Chamber.

10. PUBLICATIONS RELATED TO THE TOPIC OF THE DISSERTATION

1. Balázs Gergely Tiszolczi: How to handle bomb threats in Hospitals. In: Honvéddorvos, 2014. Vol. LXVI Issue 34, pp. 36-48 ISSN 0133-879X
2. Balázs Gergely Tiszolczi: Thoughts about personal and property security in hospitals. In: Hadmérnök, 2013. Vol. VIII Issue 1, pp. 43-54 ISSN 1788-1919
3. Balázs Gergely Tiszolczi: Security of Swiss hospitals from Hungarian points of view. In: Bolyai Szemle, 2013. Vol. XXII Issue 1, pp. 35-50 ISSN 1416-1443
4. Balázs Gergely Tiszolczi: Certain aspects of fire protection in hospitals in the light of the National Fire Safety Codes & Standards. In: Florian Express, Magyar Tűzbiztonsági Szakfolyóirat, 2013. Vol. XXII Issue 7-8, pp. 296-302 ISSN 215 492X
5. Balázs Gergely Tiszolczi: Protection and Safety of the Application of Radiation Sources in Medicine. In: Academic and Applied Research In Public Management Science, 2013. vol.12. No.2. p.369–383.
6. Balázs Gergely Tiszolczi: The effects of global economic and social processes on the efficiency of risk management in health care. In: Bolyai Szemle, 2012. Vol. XXI Issue 2, pp. 87-106 ISSN 1416-1443
7. Balázs Gergely Tiszolczi: The particularities of hospital objective's security. In: Bolyai Szemle, 2012. Vol. XXI Issue 1, pp. 151-168 ISSN 1416-1443
8. Balázs Gergely Tiszolczi: Fire Safety Aspects while assessing risk in health care facilities. In: Florian Express, Magyar Tűzbiztonsági Szakfolyóirat, 2012. Vol. XXI Issue 6, pp. 256-264 ISSN 215 492X
9. Balázs Gergely Tiszolczi: Secure hospital? In: Hadmérnök, 2011. Vol. VI Issue 1, pp. 115-119 ISSN 1788-1919
10. Balázs Gergely Tiszolczi: Enforcing fire protection requirements during the reconstruction of hospitals, Part I In: Védelem, katasztrófa- és tűzvédelmi szemle, 2011. Vol. XVIII Issue 3, pp. 17-19 ISSN 1218-2958
11. Balázs Gergely Tiszolczi: Enforcing fire protection requirements during the reconstruction of hospitals, Part II In: Védelem, katasztrófa- és tűzvédelmi szemle, 2011. Vol. XVIII Issue 4, pp. 29-31 ISSN 1218-2958
12. Balázs Gergely Tiszolczi: Development methods for increasing security awareness of the personnel and those utilising the services provided by the Uzsoki Utcai Hospital. In: Dr. Tibor Bartha (Editorial staff): Ajánlás az Uzsoki Utcai Kórház személy- és vagyonvédelmi tervéhez (Recommendation for the personal and property security plan of the Uzsoki Utcai Hospital). Joint publication by the City of Budapest, the Budapest Organization of the Chamber of Bodyguards, Property Protection and Private Detectives, the Bolyai János Military Engineering Faculty of the Zrínyi Miklós National Defense University, 2010

11. PROFESSIONAL-SCIENTIFIC RESUMÉ

Name: Balázs Gergely Tiszolczi

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Education:

2016– IT System Operator, KS Training Center

2010– National University of Public Service, Faculty of Military Sciences and Officer Training, Doctoral School of Military Engineering (university leaving certificate: July 2013)

2013–2015 Engineer - Economist
Budapest Business School, Faculty of Finance and Accountancy

2011–2012 Fire Safety Officer, Pro-Sec Kft.

2009–2011 Occupational Safety and Health Engineer, Budapest University of Technology and Economics

2008–2010 Safety Engineer, Msc.
Zrínyi Miklós National Defense University, Bolyai János Military Engineering Faculty

2004-2008 Safety Engineer
Zrínyi Miklós National Defense University, Bolyai János Military Engineering Faculty

Other qualifications

Qualification as a security guard
Qualification as occupational safety technician
Qualification as fire protection officer
Basic level fire-fighter qualification
Qualification in secret case management
Public administration exam
Sports trainer, Kung-fu
Fire safety qualification for the installation and maintenance of built-in fire alarm systems

Professional activity:

2011– Hungarian State Treasury
Safety and security expert, Head of Security Department
Directing the safety and security, fire protection and civil protection activities of the Treasury, performing tasks in

connection with the protection of classified data, managing the secret case management activities.

- 2009–2011 Semmelweis University, Directorate of Security Service and Logistics
Occupational Health and Safety Expert
Performing the occupational health and fire protection tasks at the university.
- 2008–2009 Health and Safety, Fire Safety Consultant
Performing occupational health and fire safety tasks for more than 20 various institutions (in the health care, industrial, commercial, and service provision areas) on contractual basis.
- 2004–2007 Security guard, head of duty, security technology system installer
Employed by various enterprises
Performing security guard tasks, organizing duties, checking the personnel, installation of electronic security and fire safety systems.

Language skills:

- 2007 English, medium-level state exam, B2 complex, BME 959718
- 2015 German, basic level state exam B1 A TELC 1751934/B1 B TELC 1668537

I am the author of about a dozen articles and studies, mainly in the topic of health care security and safety. My publications can be viewed at the Hungarian National Scientific Bibliography (MTMT).

As a supervisor I have assisted several young students prepare their theses on all areas of security technology.

Budapest, October 18, 2016

Tiszolczi Balázs Gergely