

# Preparing for active shooter situations

#### Issue:

It is an unfortunate fact that violence occurs in health care facilities. The Joint Commission has received reports from its accredited organizations of violent criminal events including assault, rape, homicide and suicide. Since January 2010, The Joint Commission has received reports of 16 shootings that resulted in 27 deaths. Of the 16 shootings, nine were murder/suicides, mostly mercy killings that resulted in the deaths of the patient and the shooter, who was usually the patient's spouse or significant other. However, some cases involve an "active shooter," an individual actively engaged in killing or attempting to kill people in a confined and populated area. Victims of an active shooter can be randomly selected, and often are health care staff.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm. Because active shooter situations are often over within 15 minutes, before law enforcement arrives, health care organizations must prepare their staff for an active shooter situation.

## Safety Actions to Consider:

In order to be prepared for active shooter events, health care organizations should:

## Involve local law enforcement in your plans.

- Develop a plan to assist law enforcement, if you have access control in place.
- If you don't have access control in place, provide law enforcement with a "Go Kit" that includes access badges. (A Go Kit is for emergencies or disasters and includes items needed in case of an evacuation or survival situation.)
- Make law enforcement familiar with your building and the location of your Incident Command (IC) center. Provide them with life safety drawings (electronic and hard copy). Place a hard copy of the life safety drawings in the Go Kit.
- Find out who the law enforcement liaison officer is for your organization. It is critical that the officer knows who to contact at your organization, and how to communicate with them.

# Develop a communication plan.

- Establish a primary communication method with local law enforcement, such as a police radio in dispatch.
- Establish an emergency hotline with a recorded message for employees. Make sure employees know the hotline number and the phone number of local law enforcement.
- Develop a "script" that can be used by those in the IC center to respond to calls from family members about an incident.
- Have your organization's press/public information officer join the regional or county Public Information Officers (PIO) group to facilitate information sharing. If there is no local PIO group, establish one.

## Assess and prepare your building.

• Develop processes and procedures to "lock down" your building and prohibit walk-in traffic (including to any dedicated employee entrance) at the onset of an event.

#### Establish processes and procedures to ensure patient and employee safety.

• Determine how to account for employees and patients during an incident.



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- Determine how to handle critical patients during an event. In the case of evacuation, you may need a police escort for these patients.
- Hospitals should take into consideration the loss of services and access to critical operations for up to 10 hours following an event. The hospital and any adjacent space becomes a crime scene.

## Train and drill employees.

- Provide ongoing training for all employees, including:
  - How to report and respond to active shooter events
  - What to expect when law enforcement arrives
  - How to protect patients
  - Awareness of high-risk security sensitive areas (such as the emergency department, operating rooms and pharmacy), and how to implement mitigation strategies
- Conduct Incident Command support training for security personnel, "house supervisors," and other employees who need to be aware of, or involved in, IC support during an incident.
- Conduct periodic drills or "table top" exercises to prepare employees for an active shooter event. If drills are conducted, inform patients and visitors of the drill so they will not be alarmed, or hold the event in a section of the building that is no longer in use or occupied.

# Plan for post-event activities.

- Conduct debriefings
- Identify and manage anxiety or fear among patients, staff and leaders. This may manifest
  immediately, or in the days and weeks after the incident. Use behavioral health resources, your
  organization's Employee Assistance Program (EAP) or chaplaincy, as needed.

#### **Resources:**

- <u>Maryland Coordination and Analysis Center: Stages of an Active Shooter</u>, Intelligence Fusion Centers, Maryland, January 5, 2010
- National Retail Federation Emergency Response Protocols to Active Shooters, January 7, 2010
- <u>FBI The School Shooter: A Quick Reference Guide</u>, Federal Bureau of Investigation, National Center for the Analysis of Violent Crime, January 3, 2010
- <u>NYPD University of Alabama Amy Bishop Shooting Brief</u>, New York Police Department Counterterrorism Bureau, February 19, 2010
- <u>ATF (CUI) School Firearms Related Violence and Incidents Overview 2005-2007</u>, Bureau of Alcohol Tobacco Firearms and Explosives, Office of Strategic Intelligence and Information, January 26, 2010
- <u>Regional Public-Private Partnerships: The Next Wave in Homeland Security</u>, Business Executives for National Security (BENS) Business Force, July 30, 2009
- <u>Online Course: Active Shooter: What You Can Do</u>, Department of Homeland Security's Federal Emergency Management Agency (FEMA) Emergency Management Institute, October 31, 2013
- <u>Training Against an Active Shooter</u>, Active Shooter Survival, Active Shooter Resource Center, January 7, 2011
- <u>Active Shooter Research Center Facts Learned</u>, Active Shooter Survival, Active Shooter Resource Center, February 17, 2010
- <u>Active Shooter Preparedness webpage</u>, Department of Homeland Security, Homeland Security Office *Note: This is not an all-inclusive list.*



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