



ACTIVE SHOOTER RESPONSE TOOLKIT

Healthcare Staff Training

EXECUTIVE SUMMARY

Hospitals are vital community resources, and it is imperative that they be prepared to protect their employees and those they serve in emergency situations. According to the International Association for Healthcare Security and Safety Foundation, between 2012 and 2014, the U.S. hospital violent crimes rate increased by 40%, from 2.0 to 2.8 incidents per bed. In U.S. hospitals, 44% of aggravated assaults and 46% of assaults occurred in emergency departments in 2014 compared to other hospital spaces.

The Metropolitan Chicago Healthcare Council (MCHC) is a national leader in preparedness procedures and training, and continually provides hospitals with new information to keep them safe in an ever-changing environment. Building on MCHC's Emergency Preparedness Active Shooter Exercise in 2014, we have developed a toolkit to guide hospitals through steps they can take to respond to an active shooter situation and create a plan to effectively respond to an incident. This blueprint draws on guidelines and recommendations created by the FBI, regulatory bodies, health care organizations and local partners, as well as lessons learned from past incidents. It arms hospital administrators with the tools and resources they need to prepare for these difficult situations and ensure their staffs are trained to respond appropriately.

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Active Shooter Incidents happen quickly and often occur without warning. Because it is difficult to predict when and where these emergencies will occur, local law enforcement partners may not be on the scene in time to prevent some of the worst harm an Active Shooter can inflict, so preparing for these incidents ahead of time can save lives. We all must be aware of our individual and collective responsibilities in preventing and responding to an Active Shooter Incident.

While we may not be able to memorize every step, we must be prepared – mentally and physically – to respond to a CODE SILVER Active Shooter Incident anywhere and anytime on our hospital campuses.

What Is an Active Shooter?

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters use one or several firearms and display no pattern or method in selecting their victims.



THE FOUR PHASES OF EMERGENCY MANAGEMENT

1. PREVENT AND MITIGATE

- Establish an Active Shooter Committee
- Develop a Workplace Violence Prevention Program
- Recognize and report suspicious behavior
- Conduct threat assessments
- Screen patients
- Train all staff to respond to an Active Shooter incident



2. PREPARE

- Partner with critical first responders and third-party organizations
- Set up an emergency response center for family members
- Ensure you have the Active Shooter Text Address XXX@XXXX saved in your cell phone, if your organization has this option
- Understand the nuances of media relations
- Know how to handle critical patient care
- Determine emergency triage and treatment locations
- Prepare temporary medical staff lists
- Assemble crisis response kits for first responders
- Test first responders' radio communications capabilities



THE FOUR PHASES OF EMERGENCY MANAGEMENT

3. RESPOND

- Activate the emergency code alert
- Run, Hide, Fight
- Notify law enforcement and hospital security
- Activate the hospital command center and hospital incident command system
- Coordinate incident command posts
- Manage patient care during an active shooter incident
- Authorize lockdown and/or evacuation
- Activate the emergency response center for family members
- Protect the ongoing crime scene areas
- Set up temporary morgue facilities



4. RECOVER

- Determine and declare “code clear”
- Set up and utilize a decontamination center
- Protect confidential information gained at the active shooter scene
- Debrief
- Host post-incident press conferences
- Restore normal operations
- Conduct multi-disciplinary debriefing
- Document incident with an after-action report



CLEAR ROLES AND RESPONSIBILITIES

Know your role and be familiar with the roles of others. To protect our patients, our visitors and ourselves, we must understand the critical responsibilities each of us has in response to an Active Shooter Incident.

Executives, Managers and Directors

- Communicate with the director of security operations or his/her designee
- Establish and maintain communications with the Hospital Command Center
- Use the emergency contact list to notify:
 - o The administrator on call
 - o The nursing care coordinator
 - o Facilities management personnel
 - o Medical staff



Staff

- Implement the RUN, HIDE, FIGHT Active Shooter Response protocols
- After escaping the areas of danger or securing cover or concealment, immediately call 9-1-1 and provide as much information as possible; after calling 9-1-1, call the hospital switchboard to notify them of the same information
- If you are in hiding, use a cell phone to call 9-1-1
- Use the Active Shooter Text Address XXX@XXXX if your organization has this option to alert the Hospital Command Center to your location and condition
- The Hospital Command Center should relay location and other critical information provided by text to the on-scene Incident Commander, as appropriate
- Activate the CODE SILVER Hospital Incident Command System Emergency Code by notifying the operator of the Active Shooter and describing:
 - o WHAT is occurring
 - o WHERE the incident is taking place
 - o WHO the Active Shooter is by providing a description
 - o WHY special assistance is needed
- Operate electronic emergency alarm systems
- Execute lockdown procedures
- Implement evacuation procedures
- Protect and assist non-ambulatory patients
- Locate safe hiding places, escape routes and evacuation locations
- Use cell phones properly during the incident (i.e., silence ringtones, turn off the “clicking” sound made when typing a message and disable the vibration mode so these functions do not reveal hiding locations if the Active Shooter is nearby)
- Follow protocols for interactions with first responders
- Use the Emergency Contact list
- Refrain from sharing non-personal information with the media and government officials if you are not authorized to do so
- If you have information on the Active Shooter Incident, share it as quickly as possible with authorized members of the hospital response team and first responder personnel

CLEAR ROLES AND RESPONSIBILITIES

Off-Duty Medical Personnel

- Keep your home telephone line – and your cell phone – open for a call from the Hospital Command Center or department head
- Turn on a local radio news station to listen for any announcements requesting hospital employees to report to work
- Any announcement affecting hospital employees will provide specific directions
- DO NOT respond to the scene of an emergency or disaster as a medical care provider unless you are properly trained, equipped and part of the organized hospital emergency response plan



Security Staff

- Implement the RUN, HIDE, FIGHT Active Shooter Response protocols
- Initiate and respond to a CODE SILVER activation of the Emergency Code to warn of the Active Shooter on the campus
- Notify first responders, including police and fire departments
- Seek to identify the location of the Active Shooter and relay as much information as possible to police and fire officials responding to the scene
- Use video monitoring where possible
- Establish an Incident Command Post
- Execute lockdown or evacuation procedures
- Distribute Crisis Response Kits
- Implement Hospital Incident Command System protocols
- Activate the Hospital Command Center
- Communicate priorities with first responders
- Take precautions to ensure that radios do not reveal your location to the Active Shooter



RUN

- Flee the danger area as soon as it is safe and possible
- Be as quiet as possible
- Gather as many fellow employees and patients as practical on the way to a safe location
- Personal property must be left behind
- Those who are unable to flee should remain in a secure room



HIDE

- If unable to flee safely out of the building, lock and/or barricade yourself in a secure room
- Turn off any lights
- Put a “HELP” sign in a window
- Silence cell phones, pagers and other electronic devices that could inadvertently reveal your location
- Seek cover and conceal yourself with objects that can hide you from the Active Shooter’s view
- Cover yourself with objects that help protect you from gunfire or explosives



FIGHT

- If you are unable to escape the Active Shooter or secure a safe location, as a last resort you may have to use force to incapacitate the Active Shooter
- Make use of any nearby objects that could be used as a weapon against the Active Shooter such as:
 - Fire extinguishers
 - Office equipment
 - Medical equipment
- If a group effort to fight the Active Shooter is the only possible option, large numbers of people working together quickly may be able to fight and overpower the Active Shooter with brute force
- If necessary, single individuals should also fight with whatever force is possible



Scenario 1

You are getting off a long shift. As you are walking to the parking lot, you see a former employee in front of you. You hear the man mumbling, "I'm going to show all of them! I'm going to kill everyone in the hospital." You see the man take something out of his trunk and put the object under his shirt. The former employee is now turning toward the facility entrance.

