

The Privacy Paradox: **Balancing Staff Safety** **and Monitoring in Healthcare**

For healthcare administrators, nursing leaders, risk managers,
security teams, and frontline staff

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The Moment No One Wants To Miss

It is 2:17 a.m. on a medical-surgical unit.

A nurse steps into a patient room to check a call light. The patient is agitated. A family member is standing near the doorway. The room feels crowded, the tone sharpens, and the nurse notices the patient's hands tightening around the bed rail.

She has seconds to decide what to do.

Does she try to leave the room? Does she reach for the wall button near the bed, if she can get to it? Does she call out and hope someone hears? Does she press a wearable button, knowing it may also reveal her live location across the facility?

This is the privacy paradox in healthcare safety.

Hospitals, behavioral health centers, emergency departments, and long-term care facilities need fast, reliable ways to protect staff. Workplace violence prevention is no longer a "nice to have." It is now tied to workforce retention, risk management, compliance, patient experience, and organizational trust.

But safety technology creates a difficult question.

How much visibility is necessary to protect staff, and when does visibility become surveillance?

Real-Time Location Systems, often called RTLS, can continuously locate people, assets, and sometimes patients across a facility. That can be useful for operational efficiency, asset tracking, patient flow, and rapid response. But when applied to staff safety, continuous tracking can raise hard questions about privacy, labor trust, consent, data governance, and adoption.

Non-RTLS staff safety systems take a different approach. They are designed around an event-triggered model. Staff are not continuously tracked. Location is shared only when a staff member intentionally activates an alert. The goal is not to monitor people. The goal is to get help to the right place at the right moment.

This eBook compares both approaches rationally. RTLS has real value in the right use cases. Non-RTLS systems also have clear advantages, especially when the primary need is staff duress response without continuous monitoring. For many healthcare organizations, the best solution is not the one that collects the most data. It is the one staff will trust enough to wear, use, and defend. This is exactly what we'll cover in this guide.

Why Staff Safety Is Now a Board-Level Issue

Healthcare has always carried emotional intensity. Staff care for people in pain, families under stress, patients in crisis, and communities with rising behavioral health needs. But the operating environment has changed.

The [Joint Commission](#) has elevated workplace violence prevention as a formal patient and workforce safety priority. Its framework emphasizes leadership oversight, policies, reporting systems, data collection, training, education, post-incident response, and ongoing program improvement. OSHA also identifies core elements of effective workplace violence prevention, including management commitment, employee participation, worksite analysis, hazard prevention and control, training, recordkeeping, and evaluation.

Recent data reinforces why this matters. National Nurses United reported in 2024 that a majority of surveyed nurses experienced workplace violence in the prior year, with nearly one-third reporting that rates had increased. The U.S. Bureau of Labor Statistics reported 2.5 million nonfatal workplace injuries and illnesses in private industry in 2024, while healthcare and social assistance remain a major focus in workplace violence discussions because of the sector’s elevated exposure.

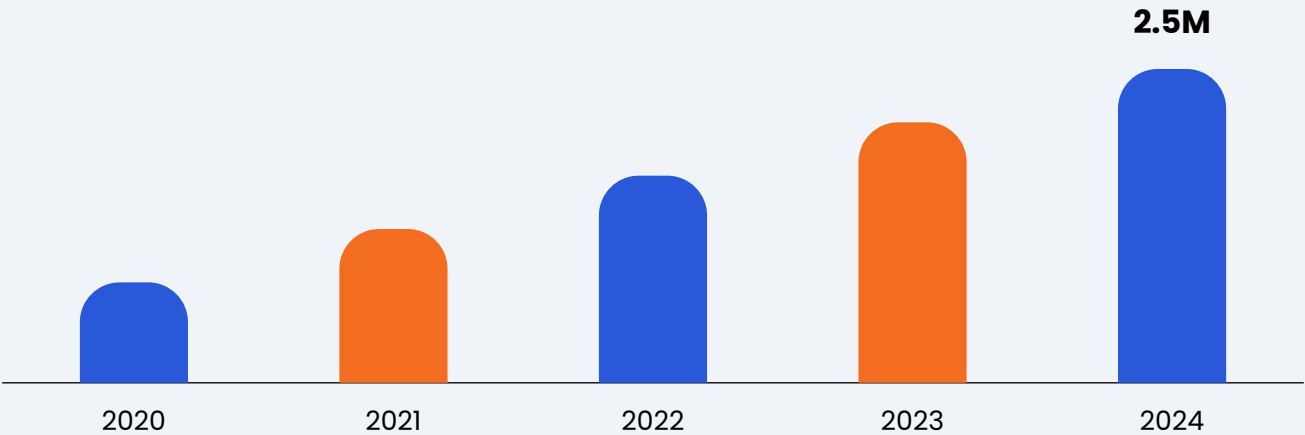
WORKPLACE INJURIES REMAIN A MAJOR CONCERN



