Active Shooter Guidance for Healthcare Facilities

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Panama City School Board Meeting
December 14, 2010

Marine Corps Air Station Yuma
Hospital Active Shooter Exercise
Objectives

- Review history of active shooter events at healthcare facilities
- Review government resources for active shooter
- Understand why healthcare facilities are different
- Review HPH SCC Work

Active Shooter in a Healthcare Setting

- Hospital-Based Shootings in the United States: 2000 to 2011
  - 154 hospital-related shootings
    - 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds.
    - 235 injured or dead victims
    - The ED environs were the most common site (29%), followed by the parking lot (23%) and patient rooms (19%).
    - Most events involved a determined shooter with a strong motive as defined by grudge (27%), suicide (21%), “euthanizing” an ill relative (14%), and prisoner escape (13%)
    - Ambient society violence (9%) and mentally unstable patients (4%) were comparatively infrequent
    - The most common victim was the perpetrator (45%)
    - Hospital employees composed 20% of victims
    - Physician (3%) and nurse (5%) victims were relatively infrequent.
  - In 23% of shootings within the ED, the weapon was a security officer’s gun taken by the perpetrator.

Recent Events

- May 2014: An employee was injured after a man entered a Dayton, OH VA hospital with a gun
- May 2014: A man entered a South Carolina, SC emergency department waving two firearms. Police shot suspect.
- May 2014: A man shot his wife and then himself at a Washington, DC nursing home.
- January 2014: A man shot his wife and then himself in a Dayton, OH emergency department.
- December 2013: A man killed his girlfriend in a hospital, then turned the gun on himself.
- December 2013: A man killed his wife and then himself at a Reno, NV hospital.
- November 2013: A staff nurse killed a patient after shooting one of his staff members at a Buffalo, NY hospital.
- March 2013: A man shot his wife and then himself in a hospital.
- February 2013: A police officer shot and killed another police officer in a hospital, then turned the gun on himself.
- December 2012: A man opened fire on a hospital, killing an employee and then turned the gun on himself.
- June 2012: A gunman opened fire on a hospital, killing four patients and injuring two others.
- March 2012: A gunman opened fire at a Pittsburgh psychiatric clinic, killing 12 people and injuring six others.
- A gunman killed eight staff and patients, and wounded two at a nursing home in Caruthers, NC.
Other Events

Case Report

Spontaneous Discharge of a Firearm in an MRI Imaging Environment

DHS-Active Shooter How to Respond
– October 2008
– Office setting
– Evacuate, Hide Out, Take Action

Government Resources

http://www.dhs.gov/active-shooter-preparedness
Sandy Hook Elementary School

• December 14, 2013
• 20 Children, six adults killed
• Perpetrator also killed mother and himself
• Shot through glass panel in door to enter
• 16 killed hiding in bathroom
• 6 killed hiding in classroom, 9 fled and survived
• 15 survived hiding in class bathroom with window covered
• Others survived in barricaded closet

Hartford Consensus

• Joint Committee to Create a National Policy to Enhance Survivability From Mass Casualty Shooting Events
• April 2, 2013

  1. Threat suppression
  2. Hemorrhage control
  3. Rapid Extrication to safety
  4. Assessment by medical providers
  5. Transport to definitive care

New Government Documents

• Released June 2013
• Run, Hide, Fight
### Active Shooter in a Healthcare Setting

- What is a healthcare setting?
  - Hospital (teaching, critical access)
  - Clinic
  - Physician practice
  - Medical School
  - Free standing MRI
  - Oncology clinic
  - Ambulatory surgery center
  - Long term care

### Commonality

- Vulnerable population
- Hazardous materials
- Openness
- Visitors
- “Duty to Act” and “Abandonment” concerns
- Ability to provide care

### Sector Coordinating Council

- Established Ad-Hoc Committee in early 2013
- Represented by:
  - Healthcare community
  - FBI
  - DHS
  - FEMA
  - HHS
  - Public safety
  - Healthcare Attorneys
Active Shooter Planning and Response in a Healthcare Setting