Scenario 2

Ms. Johnson is a former patient at your organization. You recently received news that she passed at home. As your shift is beginning, you see a young teenage male ask the guard for the charge nurse on your floor. He pulls out a gun and wants to know who killed his grandmother. He then shoots a visitor and physician, and takes a maintenance worker hostage.

Scenario 3

Your emergency department is full to capacity on a late weekend night. You notice a patient screaming at people as they walk by. The patient becomes increasingly agitated as the night goes on. Suddenly, you hear multiple gun shots. The shots continue to ring. You drop down to the floor and hide under a desk.



ADDITIONAL RESOURCES

1. Active Shooter Handbook - How to Respond, U.S. Department of Homeland Security, et al, October 2008. Available at http://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf.
2. Blair, J. Pete, Martaindale, M. Hunter and Terry Nichols. "Active Shooter Events 2000-2001". FBI Law Enforcement Bulletin, January 2014. <http://leb.fbi.gov/2014/january/active-shooter-events-from-2000-to-2012>.
3. Healthcare Crime Survey, The International Healthcare Security and Safety Foundation (IHSSF), 2015. Available at: <http://ihssf.org/PDF/2015crimesurvey.pdf>.
4. Safety Guidelines for Armed Subjects, Active Shooter Situations, Indiana University Police Department, April 2007.
5. Safety Tips & Guidelines Regarding Potential "Active Shooter" Incidents Occurring on Campus, University of California Police.
6. Shots Fired, When Lightning Strikes (DVD), Center for Personal Protection and Safety, 2007. Workplace Violence Desk.
7. U.S. Department of Justice FBI Academy, Workplace Violence: Issues in Response. Quantico, Va., 2002. Available at <http://www.fbi.gov/stats-services/publications/workplace-violence>.



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Active Shooter Response Healthcare Orientation Slides



- Introduction
- Why We're Here
- The Four Phases of Emergency Management
- Prevent and Mitigate
- Prepare
- Respond
- Run-Hide-Fight
- Recover
- Case Examples
- Questions and Discussion

INTRODUCTION

Most active shooter incidents are over in less than

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minutes.

There's not enough time for first responders to arrive and intervene.

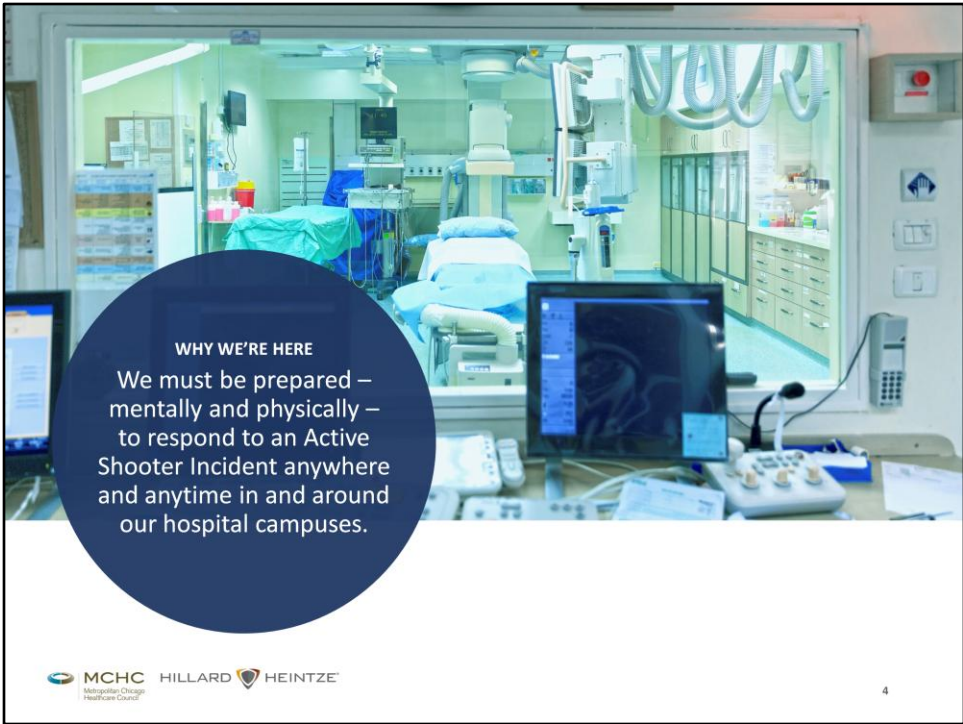
Survival depends on your ability to make life and death decisions quickly.

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Why have an Active Shooter Plan and why do I have to be here?

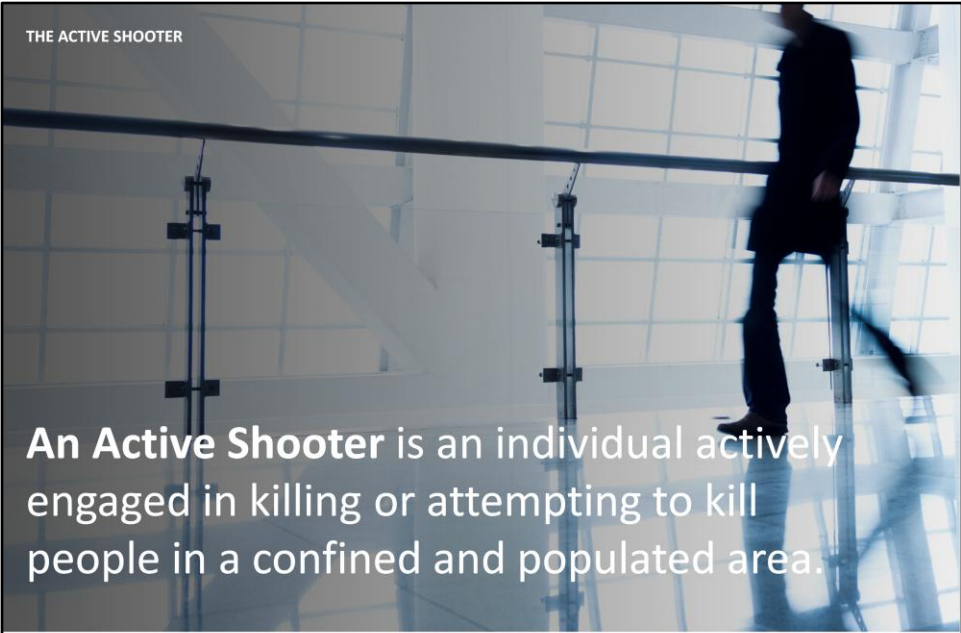
- Employees must know what to do and practice.
- An Active Shooter Incident ends quickly – most times it is over before the police arrive.
- Employees must react quickly.
- Just like the airline announcements before taking off – review of the emergency exits, lights on the floor to follow, and oxygen masks – if trained and familiar, then can react.
- At the conclusion of the training, attendees will know what to do when an Active Shooter incident occurs at our facility.



