Active Shooter – Best Practices for the Worst Case

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Active Shooter – Best Practices for the Worst Case

Presented by

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Active Shooter – Best Practices for the Worst Case

Session Objectives

- Describe the elements of an active shooter prevention and response plan.

- Develop an action plan for assessing active shooter risk and implementing preventive actions.

- Identify health care-related standards and guidelines aimed at reducing workplace violence

- Integrate preventative and response measures into the built environment

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[Armed – are you ready](#)

[Inpatient Active Shooter Training Video](#)

Active Shooter – Best Practices for the Worst Case

- Assessing Risks and Vulnerabilities

- Prevention and Response

- Reducing Workplace Violence

- Planning a mock drill exercise and training

- External Law Enforcement Collaboration

- Communication Awareness

- Recovery and Debriefing

Assessing Risks and Vulnerabilities

- Annual Risk Assessments
- Threat and Vulnerability Analysis
- Emergency OPS plans
- Threat Assessment teams

Prevention and Response

- Know your abilities and actions to keep a threat or actual incident from occurring

- Know your capabilities to stabilize an emergency and transition to recovery

- Know "who" is part of your crisis response team for the aftermath…..which is the worst case scenario of an active shooter or violent episode resulting in fatalities

Reducing workplace Violence

- Train for real incidents and press on with even harder challenges

- Work with your security and emergency management teams as often as you can

- Gain your leadership support before, during and after an event

- Do you have policies pertaining to workplace violence?

Communication and Crisis Awareness

- Get out Hide out Call out Take out
- HCF different methodology with patient care
- Use common terms for first responders
- Alert systems
- Test your ICS as often as possible

Recovery and Debriefing

- ICS
- COOP plans and possible evidence gathering
- CRT and possible buildings or space closed for services and for how long
- Constant communication updates to your staff and patients
- Prepare to meet with media
- After Action Reports

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Active Shooter Exercises and Evaluations

- ✓ Demonstrate limited movement and safe procedures
- ✓ Demonstrate actual situational awareness
- ✓ Demonstrate the management of casualties
- ✓ Demonstrate management of media
- ✓ Demonstrate ability for an employee support plan
- ✓ Demonstrate a continuity of operations plan

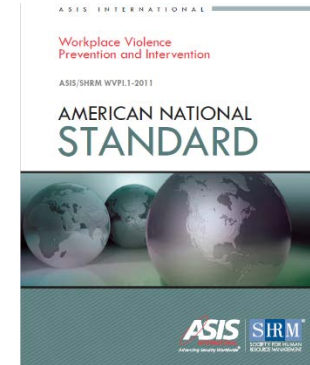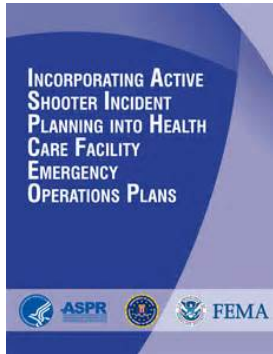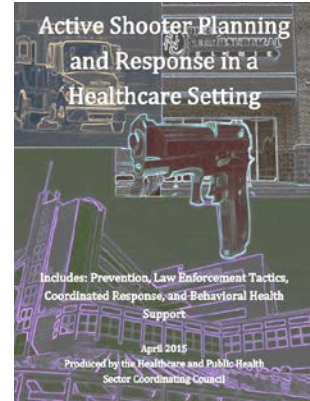"**Good judgment comes from experience and a lot of that comes from bad judgment**"

Will Rogers

REVIEW ARTICLE

Workplace Violence against Health Care Workers in the United States

James P. Phillips, M.D.

"Health care workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored."

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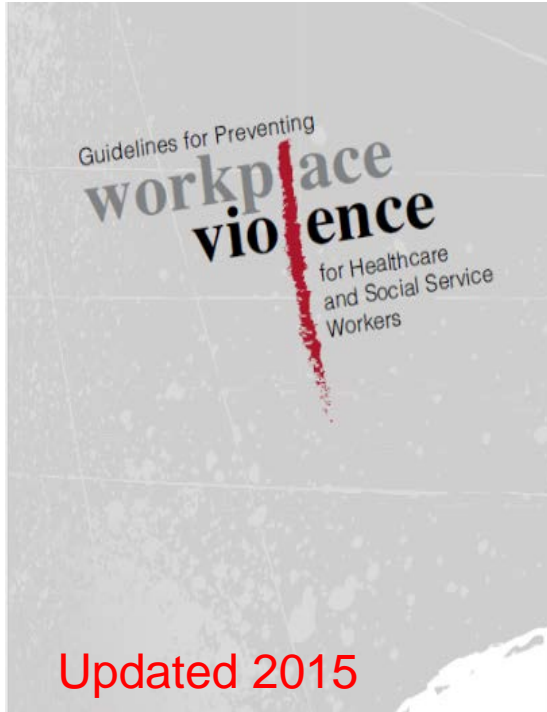American Hospital Association