2.5 MILLION

Nonfatal workplace injuries and illnesses were reported by private industry employers in 2024.

U.S. Bureau of Labor Statistics



For healthcare leaders, this creates practical pressure.

A workplace violence prevention program cannot only exist in a policy binder. It must work at 2:17 a.m., in a crowded room, during a behavioral escalation, when a nurse cannot safely step away. That is why staff safety technology has moved into the center of risk planning.

The question is no longer whether healthcare organizations should provide staff with a fast way to call for help. The question is what type of system protects staff without creating new forms of distrust.



What RTLS Systems Do Well

RTLS platforms are built to answer a simple question: where is something or someone right now?

In healthcare, that question can be extremely valuable. Hospitals lose time searching for mobile equipment. Emergency departments need better visibility into patient flow. Behavioral health settings may need support for elopement prevention. Large campuses may need location-aware alerts across many buildings.

RTLS can support:

- Asset tracking
- Staff location awareness
- Patient flow optimization
- Elopement risk management
- Contact tracing
- Workflow analytics
- Campus-wide emergency response
- Location-aware staff duress alerts

Solutions such as CENTEGIX and ROAR position wearable panic buttons and safety platforms around rapid response, location details, coverage, and alerting. CENTEGIX describes healthcare duress solutions that allow staff to request help and send precise location details. ROAR describes wearable panic button systems for healthcare, behavioral health, and other settings, including alerting in areas that may otherwise be dead zones.

For administrators, RTLS can be attractive because it offers one platform for many visibility problems. A hospital may justify the investment if it wants to track equipment, monitor patient movement, support staff duress, automate workflow events, and improve operational data.

For security leaders, RTLS can reduce ambiguity. Instead of receiving a vague call that “something is happening on the third floor,” responders may see a location on a map. In a large facility, that can matter.

For finance leaders, RTLS may make sense when several departments can share the cost. If one infrastructure investment supports asset management, clinical operations, patient safety, and staff safety, the business case becomes broader. But staff safety is not only a technical problem. It is also a trust problem, that is where RTLS becomes complicated.

RTLS in Action

SETTING:

Emergency department huddle room, late afternoon. The ED has recently piloted an RTLS-enabled badge system.

MARIA, NURSE MANAGER:

"The response time has improved. I will give the system credit for that. Last Thursday, Carla pressed her badge in Room 12, and security knew exactly where to go."

JAMES, SECURITY DIRECTOR:

"That is the strongest part of it. No guessing. No calling the desk. No searching the wrong hallway."

DR. LEE, ED MEDICAL DIRECTOR:

"From a clinical standpoint, faster backup changes the tone of the room. When support arrives quickly, we can de-escalate before things spiral."

AISHA, STAFF NURSE:

"I agree. I felt safer wearing it during triage. But people are also asking what else it tracks."

MARIA:

What are they worried about specifically?"

AISHA:

"Breaks. Bathroom trips. How long we spend in one room. Whether managers can use the data later. Nobody wants safety to become productivity surveillance."