WHY WE'RE HERE

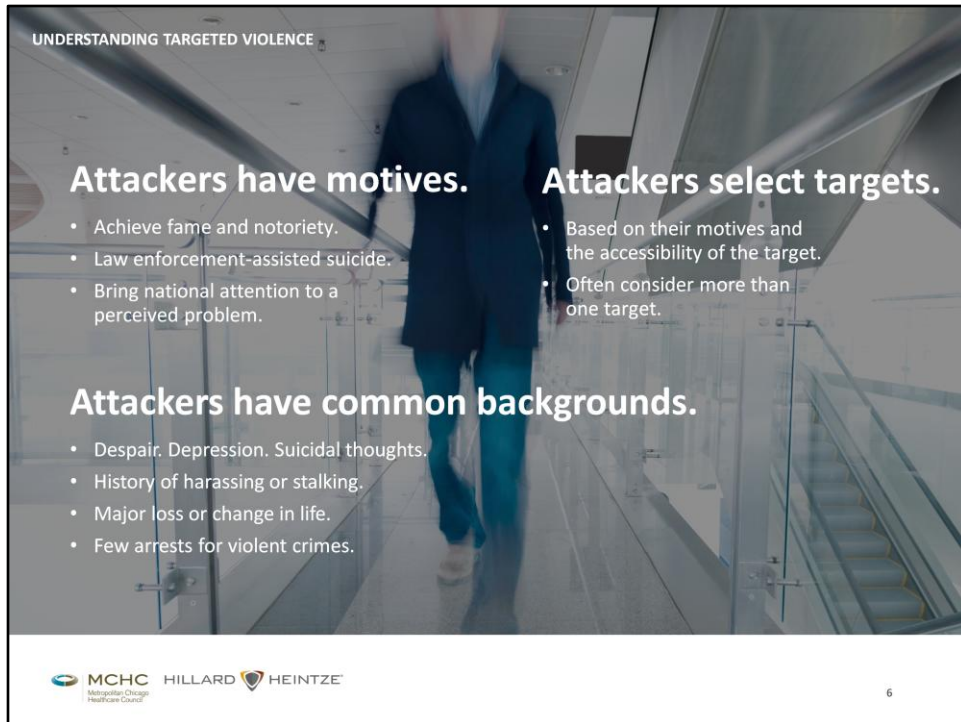
We must be prepared –
mentally and physically –
to respond to an Active
Shooter Incident anywhere
and anytime in and around
our hospital campuses.

THE ACTIVE SHOOTER



An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area.

UNDERSTANDING TARGETED VIOLENCE



Attackers have motives.

- Achieve fame and notoriety.
- Law enforcement-assisted suicide.
- Bring national attention to a perceived problem.

Attackers select targets.

- Based on their motives and the accessibility of the target.
- Often consider more than one target.

Attackers have common backgrounds.

- Despair. Depression. Suicidal thoughts.
- History of harassing or stalking.
- Major loss or change in life.
- Few arrests for violent crimes.

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An attacker may target an individual, group, or symbol, over a perceived injury, injustice, or loss.

An attacker may “shift” targets.

Events and circumstances in others’ lives that can increase the likelihood of their acting out violently or can strengthen their commitment to their plans to commit violence.

This critical training focuses on the key components of our **Active Shooter Plan:**

1
The Four Phases
of Emergency
Management

2
Preventing
Workplace
Violence

3
Recognizing
Early Warning
Signs

4
Activate
Code Alert and
RUN-HIDE-FIGHT

THE FOUR PHASES OF EMERGENCY MANAGEMENT



ACTIVE SHOOTER PLAN: PREVENT & MITIGATE

- ✓ Take a multi-disciplinary approach to procedures, systems and training.
- ✓ Ensure a strong workplace violence prevention program is in place that includes threat assessment, an early warning system, employee assistance program and pre-employment and patient screening.
- ✓ Conduct regular training and exercises.



ACTIVE SHOOTER PLAN: PREVENT AND MITIGATE

Recognize and report suspicious behavior to your supervisor or HR.

"See Something, Say Something" includes the suspicious activities of:

- Current or former employees
- Patrons or visitors
- Family members of a patron or visitor
- Husband, wife or significant other of an employee

See Something, Say Something.

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Early Warning System

Cultural change to report on your fellow worker – but, if a healthcare worker push a patient and they fell– would you report it? Same thing when observing suspicious behavior in the workplace. You should report it.


WHAT EMPLOYEES CAN DO

Learn to Recognize the Early Warning Signs

- ✓ A marked change in behavioral patterns.
- ✓ The frequency and intensity of behaviors that are disruptive to the work environment.
- ✓ Any behavior or collection of behaviors that instill fear or generate a concern that a person might act out violently.

A person is neither violent nor nonviolent but on a dynamic pathway either toward or away from violence.

There are inhibitors to violence and triggers to violence.



BEHAVIORS & SITUATIONS TO REPORT

- ✓ A history of threats or violent acts, including threats or violence occurring during employment.
- ✓ Propensity to use violence to project power and to control others or as a response to stress or conflict.
- ✓ Threats, bullying or other threatening behavior.
- ✓ Aggressive outbursts or comments.
- ✓ Excessive displays of anger.
- ✓ Verbal abuse or harassment by any means or medium.
- ✓ Harboring grudges.
- ✓ Inability to handle criticism, habitually making excuses and blaming others.

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An attacker may target an individual, group, or symbol, over a perceived injury, injustice, or loss.

An attacker may “shift” targets.

Events and circumstances in others’ lives that can increase the likelihood of their acting out violently or can strengthen their commitment to their plans to commit violence.



BEHAVIORS & SITUATIONS TO REPORT

- ✓ Chronic, unsubstantiated complaints about persecution or injustice - a victim mindset.
- ✓ Obsessive intrusion upon others or persistent unwanted romantic pursuit.
- ✓ Erratic, impulsive or bizarre behavior that has generated fear among co-workers.
- ✓ Suicidal or homicidal thoughts or ideas.
- ✓ High degree of emotional distress.
- ✓ Apparent impulsivity and/or low tolerance of frustration.
- ✓ Fascination with weapons.
- ✓ Preoccupation with violent themes of revenge and/or unusual interest in violent acts.

A presentation slide titled "ACTIVE SHOOTER PLAN: PREPARE". The slide features a green header with the title. Below the header, there is a paragraph stating, "We must understand the critical role we play in response to an Active Shooter Incident." followed by three bullet points: "✓ Learn the RUN-HIDE-FIGHT response protocol.", "✓ Know the escape routes.", and "✓ Understand Lockdown and Evacuation procedures and shelter-in-place locations." To the right of the text is a circular diagram with four segments: "PREVENT & MITIGATE" (triangle icon), "RECOVER" (plus sign icon), "RESPOND" (exclamation mark icon), and "PREPARE" (checkmark icon). The "PREPARE" segment is highlighted in green. The background of the slide shows hands pointing at a map on a table. At the bottom, there are logos for MCHC Hilliard Heintze and the number 14.

ACTIVE SHOOTER PLAN: PREPARE

We must understand the critical role we play in response to an Active Shooter Incident.

- ✓ Learn the RUN-HIDE-FIGHT response protocol.
- ✓ Know the escape routes.
- ✓ Understand Lockdown and Evacuation procedures and shelter-in-place locations.

