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The goal of this presentation



Provoke ideas for your own plans.



Offer a consolidation of guidance from various sources.

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From Homeland Security "action guide"

**"Hospitals and healthcare facilities face a unique set of challenges in an active shooter incident.**

These incidents have no patterns in victim selection or method, creating an unpredictable and quickly evolving situation that can lead to loss of life and injury.

Numerous factors associated with hospital and healthcare environments complicate traditional response to active shooter incidents, including the "duty-to-act", commitment and the varying levels of patient mobility and patient special needs.

Additionally, staff must consider response planning for patients that require the greatest allocation of resources, as well as the unique characteristics within the hospital and healthcare environment."

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## Planning Process




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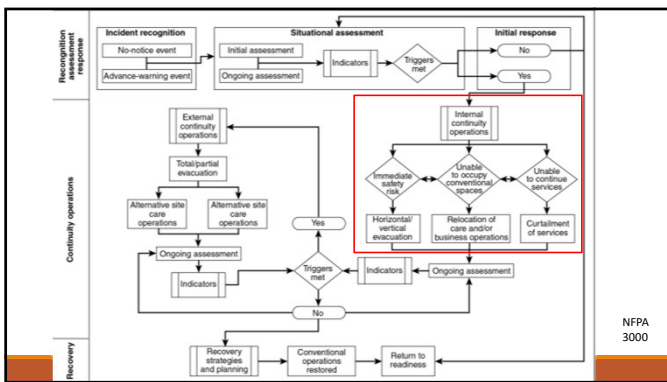
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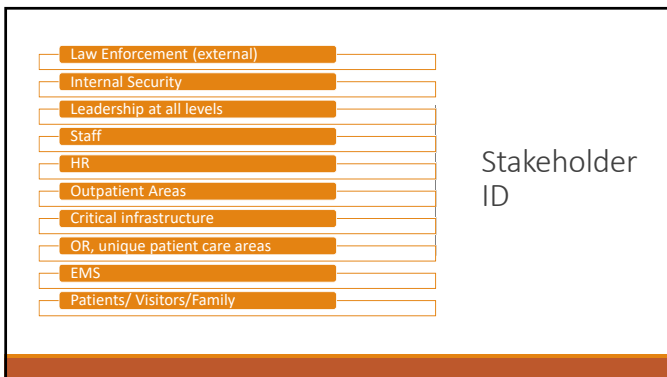
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### Other planning components

Definitions	"Linked" plans
<ul style="list-style-type: none"> <li>• Roles. Titles</li> <li>• Active Shooter</li> <li>• LEO terms</li> </ul>	<ul style="list-style-type: none"> <li>• Shelter in place</li> <li>• Lockdown</li> <li>• Mental Health Resources</li> <li>• Emergency Communications</li> <li>• COOP</li> <li>• Command Team Activation</li> </ul>

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### Planning Assumptions

- It's a crime scene until law enforcement says its not
- Political Considerations
- Active Shooter events evolve quickly and are often over within 10 to 15 minutes.
- Be prepared to implement the hospital surge plan
- Services may need to be relocated for a significant period of time
- Major impact to public perception of organization
- Expect staff turnover to increase post incident
- Provide for mental health services – long term

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### Identify Specific Risks for the plan

Partnerships with Law Enforcement	Venerable populations	How do you respond to an internal MCI?	Special Events/ Large Group Gatherings
Visitor Tracking process	Combative Patient/Family process	What doors lock and who can open them?	Who expects to be notified and who needs to be notified?

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### Manage Expectations

Does your organization want the command team/leadership to gather in one place before the event is deemed truly safe by law enforcement?

Would the command team benefit from using remote working tools (zoom, teams, etc.) to meet for those who can?

What role does your senior leadership think they will play during the early response phase through to recovery?

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### Mitigation

Develop a Threat Assessment Team to review potential warning signs of workplace violence, report suspicious behavior to security office.

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conduct personnel safety/security training

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Monitor credential systems, access control and badges; install badge-access checkpoints to prevent access where you don't want it.

