

Active Shooter Guidance for Healthcare Facilities

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Panama City School Board Meeting
December 14, 2010



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Marine Corps Air Station Yuma
Hospital Active Shooter Exercise



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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

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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 (11%).
 - 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.

Gabor D. Kelen, MD, Christina L. Caffelt, MD, Joshua G. Kubit, MD, Yu-Hsiang Hoeh, PhD Ann Emerg Med. 2012 Dec;60(6):790-798.e1

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Recent Events

- May 2014: An employee was injured after a man entered a Dayton, OH VA hospital with a gun
- May 2014: A man enters a North Logan, UT emergency department wielding two firearms. Police shot suspect.
- May 2014: Armed man in parking lot shot and killed by hospital security in Hillcrest, OK
- May 2014: A man shot his wife and then himself at a Worthington, MN nursing home.
- January 2014: A man shot himself after firing on cars and attacking two nurses at a Daytona Beach, FL hospital
- December 2013: A man kills sister in Los Angeles, CA nursing home. Suspected mercy killing.
- December 2013: A man kills one doctor and wounds another, then kills himself at a Reno, NV hospital
- November 2013: Staff nurse kills patient then shoots self at a Clarks Summit, PA nursing home.
- March 2013: A man in a hospice on a hospital campus shot his wife dead and then turned the gun on himself
- February 2013: One person shot dead on the grounds of a Portland, OR Hospital
- December 2012: A man opened fire in a hospital, wounding an officer and two employees before he was fatally shot by police
- June 2012: Buffalo, NY – A Surgeon opens fire and kills his girlfriend on hospital grounds
- March 2012: A gunman opened fire at a Pittsburgh psychiatric clinic, leaving to two people dead, including the gunman, and injuring seven others
- A gunman killed eight staff and patients and wounded two at a nursing home in Carthage, NC

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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

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Hartford Consensus

- Joint Committee to Create a National Policy to Enhance Survivability From Mass Casualty Shooting Events
- April 2, 2013
 - Integrated Response
 1. **Threat** suppression
 2. **Hemorrhage** control
 3. **Rapid Extrication** to safety
 4. **Assessment** by medical providers
 5. **Transport** to definitive care

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New Government Documents

- Released June 2013
- Run, Hide, Fight
 - Guide for Developing High-Quality School Emergency Operations Plans
 - Guide for Developing High-Quality Emergency Operations Plans for Institutions of Higher Education
 - Guide for Developing High-Quality Emergency Operations Plans for Houses of Worship

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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

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Commonality

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

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Sector Coordinating Council

- Established Ad-Hoc Committee in early 2013
- Represented by:
 - Healthcare community
 - FBI
 - DHS
 - FEMA
 - HHS
 - Public safety
 - Healthcare Attorneys

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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

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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



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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

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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

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Definition

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

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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

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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

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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)

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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)

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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)

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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.....

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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 has reported stalking/harassing
 - 31% had observed concerning behavior
 - Threat Assessment Teams

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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

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Psychological First Aid

- Evidence-informed modular approach
- Not all survivors will have problems
- Delivered by mental health and disaster response teams
- Manual
http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf
- App
<http://www.nctsn.org/content/pfa.mobile>
- Online Training
<http://learn.nctsn.org/>

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Take Aways

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

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Questions

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

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