JAMES:

"The vendor says access is restricted."

AISHA:

"That helps, but it does not answer everything. Who audits access? How long is the data kept? Can it be used in discipline? What happens if staffing is short and someone says, 'The badge shows you were away from the unit'?"

DR. LEE:

"That is the paradox. The same location data that helps during an emergency can feel invasive during a normal shift."

MARIA:

"So the system works technically, but adoption depends on governance."

AISHA:

"Exactly. I want help when I need help. I do not want to feel watched for twelve hours."

The RTLS pilot solved one problem and surfaced another. It made emergencies more visible, but it also made ordinary work more visible. For some organizations, that trade-off may be acceptable if the use case requires continuous location awareness. For others, especially where staff duress is the main goal, it may be more visibility than the problem requires.

The RTLS Trade-Off

RTLS is not inherently wrong. In fact, it can be the right solution when an organization needs continuous location intelligence across multiple workflows. But healthcare leaders should be clear about the trade-offs.

BENEFITS OF RTLS

RTLS can provide continuous location awareness across a large facility. That makes it useful for hospitals with complex campuses, multi-floor layouts, frequent equipment loss, patient movement concerns, and broad operational improvement goals. It can also create richer data. Leaders may analyze where incidents occur, how staff move through units, how quickly responders arrive, and where bottlenecks exist.

RTLS may be especially useful when staff safety is one part of a larger enterprise visibility strategy.



Risks And Limitations of RTLS

RTLS can be expensive to deploy and maintain. It may require infrastructure, tags, batteries, software, integrations, mapping, network support, and ongoing calibration.

It may create privacy concerns if staff perceive that the system follows them throughout the shift. Even if leadership intends to use the system only for safety, staff may worry about future use, management access, productivity monitoring, union concerns, or disciplinary misuse.

RTLS may also create governance demands. Leaders need clear policies covering:

- Who can access location data
- When data can be viewed
- How long data is retained
- Whether data can be used for performance management
- How staff are notified
- How misuse is investigated
- How policy changes are approved

Finally, RTLS can create adoption friction. A safety badge only works if staff wear it. If staff believe the system monitors them more than it protects them, some may resist, forget, disable, or avoid the device. That is not a technology failure. It is a trust failure.

RTLS: VALUE VERSUS PRIVACY EXPOSURE

Understanding the trade-offs in healthcare staff safety systems

RTLS STRENGTHS



ASSET TRACKING



PATIENT FLOW



CONTINUOUS VISIBILITY



ANALYTICS



CAMPUS-WIDE AWARENESS

PRIVACY & OPERATIONAL CONCERNS



CONTINUOUS STAFF LOCATION DATA



GOVERNANCE BURDEN



INFRASTRUCTURE COST



IT MAINTENANCE



STAFF ADOPTION RISK



HIGH VISIBILITY COMES WITH TRADE-OFFS.

What Non-RTLS Staff Safety Systems Do Differently

Non-RTLS staff safety systems begin from a different philosophy.

They ask: what does the organization need to know during normal work, and what does it only need to know during an emergency?

For staff duress, the essential need is not continuous monitoring. The essential need is fast activation, accurate incident location, reliable alert routing, and visible response. That is why non-RTLS systems are often event-triggered. Staff location is not continuously monitored. The system provides location when the staff member activates the alert.

[Pinpoint's model is built](#) around this privacy-first principle. Its healthcare staff safety system is described as non-tracking, hardwired, supervised, and designed to deliver room-level duress signaling without relying on Wi-Fi or continuous staff tracking.

This distinction matters, a nurse does not need leadership to know every room she entered during a shift. She needs responders to know the exact room when she presses the button. A behavioral health technician does not need another surveillance layer. He needs a discreet way to summon help before an escalation becomes an injury.