- Released January 2014
- Comments welcomed
- Posted to: HSIN Healthcare and Public Health Sector page
- Similar format to the June 2013 documents
  - Definition
  - Ethical considerations
  - Preparing
  - Planning
  - Working with first responders
  - Exercises
  - Prevention
  - Aftermath
  - Psychological first aid

The Elephant in the Room

- Is running abandonment?
- Is there an ethical or moral obligation to stay?
- Can you require someone NOT to run?
- Helpless patients
  - Operating room
  - Ventilators
  - Non-ambulatory

What we Know

- Golden Rule:
  Less People in Hot Zone = Less Victims
- Healthcare facilities can be large
  - Multiple buildings
  - Multiple floors/wings
  - Educational campus
- Response depends on where it is occurring
- Run, hide, fight are un-numbered options
- Situations are fluid
What we Think

- Training will decrease deaths
- Individual facilities will make a plan appropriate for them
- Pre-planning how to “barricade” at the unit level will decrease deaths
- As shooter moves, response will change
- Self preservation is a personal issue
- People do heroic things, but not by policy

Definition

- Individual is “actively engaged in killing or attempting to kill people in a confined and populated area.”

Ethical Considerations

- Every reasonable attempt to continue caring for patients must be made, but in the event this becomes impossible, without putting others at risk for loss of life, certain decisions must be made
Planning

• ALICE
  — Alert, Lockdown, Inform, Counter, Evacuate
• Run, Hide, Fight
• Window of Life
  — Personal safety, immediate vicinity, near you, public safety notification
• The Four A’s
  — Accept, Assess, Act (lockdown, evacuate, fight), Alert

Planning

• A preferred method for reporting active shooter incidents
• An evacuation policy and procedure
• Emergency escape procedures and route assignments (i.e., floor plans, safe areas)
• Lockdown procedures for individual units and locations and other campus buildings
• Integration with the facility Emergency Operations Plan and Incident Command System
• Information concerning local area emergency response agencies and hospitals (i.e., name, telephone number, and distance from your location)

Communication

• Panic
  — Research shows warnings do not induce panic
  — People need accurate information and clear instructions
• Codes vs. Plain Language
• Communication barriers (multi-lingual, hearing impaired, learning disabled)
Working with First Responders

- Share plan with responders
- Consider pre-placed maps and access badges
- Exercises
- Equipment cache location
- Integrating into the care/security teams
- Transport or treat at the facility decisions
- Integrated command post
- Visiting LE duties/Off duty officer duties (ED)

Exercises

- Tabletop and functional
- Consider integrating with other exercises (infant abduction, fire alarm, mass casualty)
- Agencies that may respond from outside local jurisdiction
- New employees
- Creating a culture.......

Prevention

- Warning signs
  - No profile exists, but signs include:
    - Contextually inappropriate behavior
  - Interesting statistics
    - Few offenders had previous arrests for violent crimes
    - Only 13% of cases had verbal/written threats
    - Only 19% of cases reported stalking/harassing
    - 31% had observed concerning behavior
  - Threat Assessment Teams
Aftermath

- Accounting for staff, patients, visitors
- Notifying families (staff, patient, visitor)
- Fill personnel needs
- Psychological needs
- Hospital operations and crime scene considerations
- Reunification
- Media
- When to resume classes

Psychological First Aid

- Evidence-informed modular approach
- Not all survivors will have problems
- Delivered by mental health and disaster response teams
- Manual
- App
  [http://www.nctsn.org/content/pfa.mobile](http://www.nctsn.org/content/pfa.mobile)
- Online Training

Take Aways

- Download and review Healthcare Active Shooter document
- Review/Implement plans and training
  - Short term
  - Medium and long term
- Submit comments
Questions

- Thank you for all you do in keeping our patients and staff safe!