

ACTIVE SHOOTER PROTOCOL

King's Daughters' Hospital | Madison, Ind.



King's Daughters' Hospital

ED Shooting Reveals Protocol Strengths and Areas for Improvement

Overview

June 21, 2018, was a typical day in the emergency department (ED) at King's Daughters' Hospital. Serving southeast Indiana and northern Kentucky, the hospital's ED was moderately busy that day with standard trauma cases, ranging from broken bones to wounds that needed sutures. A bit after 12:00 p.m., a man walked into the ED waiting room, which also serves as an exit for patients undergoing same-day surgery. Blending in with other people coming and going, the man meandered around the waiting room for several minutes before leaving the building.

According to hospital security footage, the man then got into a parked car, but he re-emerged several minutes later with a plastic bag in his hand and walked back to the facility. Around 12:30 p.m., the man re-entered the hospital ED waiting room. He approached the registration clerk and removed a loaded handgun, which he pointed only at himself. The clerk remained calm and spoke quietly with the man as she pushed a "duress button" under her desk three times in a row, indicating that the call was not accidental. She then explained to the man that she was going to get up and walk to the back to find help for him. As she did so, he shot himself in the upper left shoulder.



Once the weapon was discharged, people in the waiting room and surrounding areas were unsure of what had happened. Some thought the sound of the gun was actually a patient falling from a wheelchair. A patient services employee happened to walk into the room seconds after the incident and yelled for help. In addition to the security team, other staff came to the area to offer assistance. One individual noticed the gun on the ground, kicked the weapon away from the man, and remained next to the gun so that no one else could touch it. A lab technician removed her coat and applied pressure to the shooter's wound. A third individual saw the discharged bullet and stood

over it knowing that law enforcement would need to examine the evidence. In the interim, the ED staff had called 911; within minutes, the sheriff's department was on the scene. The man was treated for his injury, which he survived.

"Every single employee involved in the incident did exactly what they should have done," says Shane Williams, emergency director at King's Daughters' Hospital. "It was an unfortunate situation, but we are extremely proud of the

staff's reactions under such extreme pressure."

Impact

A tightly knit community, Madison, Ind., is composed of just 17,000 residents. Few of them ever imagined that a hospital shooting could transpire in their small town.

"Not only were the people involved in the incident traumatized, but the entire community was extremely frightened," says Williams. "Even though the staff did a wonderful job, the community looked to us and asked us what we are doing to keep them safe."

Regardless of their training, Williams notes that he and many of his staff believe that it is natural for health care workers to help others even if it means putting themselves in danger. But in a health care setting, some patients are too ill to move when the environment becomes unsafe and they need to be protected. How do employees decide which patient to help first? How do they help those wounded in the midst of a tragic event? For King's Daughters' Hospital staff, the incident has left them struggling with complex questions like these.

Lessons Learned

To those involved, the incident in King's Daughters'

Hospital ED seemed to unfold slowly. But the entire event was wrapped up in under three minutes. However, the rest of the hospital did not know that the situation had been resolved and, as a result, was ramping up safety efforts and implementing lockdown procedures.

"Everyone in the ED area was reeling from what had happened once it was over," says Carol Dozier, CEO of King's Daughters' Hospital. "Because of that, they did not let staff in other areas of

the hospital know that the event was over until it was too late. The hospital had unnecessarily shut down."

Dozier notes that many of the policies that address active shooter situations are designed for events that are sustained over longer periods of time.

"We learned that we need to solidify our communication plan," says Dozier. "Communication needs to happen early and often so that the entire organization knows exactly where things stand. Not everything fits neatly into existing policies, and this is an example of that."

Future Goals

King's Daughters' Hospital has added more training

"We learned that we need to solidify our communication plan. Communication needs to happen early and often so that the entire organization knows exactly where things stand. Not everything fits neatly into existing policies, and this is an example of that."

Carol Dozier, CEO, King's Daughters' Hospital



and offers it more frequently. Dozier notes that safety protocols are a constant topic for the hospital's leadership.

"Structurally, we are looking at how we can protect people through the design of our facility," she says. "Although we captured the entire event on camera, we are evaluating our surveillance mechanisms at off-site providers to ensure we are prepared. Additional security is also being introduced to areas that we didn't necessary feel needed it before."

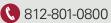
Dozier and Williams both view this incident as a wake-up call. Fortunately, the shooter in King's Daughters' Hospital ED only intended to harm himself.

"But next time we may not be so fortunate," says Dozier. "Overall, violence and threatening behavior is increasing in health care facilities. The incident at our hospital spotlights the fact that it can happen anywhere."

CONTACT

Carol Dozier

President/CEO, King's Daughters' Health



🖂 dozier@kdhmadison.org