RESOURCES

OPERATIONAL RESOURCES

- Security Risk Assessments
- Violence in Healthcare
- Management of Weapons
- Searching Patients
- Security in the Emergency Setting
- Behavioral/Mental Health Areas
- Prisoner Patient Security
- Security Sensitive Areas
- Active Shooter

OPERATIONAL RESOURCES

Updated 2015

- The Impact of Workplace Violence on Healthcare and Social Services Workers
- Risk Factors
- Violence Prevention Programs
- Workplace Violence Program Checklists

Standards

Workplace Violence
Prevention and Intervention

ASIS/SHRM WVPI.1-2011

AMERICAN NATIONAL
STANDARD

- Scope
- References
- Definitions
- Establishing Multidisciplinary Involvement
- Planning Prevention and Intervention Program
- Threat Response Management
- The Role of Law Enforcement
- Intimate Partner Violence
- Post Incident Management

From the Field – Conducting Drills at CMC

- Active shooter training is something to consider after completion of the basic elements of preventing workplace violence

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Lessons Learned – At a minimum Do This:

- Conduct a comprehensive evaluation of your security program. "It's not just one thing…"

- Workplace Violence Policy Assessment

- Implement Flag Systems in the EMR (Call it a care plan if that helps)

- Design Security into New Construction and Renovation Projects

- Scale training based on risk.

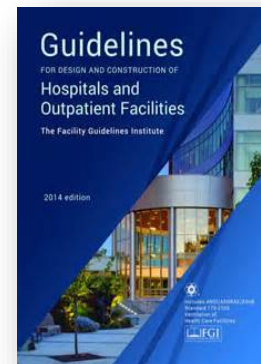# IAHSS Security Design Guidelines for Healthcare Facilities
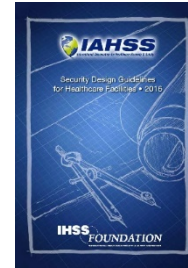
General Guideline

STATEMENT:

Acts of violence, the potential for crime and terrorism, and the response to and mitigation of emergency incidents are significant concerns for all Healthcare Facilities (HCFs). A consideration of these concerns in the design of new or renovated HCFs presents an opportunity to implement and integrate security design elements that address the delivery of patient care services in a reasonably safe and secure environment, and allows for the cost-effective integration of security applications in architectural, engineering, and environmental design.

2014 Guidelines for Design and Construction of Hospitals and Outpatient Facilities

A1.2-3.8

A security risk assessment addresses the unique security characteristics of a health care facility, including specific needs related to the protection of vulnerable patient populations, the security of sensitive areas, the application of security and safety systems, and the infrastructure required to support these needs. The assessment addresses external and internal security needs as well as security needs related to emergency management and response. Security requirements for construction, commissioning, and move-in vary according to the complexity and scope of services provided.
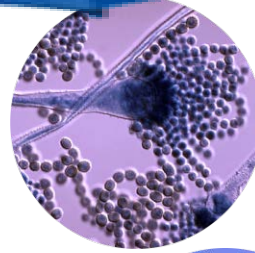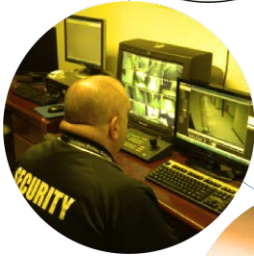
2014 FGI Guidelines

Safety Risk Assessment Team

Patient Handling (existing)

Infection Control (existing)
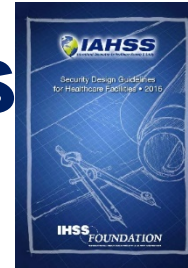
Security

Psychiatric Injury (existing)

Falls

Medication Safety

Immobility

IAHSS Design Guidelines

Security Design Guidelines for Healthcare Facilities
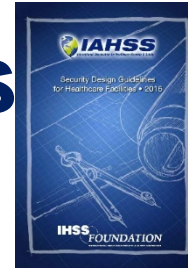
General Guideline

INTENT d:

The development or continuation of institutional design standards related to the protection of vulnerable patient populations, the securing of sensitive areas, the application of security and safety systems—as well as the infrastructure required to support these needs—are issues best addressed early in the design process to be most cost-effective.