A risk manager does not need unnecessary personal movement data. She needs defensible documentation that the organization provided an effective response mechanism, trained staff, and monitored incident patterns. A non-RTLS system can provide the safety signal without turning the entire shift into a data trail.

Non-RTLS In Action

SETTING:

Behavioral health unit conference room, one month after installing a non-tracking staff duress system.

TANYA, BEHAVIORAL HEALTH DIRECTOR:

"How are people feeling about the new badges?"

EVAN, MENTAL HEALTH TECHNICIAN:

"Honestly? Better than expected. At first, people thought it was another tracking badge."

PRIYA, STAFF NURSE:

"That was the big fear. Everyone asked, 'Can they see where I am all day?' Once we understood it only gives location when we press the button, people relaxed."

MARK, RISK MANAGER:

"That was the reason we chose this system. We needed room-level response, not continuous tracking."

TANYA:

"Has anyone used it yet?"

PRIYA:

"Yes. Last week in Group Room B. A patient started pacing and blocking the exit. Evan pressed the badge quietly."

EVAN:

"The alert went out, the light changed, and two staff came in without me needing to say anything in front of the patient."

MARK:

"That is exactly what we wanted. Early support without escalating the room."

PRIYA:

"And nobody felt like they were being watched before or after. That matters. We already work in a high-stress environment. The safety system should not add another layer of stress."

TANYA:

"So the badge feels like backup, not surveillance."

EVAN:

"Yes. It feels like we are trusted."

In a high-risk healthcare environment, trust is not soft. It is operational. Staff adoption improves when safety technology respects professional autonomy. A system that feels protective is more likely to be worn. A system that feels invasive is more likely to create resistance.

Comparing RTLS and Non-RTLS Systems

The right choice depends on the use case. A hospital looking for enterprise location intelligence may evaluate RTLS differently than a behavioral health center looking for staff duress protection.

The comparison should be practical, not ideological.

EVALUATION AREA	RTLS SYSTEMS	NON-RTLS SYSTEMS
PRIMARY PURPOSE	Continuous visibility for people, assets, and workflows	Event-triggered response for staff duress situations
STAFF PRIVACY	Lower if staff are continuously located during shifts	Higher when location activates only during alerts
BEST FIT	Asset tracking, patient flow, elopement, operations	Staff duress, behavioral health, nurse panic alerts
DEPLOYMENT	Broader infrastructure, mapping, and configuration needs	Focused room, receiver, alerting, and response setup
MAINTENANCE	Batteries, calibration, software, integrations, networks	Architecture-dependent, often lower with supervised systems
ADOPTION RISK	Higher risk if staff feel monitored or tracked	Stronger when staff know they are not tracked
DATA GOVERNANCE	More complex because continuous location data exists	More focused because data is event-based
COMPLIANCE SUPPORT	Strong when data supports reporting and review	Strong when alerts, locations, and events are logged
COST PROFILE	Higher, but justified across multiple use cases	Easier to justify for focused staff duress needs
RELIABILITY FACTORS	Depends on sensors, tags, networks, and mapping	Strong when hardwired, supervised, and Wi-Fi independent



The key question is not “Which technology is more advanced?”



The better question is: “Which technology collects the minimum data necessary to protect staff effectively?”

That principle is especially important in healthcare, where trust is already under pressure.

Compliance Is Moving Toward Proof, Not Promises

Compliance does not require a specific brand of safety technology. It requires a credible workplace violence prevention program.

The Joint Commission's workplace violence prevention framework focuses on leadership oversight, reporting, data collection, analysis, post-incident strategies, training, and education. OSHA's workplace violence prevention guidance emphasizes programmatic prevention, worksite analysis, hazard controls, training, recordkeeping, and evaluation.

New York has also moved toward stronger healthcare workplace violence prevention requirements. New York legislation signed in December 2025 requires hospitals and nursing homes to establish workplace violence prevention programs, with annual workplace safety and [security assessments beginning in 2027](#). New York's public employer Workplace Violence Prevention Act also requires covered public employers to develop and implement programs to prevent and minimize workplace violence.