PREVENT & MITIGATE
RECOVER
RESPOND
PREPARE

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Prepare and know your organizations:

- Lockdown Procedures
- Evacuation Procedures
- Escape Route
- Safe Havens

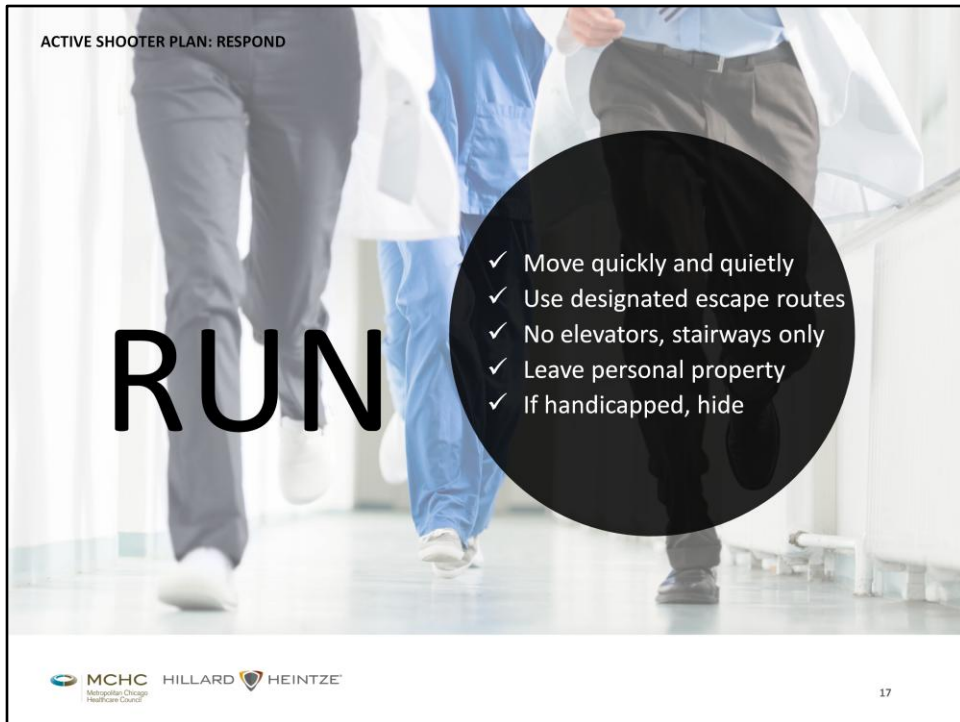
ACTIVE SHOOTER PLAN: PREPARE

- ✓ **Have an Active Shooter Plan** in place that facilitates a rapid, coordinated and effective response – lockdown or evacuation.
- ✓ **Understand the critical roles** each person plays in responding to an active shooter incident.
- ✓ **Maintain strong, positive working relationships** with critical first responders and third-part organizations responsible for responding to an active shooter incident.
- ✓ **Identify high-risk areas in hospital settings** – Emergency Department, Critical Care Units, Human Resources and Administration as well as Parking and Garages.
- ✓ **Establish and update** internal and external communication protocols.

ACTIVE SHOOTER PLAN: RESPOND

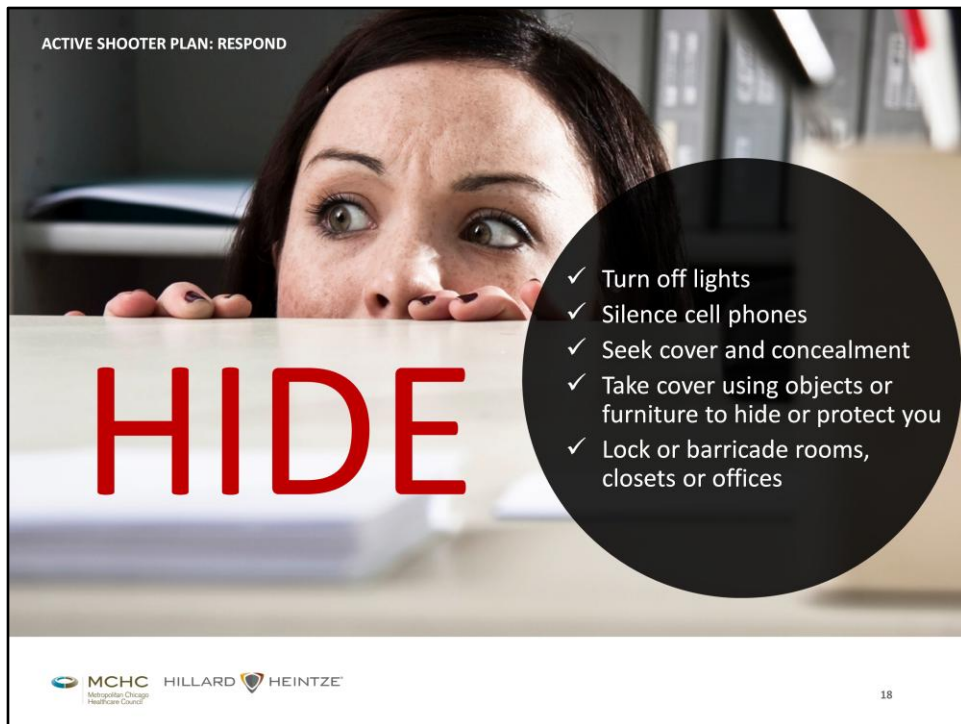
- ✓ Activate Emergency Code Alert. Code Silver if it applies.
- ✓ Implement the RUN, HIDE, FIGHT response model.
- ✓ Implement NIMS/ICS and ICM protocols and procedures.
- ✓ Follow established internal and external communication protocols including the use of a media center.
- ✓ Understand the implications of an ongoing crime scene.





Each department should have pre-determined routes and drilled during safety rounds and huddles.

Encourage there will be no retribution if and employee runs when a believed incident is happening.



If unable to flee safely out of the building, lock and/or barricade yourself in a secure room.

Turn out any lights.

Silence cell phones, pagers and other electronic devices that could inadvertently reveal your location.

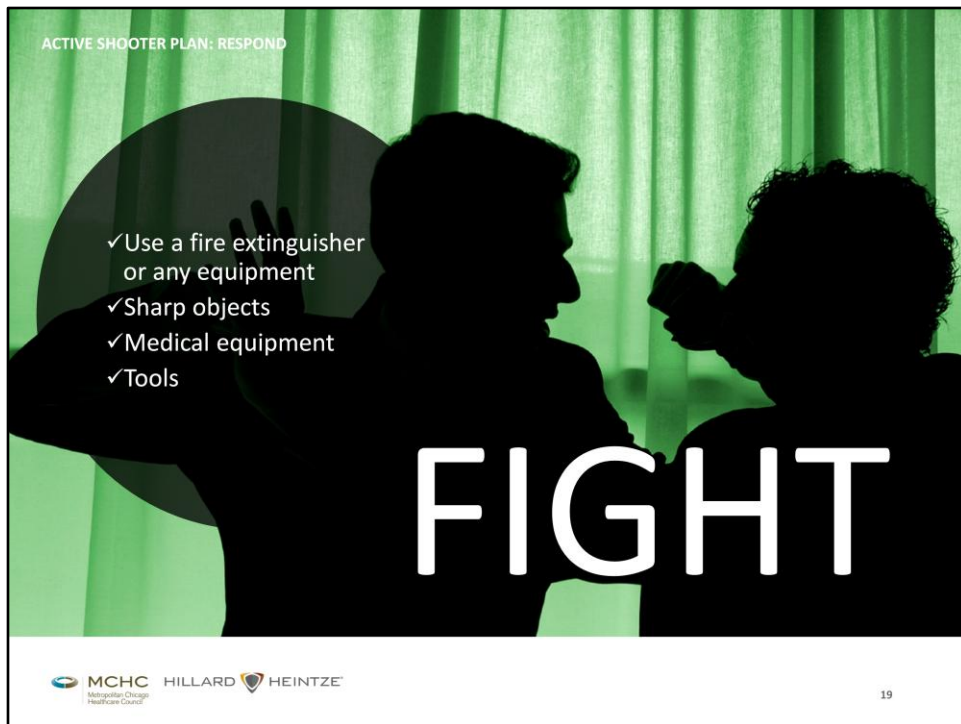
Gather as many fellow employees and patients as practical on the way to a safe location.

