



Alert
Lockdown
Inform
Counter
Evacuate

Active Shooter Preparedness for Your Health Center

Disclaimer

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Objectives

- Review the characteristics of active shooter events based on past incidents, with a focus on those that have occurred in the healthcare setting.
- Discuss the rationale for developing an Active Shooter Plan.
- Discuss general planning considerations for an Active Shooter event and review the different response approaches.
- Describe key planning considerations with a focus on the *Run, Hide, Fight* framework.
- Use the Planning Worksheet provided to assess the status of your organization's Active Shooter Plan.

Active Shooter Situations in Healthcare

- Hospitals
 - [FBI study](#): Only 4 events in healthcare settings between 2000-2013; an additional 2 events from 2014-2015
 - [Kelen, et al.](#): 154 hospital-related shootings from 2000-2011
- Health centers
 - Sept. 2018 - [Wallingford man's gun discharged in bathroom at Meriden health center](#)
 - Sept. 2017 - [Person shot in parking lot of Middletown community health center](#)
 - January 2014 - [One dead in shooting near Durham health center](#)
 - 2014 - [Vancouver Veterans Affairs shooting: Heroism and stalking, police reports show](#)

Active Shooter Event Characteristics

- Events evolve quickly: 60% are over before law enforcement (LE) arrives
- No profile to reference, though there may be warning signs, including:
 - Behaviors related to researching, planning, and implementing an attack
 - Becoming increasingly fixated on a person or cause
 - An increase in the frequency or variety of activities related to a target
 - Telling others they are planning to attack a target

Blair, J. P., and Schweit, K.W. (2014). [A Study of Active Shooter Incidents, 2000 - 2013](#). Texas State University and Federal Bureau of Investigation, U.S. Department of Justice.

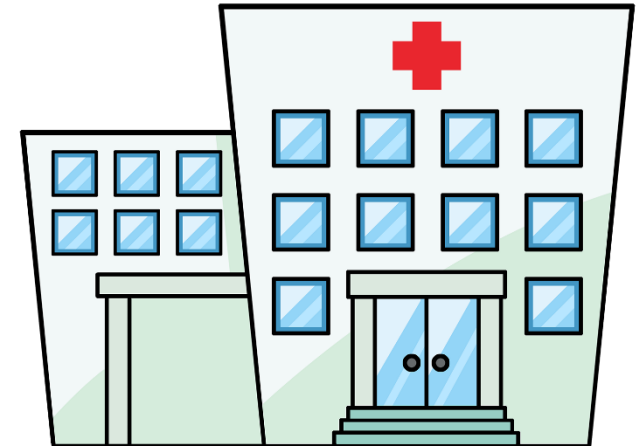
Why Create an Active Shooter Response Plan?

- Staff must be prepared to act
 - Staff will experience fear and anxiety, and perhaps even denial
 - Staff must be empowered to make the best determination for action based on real-time situation assessment
 - Trained individuals are more likely to respond as trained, supporting better outcomes

Remember to consider HVA results: complete plans for more pressing hazards first!

Challenges Facing Health Centers

- Potentially vulnerable patient population
 - Age, illness, undergoing procedures/testing
- Hazardous materials on site
- Pharmacies on site
- Kitchen areas
- Health professionals and “Duty to Care”
 - Determine your organization’s policy beforehand and communicate it through training
 - You cannot force individuals to stay



Planning for an Active Shooter Response

- Engage a multidisciplinary planning team
 - Executive leadership; nursing; legal; security; facility engineering; human resources; emergency management; and risk managers
 - Facility-level and network-level, as appropriate
 - Local Law Enforcement (LE) should be included
 - Include building management if your organization rents space, or is in a building with other tenants



General Security Principles Support Active Shooter Preparedness

- Change codes for keypad access doors regularly and terminate ID cards for former employees
- Ensure doors are locked and staff have visible identification
- Conduct quarterly camera check
- Empower staff to report unusual or suspicious activity and safely interact with individuals who may seem lost or out of place
- Monitor for and address workplace violence issues as they arise