For hospitals and nursing homes, this means leaders should be able to answer:

- Did we assess where staff are at highest risk?
- Did we involve frontline staff in prevention planning?
- Did we provide reliable ways to summon help?
- Did we train staff on how and when to use the system?
- Did we document incidents and response times?
- Did we review patterns after events?
- Did we improve the environment after identifying hazards?

Staff safety technology supports compliance when it creates evidence.

The system should show when an alert was activated, where it occurred, how it routed, how responders were notified, and how the incident was closed. That evidence helps risk managers defend the organization's actions, identify hotspots, and improve prevention plans.

But compliance should not be confused with surveillance. A workplace violence prevention program can be strong without tracking staff every minute. In fact, a privacy-first approach may strengthen compliance by improving staff adoption, reporting trust, and participation in safety planning.

Why Pinpoint Wins the Privacy-First Use Case

Pinpoint is not trying to be a general-purpose location intelligence platform. That is part of its strength. For healthcare organizations focused on staff duress, Pinpoint's value is that it delivers the safety outcome without the surveillance burden. Its approach centers on five practical advantages.

1. NON-TRACKING BY DESIGN

Pinpoint's system is built so staff are not continuously monitored during routine workflows. Location information is shared when the staff member intentionally activates an alert. That aligns with a simple ethical standard: collect what is necessary when it is necessary.

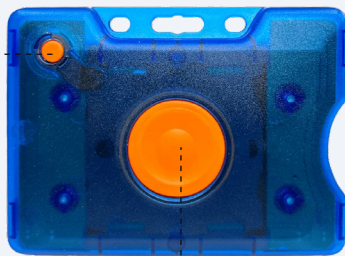
For staff, this can change the emotional experience of the system. The badge is not a tracker. It is a lifeline.

2. TWO-BUTTON DE-ESCALATION AND PANIC RESPONSE

Not every safety incident begins as an emergency. Some situations need quiet backup before they escalate. Others require immediate intervention.

Pinpoint's two-button option supports both. Staff can use a de-escalation button for early support or a panic button when urgent help is needed. This gives frontline teams more control, helps response teams understand urgency, and reduces the risk of treating every event the same way.

Initiates your **de-escalation** protocol



Initiates your **panic** protocol

3. ROOM-LEVEL PRECISION ON ACTIVATION

In a duress event, vague location is not enough. “Third floor” is not enough. “East wing” is not enough. Responders need to know where to go.

Pinpoint positions its system around room-level location during activation. That is the right level of precision for staff safety. It gives responders actionable information without requiring continuous location monitoring during normal work.

4. HARDWIRED AND SUPERVISED INFRASTRUCTURE

Healthcare environments are difficult for wireless systems. Wi-Fi congestion, dead zones, network changes, interference, and device management can create risk. Pinpoint emphasizes hardwired, supervised infrastructure and Wi-Fi independence. That matters because staff safety systems should not depend on ideal network conditions.

A duress system has to work on a bad night, during a busy shift, in an old building, through closed doors, and under stress.

5. STAFF TRUST AND ADOPTION

The best safety system is the one staff actually use. If staff believe a device is monitoring them, adoption can suffer. If they believe it protects them while respecting privacy, adoption becomes easier. This is especially important in unionized environments, behavioral health units, emergency departments, and other settings where trust between frontline staff and leadership may already be strained.