IAHSS Design Guidelines

General Guideline
- Parking and External Campus Environment Design
- Buildings and the Internal Environment Design
  - Inpatient Facilities
  - Emergency Department
  - Mental Health Areas
  - Pharmacies
  - Cashier and Cash Collection Areas
  - Infant and Pediatric Facilities
  - Protected Health Information Areas
  - Utility, Mechanical, and Infrastructure Areas
  - Biological, Chemical, and Radiation Areas
- Emergency Management Design

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Workplace Violence Assessment & Response Team

Clinicians

External Responders
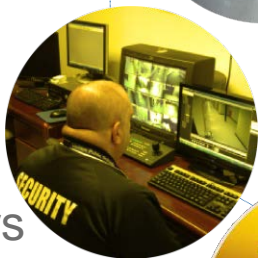
Security & Internal Responders

Leadership

Human Resources

Risk Management

Mental Health
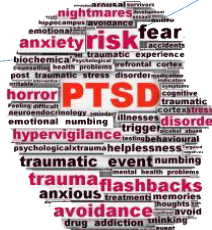
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Planning should consider:

- Risk identified due to location of Healthcare Facility.
- Risks associated with types of services provided
- History of violence / potential for violence
- Access to facilities
- Capabilities, expectations and training of staff with security response responsibilities.
- Availability of external responders to assist in an emergency

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Design should include:

- Safety Risk Assessment
- Use of IAHSS Security Design Guidelines.
- Methods of securing higher risk areas
- Ability to secure Emergency Department entrance(s) as well as access to rest of facility from the Emergency Department.
- Safe Rooms – regular rooms in plan that can be secured from areas of potential violence
- Alternate Entry / Egress points that can be used if a specific area is under controlled access or locked down

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Ongoing plan management should be the responsibility of the multi-disciplinary team and should include:

- Annual assessment of risk related to violence
- Annual review of systems allowing for controlled access / lock down and securing of internal areas if applicable.
- Review of spaces identified for alternate uses including Safe Rooms or those with secondary exits.
- Exercise design and participation to familiarize external responders while training staff and improving on plans.

Summary

Your People and your Partners

- Do you have a collaborative multi-disciplinary planning process in place?

- Do you include external responders?

- Each person carries a 3 fold responsibility – are they trained?
  - Learn signs of potential volatile situations
  - Learn steps to increase survival for yourself and others
  - Prepare to work with Law Enforcement during the response and aftermath

Summary

Your Programs and Practices

- Do you perform an HVA? Risk Mitigation in design?

- Do you educate through trainings, drills, exercises and corrective actions

- Are you ready to evacuate, shelter in place or lockdown

- Recovery and Counseling

- Do you address lock-down, safe-room, alternate access / egress when renovating or building

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Summary

Are you ready?

[Armed – are you ready? Video](#)

[Live Action Active Shooter Exercise Video](#)

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Questions

Reference List

- ASIS International's Workplace Violence Prevention and Intervention Standard
- Bureau of Labor Statistics "Occupational Injuries, Illnesses, and Fatalities among Nursing, Psychiatric, and Home Health Aides, 1995–2004"
- Department of Homeland Security's "Active Shooter: How to Respond" educational booklet
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- Health & Human Services Office of the Assistant Secretary for Preparedness and Response, "Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans"
- IAHSS Security Industry Guidelines - Active Shooter guideline
- IAHSS Security Design Guidelines for Healthcare Facilities
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- Journal of Healthcare Risk Management - Using prospective hazard analysis to assess an active shooter emergency operations plan
- OSHA Field Directive CPL 02-01-052 "Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents"
- OSHA's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
- Sentinel Event Alert, Issue 45: Preventing violence in the health care setting
- Vivid On-Line Training for Active Shooter (not hospital specific)
- We Care Team at BJH, Accessed June 13, 2016
- Workplace Violence against Health Care Workers in the United States, Engl J Med 2016; 374:1661-1669April 28, 2016DOI: 10.1056/NEJMra1501998, accessed June 13, 2016.

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