Seek cover and concealment from any Active Shooter in a Safe Haven or hiding area.

Take cover using objects that help protect you from gunfire or explosives.

Use any objects that may hide you from the Active Shooter's view, such as computer on wheels, delivery pallets, X-Ray machines.

Do not cover the door with your body.



The decision to fight is a hard one – no options if the shooter is coming after you!

A definite mind set that you have to fight or you will die!

If unable to escape the presence of the Active Shooter, and if all other means of securing a safe location are not available, it may be necessary to resort to the use of whatever force is possible to incapacitate the Active Shooter.

Make use of any nearby devices that could be used as a weapon against the Active Shooter, such as:


- Fire extinguisher
- Sharp objects, such as knives, a mail opener or other pieces of medical equipment
- Nearby surgery procedural tools

As a last resort, if a group effort to fight the Active Shooter is the only possible response, large numbers of people acting in concert together quickly may be able to fight and overpower the Active Shooter with brute force.

Single individuals should also fight with whatever force is possible, if necessary.

ACTIVE SHOOTER PLAN: RECOVER

- ✓ Activate Code Clear when it is safe to do so and employees can return to work areas.
- ✓ Ensure a proper decontamination center is in place.
- ✓ Establish a plan in the event that the ED or OR are ongoing crime scenes and cannot be used for a period of time.
- ✓ Set protocols for procedures related to debriefings, handling of confidential information and post-incident press conferences.
- ✓ Provide a Reunification Center for families and loved ones.



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Code Clear – can return to work area

If shooting incident – area may be a crime scene and not accessible for quite a while.



These case examples were pulled from real healthcare events.



CASE EXAMPLE:

HOSPITAL SHOOTING

University Hospital – Georgia

- October 2012
- Offender: Charles Gorrell, 85
- Motive: Family Dispute
- One victim killed **inside** the hospital
- Gorrell arrested at hospital and charged
- Total of one dead

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University Hospital – Georgia

Authorities say he brought a pistol into his wife’s room on the hospital’s seventh floor and shot 59-year-old Tim Grooms, the offenders nephew. Grooms was shot at least tow times and died immediatly. The offender objected to some of the decisions Grooms made involving his wife’s care and that there were several long standing disputes leading up to the fatal shooting. On Oct. 16, an argument developed over who would spend the night at the hospital. Witnesses said Gorrell used a black bag to take a gun into the hospital and fired at least four shots at Grooms, killing him. Gorrell was taken into custody by University Hospital security personnel.

Sources: The Augusta Chronicle; <http://m.chronicle.augusta.com/news/crime-courts/2012-11-21/judge-grants-bond-gravelly-ill-murder-suspect#gsc.tab=0>
WRDW-TV News 12: <http://www.wrdw.com/home/headlines/Shots-fired-at-University-Hospital-174434131.html>

CASE EXAMPLE:

MEDICAL OFFICE SHOOTING

Hoag Hospital – California

- January 2013
- Offender: Standwood Elkus, 75
- Motive: Mad at incontinence after prostate surgery
- One victim killed **inside** the medical office
- Elkus arrested at hospital and charged
- Total of one dead



Hoag Hospital – California

The retired barber from allegedly used a fake name to make an appointment with Dr. Ronald Gilbert at the doctor's Hospital-affiliated office and shot the doctor to death. The offender then handed over the pistol and waited for authorities to arrive. He believed that Dr. Gilbert had botched his prostate surgery 21 years earlier at a Veteran's Administration hospital. Although the victim worked at the hospital during that time there was no record of him operating on the offender.

Sources: Los Angeles Times: <http://www.latimes.com/local/lanow/la-me-ln-man-accused-of-killing-oc-doctor-20140528-story.html>



CASE EXAMPLE:

MEDICAL OFFICE SHOOTING

Mercy Fitzgerald Hospital – Pennsylvania

- July 2014
- Offender: Richard Plotts, 49
- Motive: Psychiatric patient, intended to kill physician
- Caseworker killed **inside** wellness center
- Plotts was arrested and charged
- Total of one dead

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Mercy Fitzgerald Hospital

Offender was inside physicians office for a scheduled appointment when he suddenly pulled a gun out of his waistband and shot his caseworker, in the head at point-blank range. The physician then pulled a semi-automatic pistol out his desk drawer and had a furious close range gun battle with the offender. At least 10 rounds were fired. The offender had more than 30 additional rounds of ammunition in his pockets and investigators believe he was prepared to kill more people.

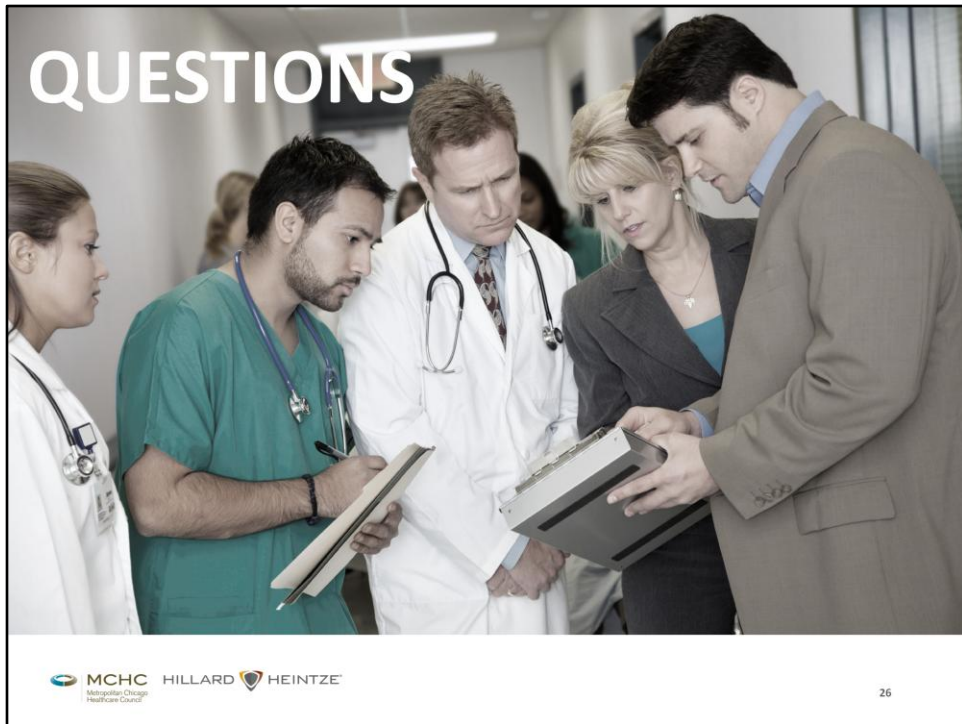
Sources: New York Post: <http://nypost.com/2014/07/24/shooting-at-hospital-injures-3/>