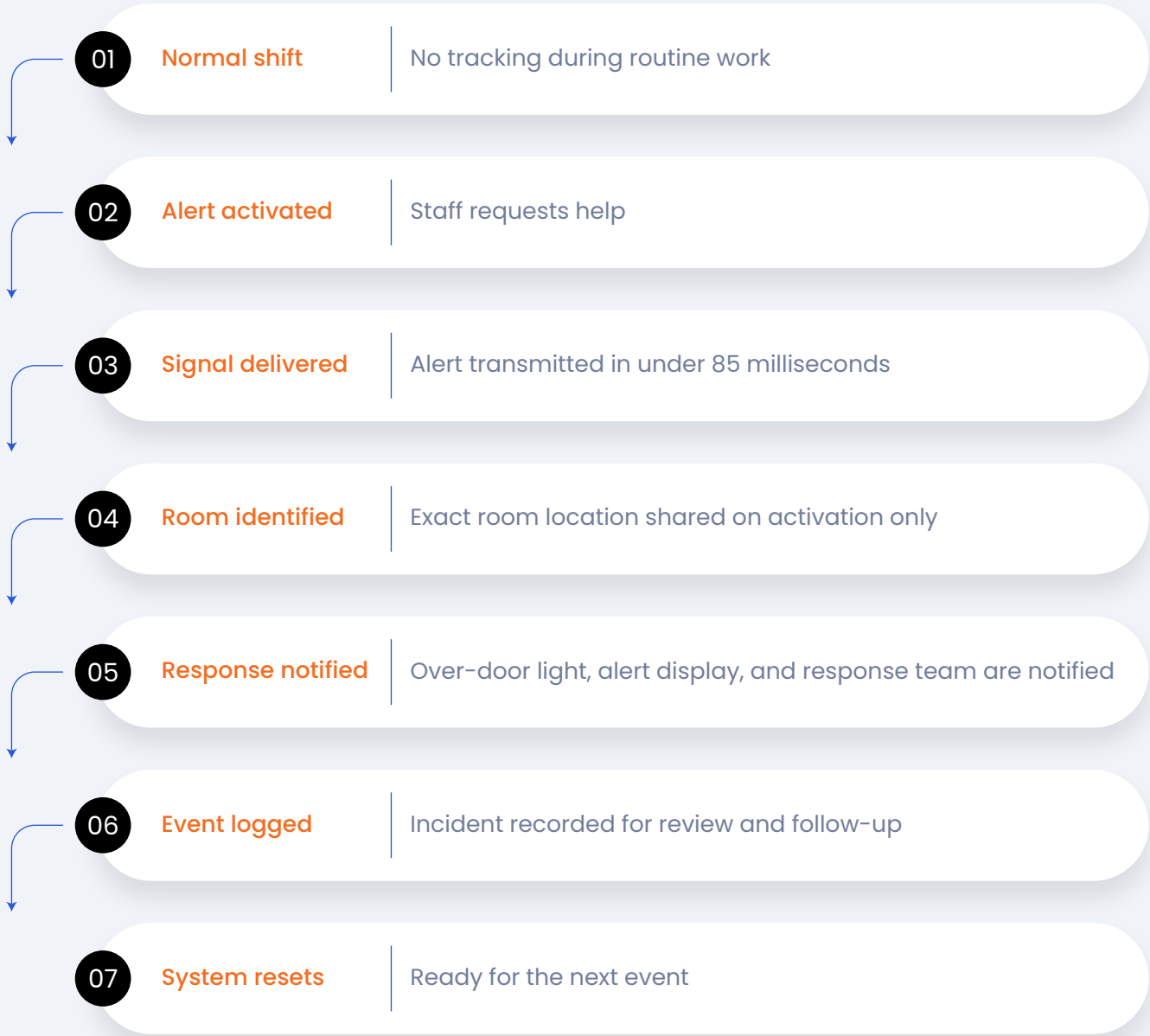
Pinpoint’s privacy-first model gives leaders a clearer message: “We are not tracking you. We are giving you a way to call for help.”

6. FOCUSED ROI

RTLS can be a smart investment when an organization needs broad operational visibility. But if the urgent problem is staff duress, a narrower system may produce faster value with less complexity.

Pinpoint’s ROI case is not based on collecting more data. It is based on reducing escalation severity, improving response speed, supporting compliance documentation, increasing staff confidence, and avoiding unnecessary IT burden. For many healthcare leaders, that is the better business case.