Different Approaches to Response

- **DHS:** Run, Hide, Fight
- **ALICE:** Alert, Lockdown, Inform, Counter, Evacuate
- **Avoid, Deny, Defend**
- **4As:** Accept an emergency is occurring; Assess what to do to save as many lives as possible; Act-lockdown, evacuate, or fight back as a last resort; Alert law enforcement and security.
- **Window of Life:** A person's first responsibility is for his or her safety, then to those in the immediate vicinity, followed by those affected by the crisis but with time to react; a fourth responsibility is to notify public safety.

Healthcare and Public Health Sector Critical Infrastructure Protection Partnership. (2017). [Active Shooter Planning and Response in a Healthcare Setting](#). Federal Bureau of Investigation.



ALICE
TRAINING INSTITUTE

Alert
Lockdown
Inform
Counter
Evacuate

AVOID/DENY/DEFEND



Planning: Run, Hide, Fight vs. ALICE

Run, Hide, Fight

The first action to take is evacuation (“Run”)

Alerting the authorities comes after evacuation

“Hide” is analogous to “Lockdown”

“Fight” means to act with physical aggression to incapacitate the shooter (e.g., throw things or hit shooter with weapons found in your location)

ALICE

Evacuation is the final step

Alert is the first step

“Lockdown” is analogous to “Hide”

“Counter” means disrupting the shooter’s accuracy through “counter” tactics (e.g., throwing objects at the gunman’s face, making loud noises, creating distractions, and employing movement patterns)

ALICE Training Institute. [5 Differences Between “Counter” and “Fight” in an Active Shooter Event.](#)

Run-Maximize Protection of Life

- Goals
 - Get as many people as possible out of harm's way
 - Facilitate law enforcement response



Run-Maximize Protection of Life

- Considerations
 - Pre-determination of evacuation routes
 - Physical layout-chokepoints for crowding, several exits?
 - Multiple routes possible? Are staff aware of options?
 - Stairs preferable to elevators and escalators
 - Managing evacuation of individuals with mobility impairments
 - How will staff, patients, and other building tenants (as applicable) be alerted to the need to evacuate?
 - Codes vs. plain language; redundant methods and protocols; accommodation for non-English speakers and hearing-impaired
 - When will alerts occur and who is responsible for sending them?

Run-Maximize Protection of Life

- Considerations
 - Moral/ethical obligations to remain with patients?
 - Health center patient population generally mobile vs. hospital population, so likely less of a challenge for health centers
 - Staff should try to bring others with them, but not wait for others who may hesitate
 - How and when will law enforcement be notified?
 - What is law enforcement response time to your location? Does it vary?
 - Response times should factor into response decision-making by staff
 - Secondary threats: another shooter and/or improvised explosive device (IED)

Hide-Remove Yourself from Shooter's Sight

- Goal
 - If not immediately able to evacuate, keep away from the shooter until it becomes safe to run, or until the event is over



Hide-Remove Yourself from Shooter's Sight

- Considerations
 - Hiding spots ideally have thicker walls, few or no windows, locks on doors and windows, and contain the least amount of piping for medical gases and vacuums
 - Can doors and windows be covered?
 - Can the door(s) be barricaded with heavy furniture or equipment?
 - Possible to evacuate from another exit in the hiding space (e.g., back door)?
 - Possible to silently notify LE from hiding spots (e.g., with a “panic button” or by signaling from exterior windows)?
 - Are there clear protocols developed with LE for declaring an “all clear?” Have staff been trained in these protocols and understand not to come out unless directed to do so by LE?

Fight-Disrupt or Incapacitate the Shooter

- Goal
 - As a LAST RESORT, if confronted by the shooter, try to disrupt the event and/or incapacitate the shooter until law enforcement arrives on scene



Fight-Disrupt or Incapacitate the Shooter

- Considerations

- Are there items pre-identified throughout the facility (including in hiding spots) that could be used to neutralize the shooter? Are staff aware of these potential weapons?
- Are the conditions under which staff may begin to assist wounded individuals clearly defined in your organization's plan?
- Do staff understand your organization's firearms policy for employees, patients, and visitors?