ABC News: <http://abcnews.go.com/US/alleged-pennsylvania-hospital-gunman-richard-plotts-arraigned-bed/story?id=24732660>

Daily Times, Crime: <http://www.delcotimes.com/general-news/20150714/mercy-fitzgerald-shooter-richard-plotts-pleads-guilty-but-mentally-ill-to-murder-charge>

RECOMMENDATIONS

- ✓ Perform a **facility site assessment** and **current gap analysis** of the organization's capabilities with respect to active shooter planning.
- ✓ Establish a **"Code Silver" policy**, including activation authority and code-triggering criteria.
- ✓ Create an **Active Shooter Plan** that will guide and integrate all the organization's efforts to prevent, mitigate, respond to and recover from an active shooter incident.
- ✓ Conduct **annual training** for staff in active shooter planning and response – particularly with respect to Early Warning Signs, Code Silver Alerts, Lockdown and Evacuation Plans and Run-Hide-Fight Protocols.



Encourage questions and discussion about what was learned.

Provide participants with your contact information and intranet resources where the policy and procedures.



Response to Shooting and Hostage Incidents at The Johns Hopkins Hospital: When Seconds Count – Howard S. Gwon

MCHC, Chicago, IL – November 4, 2015

Objectives



- How to prepare for a shooting and hostage incident
 - What existed, used and enhanced response procedures
 - At Johns Hopkins Hospital and JHU School of Medicine
 - Major components needed to develop response procedures

Medical Campus overview

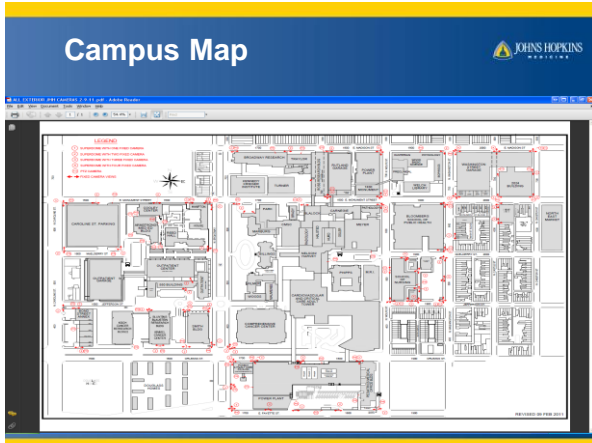


- 5-Organizations formed Unified Command System: The Johns Hopkins Hospital, The Johns Hopkins University Schools of Medicine, Nursing and Public Health and Kennedy Krieger Institute
- Campus consists of five North/South and four East/West blocks

Campus population



- Approximately 47,450 people that routinely work/visit campus
 - 30,000+ employees
 - 6,500+ Students
 - 950+ inpatients
 - 10,000+ visitors daily



Security incident timeline

| | |
|------------------------------------|---|
| 11:10 am | Multiple calls received in the Corporate Security Communications Center from staff members alerting us to a shooting on Nelson 8. |
| 11:11 am | All available units and supervisors are dispatched to Nelson 8. |
| 11:12 am | The Assistant Director informs the Director of Internal Security a doctor has been shot on Nelson 8. |
| 11:13 am (within 3 Minutes) | The Assistant Director and Director of Internal Security arrive on the scene and are advised the shooter may be in Nelson 873. The Assistant Director takes position outside of the door with his authorized sidearm in a cover position. |
| 11:14 am | The Director of Internal Security instructs Security Lieutenant to activate the Active Shooter Plan; it is broadcasted over the radio. The Director of External Security, Senior External Operations Supervisor, and Off-Duty Police Officers arrive on the scene. First units from Baltimore Police Department (BPD) Eastern District arrive at the main entrance. |
| 11:15 am (within 5 Minutes) | BPD Eastern District arrives on Nelson 8 and takes command of the scene. |

Security incident timeline, cont.

| | |
|---|--|
| 11:17/18 am (within 7 Minutes) | The Director of Internal Security calls the Administrator of Emergency Management and informs him that the Active Shooter Plan has been activated and requests he send a message via the Emergency Alert System. |
| 11:26 am | Facilities is on the scene, shutting down elevators and assisting with other pertinent information. |
| 11:27 am | Second Notifind alert message sent out (additional updates sent every 15 minutes throughout the event). |
| 11:45 am – 12:15 pm (Done in 45 minutes) | The decision to relocate and find beds for patients begins. Two patients cannot be relocated as they would have to cross the "hot zone". |
| 12:30 pm | A hospital command center is opened on campus. |
| 1:40 pm | Baltimore Police Department gives the "all-clear". |

All Hazards vs. Specific Response Procedures

- All Hazards
 - Generic procedures that apply to almost all disasters
 - Surveillance
 - Communication
 - Activation
 - Situational Awareness → Implement specific actions based on assessment to-date
 - Specific Response Procedures
 - Dependent on type of disaster, specific actions will need to be developed and implemented
 - For example, an active shooter is different than a response to an infectious disease outbreak
 - and different to a response to a chemical event and a utility outage

Questions to determine if your response was successful ...

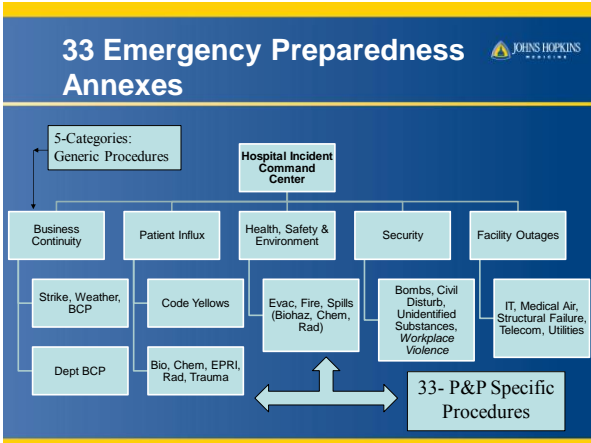
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1. Any patients killed or injured?
2. Were employees notified of the incident? Were initial instructions communicated?
3. Did the Hospital Incident Command Center (HICC) provide adequate instructions, updates and sufficient details after the initial alert?
4. Was the HICC and Dept. Incident Command Centers (ICCs) set up in time?
5. Was the active shooter contained and apprehended within a reasonable period?
6. Were the appropriate procedures efficiently implemented?
7. Was leadership kept up-to-date?
8. Were there any issues about who was actually in charge?
9. Was the coordination between the command centers efficient and effective?
10. Was essential business continuity preserved and maintained?