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Participate in other organizations active shooter drills. observe

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Evacuate lockdown procedures, considering access and functional needs of patients

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Consider adding training such as SAY SOMETHING timely to security if you SEE SOMETHING that concerns you.

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### Mitigation (continued)

Reference lockdown as potential response to event (for example, disgruntled family member enters area, takes hostages. "Code Silver, Lockdown" overhead page announcement)

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Lockdown vs. evacuation response directives

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Perform facility site assessment with security and law enforcement response partners

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### Other ideas...

- Protection of critical in area (power, gas)
- Stage critical access and entry supplies ("go kit") for law enforcement responders (example contents of "go kit": facility maps, keys/card access entry options, location of Hospital Command Center, etc.)

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### Response

- Any available resources in the building?
- Stop the bleed kits




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### Training

- Develop a coordinated plan for training staff in the critical elements in the plan **AT ALL LEVELS**
- Law enforcement
- Coordination/communication plans
- Information/resources needed to assist in response (e.g., floor plans, entrances and exit diagrams, etc.)
- Annual requirement or once upon hire?
- Online or in person?

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# Communications pre-planning

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## Plain English vs Code Names

The following are example code definitions.

**Active Shooter – Exterior:** Report of a person(s) using or displaying a firearm outside of hospital buildings but on the hospital grounds.

**Active Shooter + Location:** Report of a person(s) using or displaying a firearm inside Hospital Building (Example: "Code Active Shooter Emergency Department").

**Code Silver:** Commonly used to refer to Active Shooter or Armed Assailant events.

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## Communications

### Develop

- Develop external communications plan (law enforcement, community response partners)

### Test

- Test law enforcement communications equipment in all areas of the hospital to ensure viability such as basement, CT/x-ray rooms, MRI, elevators, lab, etc..

### Consider

- Consider enrolling all staff cell phones in text alert system similar to what may university now use for similar situations

### Review

- Review protection of critical nodes in area of facility with power, gas, communications partners

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Identify:  
What do you  
honestly  
expect staff  
to do during  
an Active  
Shooter

- Communicate "see something – say something"?
- Run Hide Fight?
- Duty to Act or protect patients?
- Interaction with Law Enforcement?
- Can they call 911 themselves or do they have to tell a supervisor if they hear/see something?

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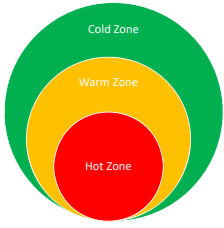
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### Duty to Act: NFPA 3000

References : Tactical Emergency Casualty Care (TECC) Guidelines for BLS/ALS Medical Providers

First responder focus



- 16.3 \* Public Education.**
- The public education program shall be implemented to communicate the following:
  - Different hazards (violence, fire as weapon, explosive, weapons of mass destruction, future threats)
  - The potential impacts of a hazard
  - Preparedness information, including the following:
    - Survival strategies and actions
    - Bleeding control and other interventions aimed at preventable causes of death due to trauma
  - Recommended equipment
  - Information needed to develop a preparedness plan
  - Identification and communication of site/location emergency action plans
  - Identification of ASHER incidents warning signs and how to report them
  - What to expect from interactions with emergency communication centers and first responders

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### Duty to Act: International Association of Emergency Medical Services Chiefs (IAEMSC)

**Ethical Considerations during a Healthcare Active Shooter Event (pg. 9)**

Healthcare professionals have a duty to care for the patients for which they are responsible.

- Every reasonable attempt to continue caring for patients must be made, IF this becomes impossible without putting others at risk for loss of life.
- Allocate resources fairly with special consideration given to those most vulnerable
- Limit harm to the extent possible. With limited resources, healthcare professionals may not be able to meet the needs of all involved
- Treat all patients with respect and dignity, regardless of the level of care that can continue to have provided them
- Prepare to decide to discontinue care to those who may not be able to be brought to safety in consideration of those who can.
- Realize some individuals who are able to avoid the incident will choose to remain in dangerous areas. Consider how to react to those situations
- To the extent possible, think about the needs of others as well as yourself. Consider the greater good as well as your own interests

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## Whose Job, is it?