THE PINPOINT PRIVACY-FIRST SAFETY MODEL



WHY THIS MODEL STANDS OUT



NON-TRACKING BY DESIGN
No continuous staff monitoring



<85 MS ALERT DELIVERY
Fast in-building signal transmission



ROOM-LEVEL LOCATION ON ACTIVATION
Exact room shared only when help is requested



HARDWIRED SUPERVISED INFRASTRUCTURE
Built for reliability and Wi-Fi independence



30+ YEARS IN HEALTHCARE SAFETY
Longstanding staff protection experience

Cost, Deployment, and Maintenance Considerations

Decision-makers should evaluate total cost, not just purchase price. An RTLS platform may require infrastructure, software licensing, implementation services, mapping, tags, batteries, network support, integrations, training, data governance, analytics configuration, and ongoing maintenance. That may be justified if the system supports many use cases.

But if the immediate need is staff duress, the organization should ask whether a broad location platform is necessary. Non-RTLS systems tend to be easier to evaluate against a focused outcome: can staff call for help quickly, can responders find the room, and can leadership document the event?

Key questions for both system types include:

- Does the system work if Wi-Fi is down?
- Does it provide room-level accuracy?
- Is the activation discreet and easy under stress?
- What happens in stairwells, bathrooms, exam rooms, outdoor areas, and dead zones?
- How are alerts routed?
- Who receives the alert?
- How are false alarms handled?
- What data is stored?
- Who can access event data?
- How often do devices need charging or replacement?
- What maintenance burden falls on IT?
- What training is required?
- How will staff concerns be addressed before rollout?

The most expensive system is not always the safest. The cheapest system is not always the best value. The right system is the one that fits the risk profile, earns staff trust, and performs reliably during real incidents.

TOTAL COST OF OWNERSHIP CHECKLIST

Key cost categories to evaluate in a staff safety system



CORE TECHNOLOGY

- ✓ Hardware
- ✓ Infrastructure
- ✓ Software
- ✓ Licensing



DEPLOYMENT & SETUP

- ✓ Installation
- ✓ Mapping
- ✓ Integration



ONGOING OPERATIONS

- ✓ Device Charging
- ✓ Battery Replacement
- ✓ IT Support
- ✓ Maintenance



READINESS & GOVERNANCE

- ✓ Training
- ✓ Policy Development
- ✓ Data Governance
- ✓ Incident Review



FUTURE PLANNING

- ✓ Future Expansion

A Practical Buyer Framework

Before choosing between RTLS and non-RTLS, leaders should define the job to be done.

CHOOSE RTLS WHEN:

You need continuous location visibility across multiple use cases.

RTLS may be appropriate if your organization wants to track equipment, monitor patient movement, optimize workflow, support elopement prevention, and generate operational analytics. Staff duress may be one part of a larger enterprise visibility strategy.

CHOOSE NON-RTLS WHEN:

Your primary need is staff duress response without continuous staff tracking.

This is often the stronger fit for behavioral health centers, inpatient units, emergency departments, residential treatment facilities, and other environments where staff need discreet, immediate help but do not want to be monitored throughout the shift.

ASK FRONTLINE STAFF EARLY

Do not wait until after vendor selection to talk to staff. Ask:

- Would you wear this device?
- What privacy concerns do you have?
- What would make you trust the system?
- What situations would cause you to press the button?
- What response process would feel safe?
- What would make the system fail in real life?

Staff will often identify problems that vendor demos miss.

WRITE THE DATA POLICY BEFORE ROLLOUT

For any system that captures location data, even event-triggered data, leaders should publish a clear policy. It should explain what data is collected, when, why, who can access it, how long it is retained, and whether it can be used for discipline. Privacy should not be handled through verbal reassurance. It should be documented.

TEST IN REAL CONDITIONS

Walk-test every high-risk area. Test alerts with closed doors, full rooms, stairwells, bathrooms, exam rooms, low-signal areas, night shift staffing patterns, and realistic responder workflows. A staff safety system should not only work in a conference room demonstration. It should work where staff actually face risk.