Policy & Procedure Components

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| | |
|---|---|
| <p>P&P/Annex Components</p> <ul style="list-style-type: none"> • Purpose & Background • Responsibilities <ul style="list-style-type: none"> – HICC – DICC – Internal First Responders – External First Responders | <p>Umbrella Concepts</p> <ul style="list-style-type: none"> • Command & Control System • Authority Hierarchy • Life Cycle Phases & Flow <ul style="list-style-type: none"> – Surveillance – Pre-Incident Response – Response – Recovery • Communication |
|---|---|



From Preparedness to Response 1988 to present...

JOHNS HOPKINS

- Strategic Responsibilities: Policy to Executives vs. Tactical Responsibilities Defined / Delegated to ICC
- Partnership between Internal Responders and Incident Command Team established
- CONOPS or Emergency management response based on life cycle of an event
- Delegated authority established for ICS
- Briefing Schedule: HICC, Executives, Depts., CEPAR to Posting on OEM Website
- Primary and redundant methods to send out alert notifications and response updates

Other Preparedness Initiatives and Tools in Place

- Disaster Control Administrator On-Call (not Hospital AOC Program)
- Command Team & General Chief Level members composed of almost all volunteers and not assigned
- Specific response annexes to supplement all hazards approach

Workplace Violence Policy: Major Components*

- Procedures (since 2008)
 - Excerpt from UVA E-Response Plan
 - Immediate Actions for Staff
 - Law Enforcement Response
 - JHH Security independently respond for 6 minutes or until police arrive (since average events last approximately 11 minutes)
 - Decision Makers
 - Subsequent Procedures/Information

Immediate Actions for Staff

- Evacuate, Shelter in Place and, if necessary, prepare to protect yourself and others (**Run, Hide, Fight**):
- **Run**: Dependent upon your patients' acuity and the unit's location in regards to the active shooter, remove all patients, staff and visitors from the area to a secure location if safe to do so.

Immediate Actions for Staff: **Hide**

- If patients, staff and visitors cannot be moved or it is unsafe to do so, you must shelter in place. Lock or barricade all doors, block the door using heavy furniture – desks, tables, file cabinets, hospital bed, etc.
- After securing the doors, turn off the lights and get away from the door and get behind any solid object.

Fight: Defend yourself and your patients



- Last resort and, only as your last resort
- Must commit in becoming the aggressor
- Distract, disorient and/or disable the shooter by throwing heavy or sharp objects; using a fire extinguisher to discharge fire retardant in shooter's face.
- Once the shooter is distracted or disoriented, take action to disable him or her.

Law Enforcement Response

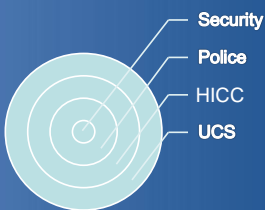


- Who's in Charge
- How will hospital be represented
 - Pre-establish presence on command system
 - Knowledge of responsibilities and how to intervene for hospital-focused issues
 - Deploy most appropriate ICC representative (i.e. security, PIO)
 - Major Issues: Shooter Containment/Arrest, Victims, Patient & Staff Evacuation

Authority Hierarchy: External



Designated Authority Levels

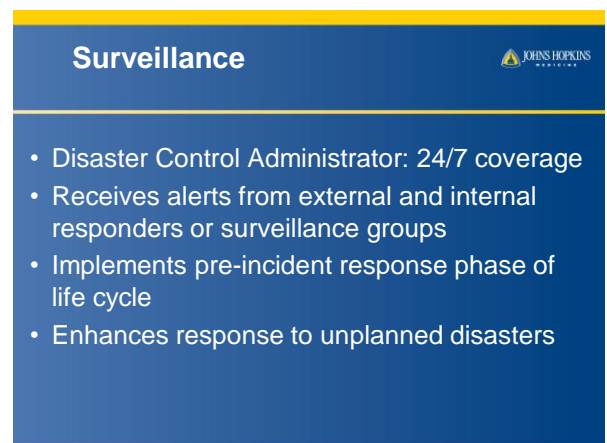
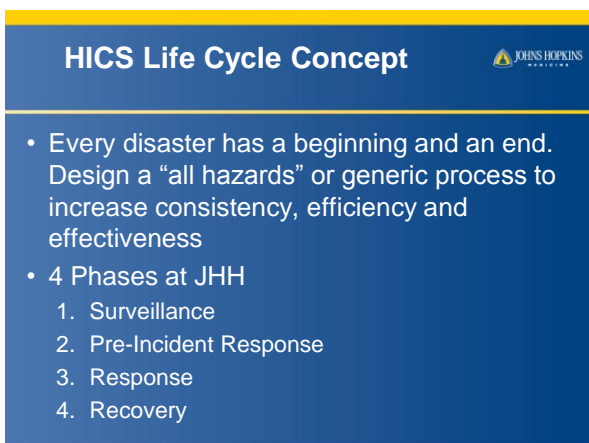
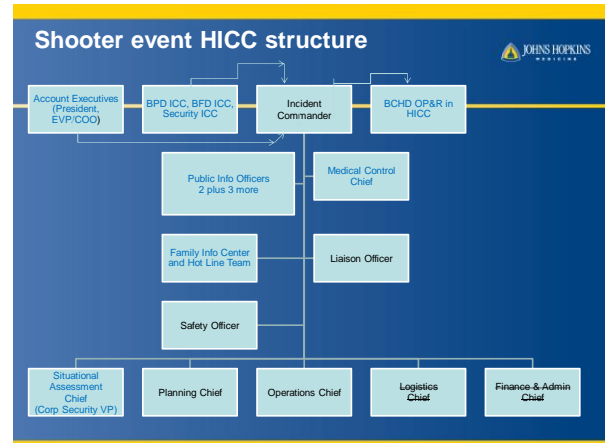
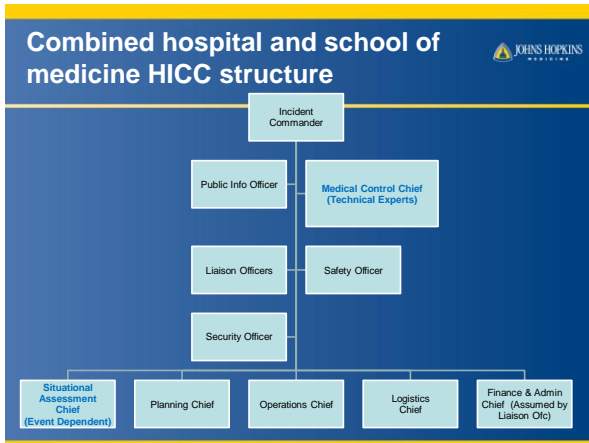