- Who issues alert for code for lockdown activation?
- Job Action Sheets and Event-Specific Planning Guides and Response Plans
- Assessment/reassessment of "real time" event Information/Intelligence
- Assessment/reassessment of internal response
- Assessment/reassessment of facility needs if under lockdown
- Activation of the Hospital Command Center (HCC) under "active shooter"; "Code Silver, Lockdown" declaration
- Establishment of a coordinated command and communications - Agency representative from the facility to liaison with arriving law enforcement and communicate with hospital

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## Law Enforcement integration

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## Other Law Enforcement Response considerations

- Lock-down and access control
- Evacuation of non-impacted areas. Movement of patients, staff and visitors to safe locations
- Providing supplies, equipment, pharmaceuticals, water and food to Lockdown areas (as relevant to the scenario)
- Facility census, updates and reporting in coordination with Lockdown
- Process to establish and coordinate internal safety and security
- Process to activate facility and perimeter security plans
- Process to control access and movement in the facility
- Process for when the facility is under lockdown for monitoring, conserving and alternatives for Life Safety critical systems and utilities (for example fire safety systems, overhead paging, patient call lights, etc..)
- Implement patient management plans in coordination with facility emergency management plans (such as surgery cancellations, diversion, emergency care, patient tracking)
- Documentation and tracking of patient clinical information

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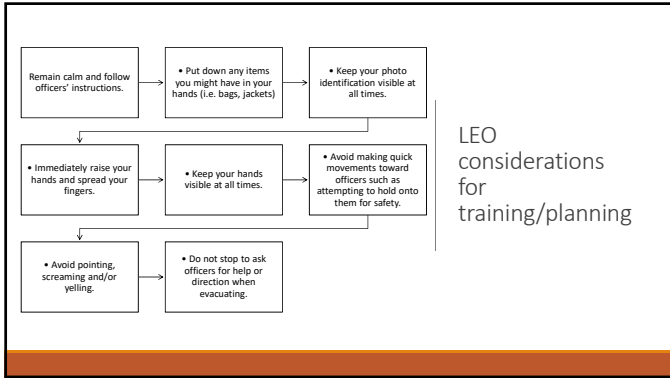
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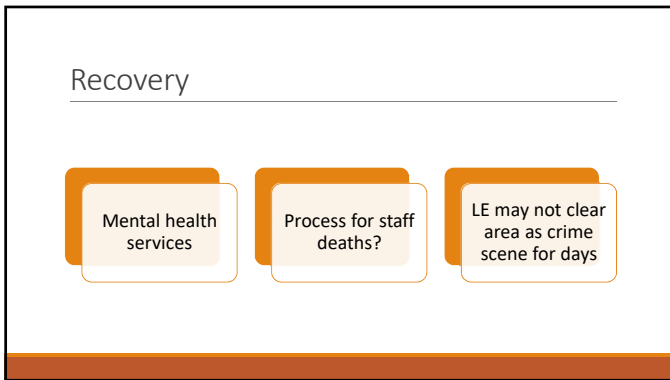
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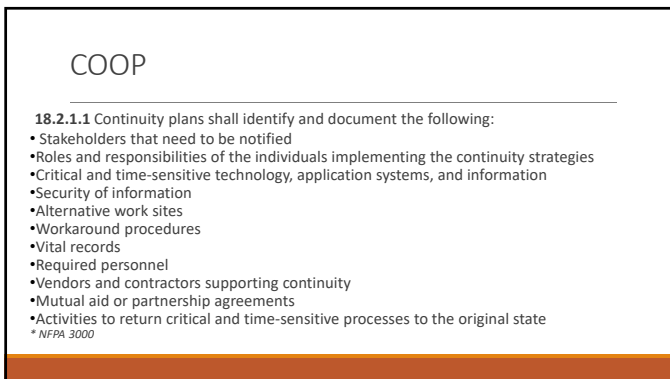
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Planning consideration:  
Media



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Visitors and Family

Predeveloped verbiage for patients they can use

Identify areas for family to visit patients post incident (parking, entrance doors, security needed)

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Memorials and tributes

How long should these remain in place?



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