CHOOSING THE RIGHT STAFF SAFETY PATH

Align the system you choose with the outcome you need most.

START HERE: WHAT IS YOUR TOP PRIORITY?



MAXIMIZE VISIBILITY ACROSS OPERATIONS

You need continuous location and data to optimize operations, assets, and workflows.

RTLS PATH



Continuous Tracking
Always-on location data



Operational Intelligence
Analytics, heatmaps, utilization



Enterprise Integration
Connects to multiple systems



Configuration Dependent
Relies on wireless environment



Higher complexity
More infrastructure & IT management



PROTECT STAFF WHEN IT MATTERS MOST

You need a fast, reliable response to help protect staff without continuous monitoring.

PRIVACY-FIRST (NON-RTLS) PATH



Non-Tracking By Design
No continuous monitoring



Room-Level Precision
Exact location during an alert



Fast Alerting
Typically under 100 milliseconds



Hardwired & Supervised
Wi-Fi independent for reliability



Simpler To Deploy & Manage
Lower IT burden, faster adoption



WHAT MATTERS MOST?



STAFF PRIVACY



LOCATION PRECISION



RESPONSE SPEED



STAFF TRUST & ADOPTION



IT BURDEN



TOTAL COST OF OWNERSHIP



OPERATIONAL VISIBILITY



Safety Without Surveillance

The privacy paradox is not a reason to delay staff safety investments. It is a reason to choose more carefully. Healthcare workers deserve protection. They should not have to shout for help, run to a wall button, unlock a phone, or hope someone notices a situation turning dangerous. But healthcare workers also deserve dignity. They should not have to surrender continuous location privacy to feel safe at work.

RTLS systems can be powerful when the organization needs broad location intelligence. They can support asset tracking, patient flow, operational analytics, and campus-wide visibility. For some health systems, that broader value may justify the complexity. But when the core problem is staff duress, a focused non-RTLS system often provides the better balance.

Pinpoint stands out because it is built around that balance. It gives staff a discreet way to call for help. It provides room-level precision when an alert is activated. It avoids continuous tracking during normal work. It uses hardwired, [supervised infrastructure](#) designed for healthcare reliability. It helps leaders support compliance documentation without turning staff safety into staff surveillance.

That is the winning principle for modern healthcare safety: Protect the person. Respect the professional. Collect only what is needed. Respond when it matters. For healthcare administrators, nursing leaders, risk managers, and frontline teams, the decision is not just about technology. It is about the kind of safety culture you want to build.



A culture of trust says, "When you need help, we will be there."



A culture of monitoring says, "We need to see where you are."

Pinpoint helps healthcare organizations choose trust.

If your organization is reviewing staff duress, workplace violence prevention, or healthcare panic button systems, start with a privacy-first evaluation. Ask whether your staff need continuous tracking, or whether they need fast, reliable, room-level help only when they ask for it.

Pinpoint helps healthcare teams protect staff without invasive monitoring. Explore how its non-tracking, hardwired, supervised staff safety system can support your workplace violence prevention strategy, strengthen staff trust, and deliver reliable response when seconds matter.

Book a [30-minute demo](#) to review your staff safety needs and explore privacy-first protection options.

ABOUT PINPOINT INC.

Pinpoint Inc. has spent 30+ years helping healthcare organizations protect staff in high-risk environments where speed, trust, and privacy matter.

Our staff safety solutions are built for hospitals, behavioral health facilities, and care teams that need a reliable way to call for help without adding unnecessary monitoring to daily work. For healthcare leaders, Pinpoint supports a clearer safety conversation: protect staff, reduce response uncertainty, and build confidence in the system before an incident happens.

Pinpoint is especially relevant for organizations in New York and other territories where workplace violence prevention, staff retention, and privacy-conscious safety planning are becoming urgent operational priorities.

GET IN TOUCH

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