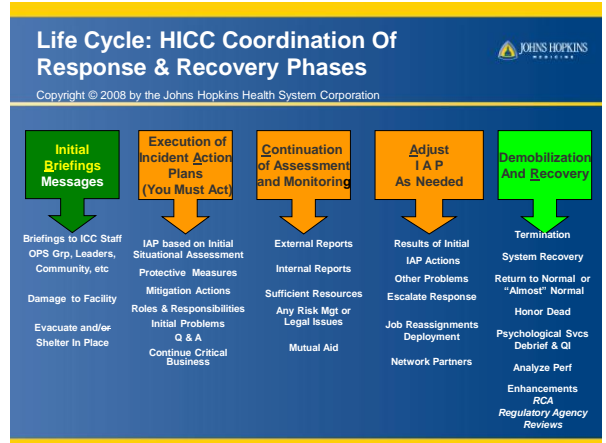
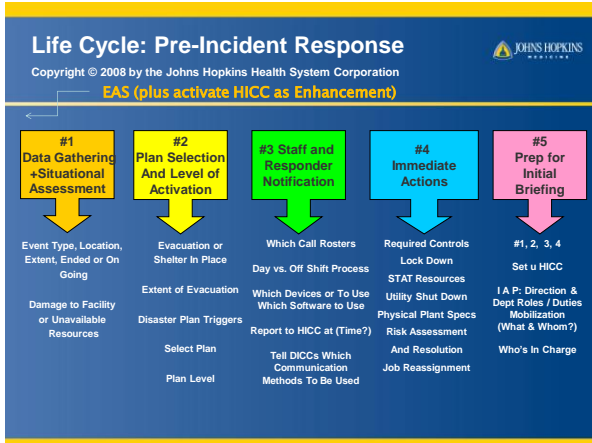
Assigned Responsibility

- Internal Security had to be in-charge for up to 6 minutes until police arrive to scene
- Off-duty police on campus as Security officers; return to normal police duties during an active shooter or work place violence events

Authority Hierarchy: E. Baltimore Command & Control System Levels







- ### Command Center: Situational Awareness
- Being proactive and transparent
 - Impact to Hospital and recommendations on how to mitigate or resolve that impact
 - Communication
 - Briefing & Update Intervals
 - Message Redundancy
 - Message Organization and Repository

- ### Command Center: Other Major Responsibilities
- Responsibilities before law enforcement arrive and after (avg. time of independence)
 - Protective Measures
 - Business Continuity
 - Perimeters established & Work Arounds
 - Primary, Secondary and Tertiary Response Responsibilities
 - Evacuation of Patients & Visitors

ICS Changes



1. Deployed Security and PIO to Police ICC
2. Deployed Medical Control Chief and Bed Management to DICC/Affected Unit
3. No face to face briefings with departments
4. Activate Family Info Center to support affected patient focused units
5. Formalize Unified Command Campus for activation
6. CEO agreed to close his ad hoc ICC

5As Concept to Better Prepare Employees

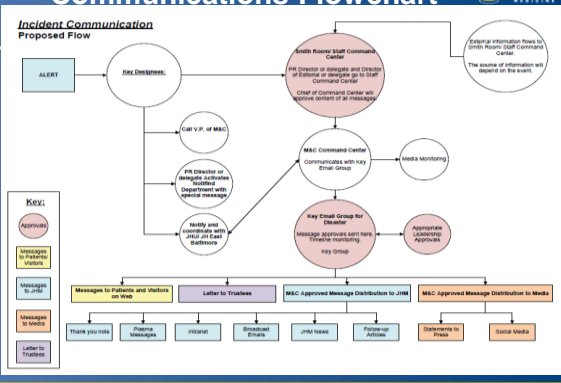


1. **Activation** pre-requisites: requires personal and business focused preparedness
2. **Access** to information, et al
3. **Assignment**: most employees just do what you do daily plus be familiar with what protective measures are needed to prevent yourself in becoming a victim
4. **Assets** to help complete assignments
5. **Authority**: Who's in charge

Communications Flowchart



Incident Communication Proposed Flow



Communication Vehicles



| Method – All w Pre-Established Messages | Used on 9/16/10 | Recommendations |
|---|-----------------|---|
| Emergency Alert System | ✓ | Continue current process; add updates |
| Alert Notification System (Specific Groups) | ✓ | Continue current process; add updates |
| Broadcast E-mail (every 15 min) | ✓ | Continue current process |
| Plasma Screens | ✓ | Add more updates |
| Social Network/Media (FaceBook, Twitter) | ✓ | Continue current process |
| Department Command Centers | Sporadic | Develop procedures to communicate with staff |
| Overhead Page | No | New system to be installed |
| Intranet & Web Updates | ✓ | Continue current process |
| Media Updates | ✓ | Continue current process. Remind employees staff not to provide information or speak with media |

Workplace Violence: Procedures Added



- Inform DICC and staff which communication methods that will actually be used
- Created OEM Web Site to summarize all instructions sequentially instead of having DICC look at emails, texts, etc. individually

Perimeters Established by Police



1. Inner Perimeter: Scene & Associated Building
 - A. Contain shooter(s) until police arrive (~ 6 minutes)
 - B. Limit access to affected unit, floor and building
 - C. Relinquish control at scene and associated building to police and then support them
 - D. Implement organizational procedures based on availability of staff (e.g. day vs. off shifts)
 - E. Return to business as usual as much as possible except for affected unit and/or building
2. Middle Perimeter
 - A. Security officer posted at each entrance
3. Outer Perimeter: Streets Accessing Campus
 - A. Police posted at each designated street/road block

Note: This procedure will allow planners to determine what procedures can be implemented on off shifts!

Event life cycle: Response phase



- | | |
|---|--|
| <ol style="list-style-type: none"> I. Inner Perimeter <ol style="list-style-type: none"> 1. Which team is more appropriate to respond to victims | <ul style="list-style-type: none"> • Enhancements <ol style="list-style-type: none"> 1. Adult trauma attendings volunteered to serve as internal first responders |
|---|--|

Event life cycle: Response phase



- | | |
|--|---|
| <ol style="list-style-type: none"> II. Middle Perimeter <ol style="list-style-type: none"> 3. Communication challenges at dept level and some staff who did not have access to messages 4. Delivery of food to other inpatient units 5. Communicating up to date info to people at some entrances 6. No safe haven for visitors @ entrances during lock down | <ul style="list-style-type: none"> • Enhancements <ol style="list-style-type: none"> 3. Redundant messaging from HICC and exception messaging by departments 4. No real solution since unit centrally located 5. Assign to and train security officers at entrances to provide instructions 6. Establish safe havens for visitors |
|--|---|

Event life cycle: Response phase

III. Outer Perimeter • Enhancement

- | | |
|--|--|
| 12. Access to hospital for employees, vendors, & internal deliveries | 12. Establish designated loading dock away from main response activity |
|--|--|

Possible Strategies for Prevention

- Annual threats & security assessments
- Security Measures: Posted officers, ID checks, wristbands, controlled access to units, cameras, panic alarms, floor designated escape routes, etc.
- Target high-risk areas or patients with portable or standing magnetometers (e.g. ED, prisoners, psych patients)
- Educate about workplace violence and violence de-escalation strategies

Conclusions

- Compared to other forms of workplace violence, shootings and homicides in hospitals are fairly rare
- Even though these incidents are rare, PPP still need to be developed and exercised to increase competence and readiness
 - National Institute for Occup. Health: Rate of assaults among HCW 8 per 10,000 compared to 2 per 10,000 for all private sector industries

Other References

- *Excerpt from University of Virginia Emergency Response Plan, Annex K, "Critical Incidents and Response Strategies – Active Shooter or Violent Incident"*
- *JHH Corp. & Admin. E-Prep Policy: Workplace Violence: Active Shooter Incidents – EP034, Aug 2014*
- *Corporate Security Standard Operating Procedures: Active Shooter Procedure (SOP 014, June 2013)*
- *Preparing for Active Shooter Situations: The Joint Commission: Quick Safety – Issue Four, July 2014*

Questions



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