Staff cannot be required to confront a shooter, and how they choose to respond is up to them.

Mass Casualty Care

T - Threat Suppression

H - Hemorrhage Control

RE - Rapid Extrication to safety

A - Assessment by medical providers

T - Transport to definitive care



Hemorrhage Control

- Ensure that there are hemorrhage control supplies on hand at the facility, and that staff know where to find supplies, and how to use them until aid arrives.
- Medical aid and evacuation of wounded may be conducted by LE alone, or LE working together with Fire and EMS.

See www.bleedingcontrol.org for more info.



Communications

- Use clear language instead of codes within the facility and make sure all can hear announcements
- Pre-determine protocols and tools for notifying organizational leadership if not on site
- Pre-determine media (including social media) and patient messaging policies and procedures and a Public Information Officer (PIO)
 - Situation report—what will be released, when will it be released, who is responsible for approving the messaging, and who is responsible for sending it?
 - Scheduling updates—appointment cancellations and rescheduling when operations resume
- Have LE test communications equipment in the facility before an incident
- Have contact information for city, state, and federal partners ready, and clarify policies and procedures for notifications and waiver requests in advance of an incident
- Contact CHCANY to provide notification of an incident and request assistance, as needed

Law Enforcement Needs Critical Info

- Store info securely online, as well as on a USB drive that can be accessed “just-in-time”
 - Up-to-date and well-documented site assessment(s), including building schematics and photos of both the inside and outside of the buildings, door and window locations, locks and access controls, stairwells and elevators, evacuation routes, and safe areas for hiding
 - The location of available public-address systems, two-way communications systems, security cameras, alarm controls, and any pre-staged critical access kits
 - How to access utility controls (HVAC, gas, electric, water), medical supplies, fire extinguishers, and secured or locked areas of the facility

Law Enforcement Needs Critical Info

- An understanding of the patient population and services offered at your facility/each facility in your network
- The location and type of security staff on site at your facility, and how they are identified
- Key contact information for individuals authorized to serve as liaison to, and meet/provide first responders with site assessments before and during an event

Recovery

- Do plans describe protocol for accounting for all staff, patients, and visitors that were in the building, as well as for communicating this information to LE, loved ones, and the media?
 - Do staff understand their roles and responsibilities under these protocols?
 - What are protocols for reuniting minors separated from parents/guardians?
- Is there a protocol jointly developed with LE for interviewing witnesses? For evidence collection?
- Are there clear protocols and tools (e.g., checklists) for conducting damage assessments and making building repairs?
 - Is your organization able to move operations to an alternate facility if your affected facility is too damaged for immediate re-occupancy? Will you move staff to other locations if part of a larger network?
- What behavioral health support is available for staff, patients, and visitors affected by the incident?
- Do staff understand guidelines for communicating with the media post-event?

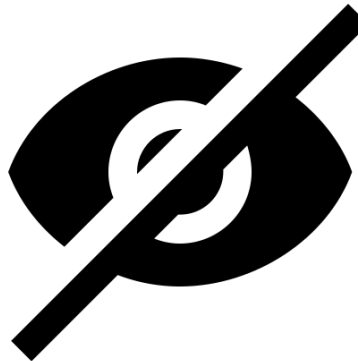
After Action Assessment

- An After Action Report (AAR) should be written, with identified Improvement Plan (IP) actions to improve planning and inform future training and exercises
- Revise HVA, as needed
- Train and exercise on the revised plan



Run, Hide, Fight are Each Separate Options

- Staff must be trained to understand all their options under each part of the strategy because the situation they find themselves in at the time of an active shooter incident will dictate what action(s) they take
- Scenario-based training and exercising supports in-the-moment decision-making



Contact Us For Assistance



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