

ACTIVE SHOOTER/VIOLENT INTRUDER INCIDENTS IN HEALTHCARE SETTINGS

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THIS WON'T HAPPEN HERE

- We're kind and we take care of a fragile population
- Healthcare facilities are highly visible, public institutions that have become places where violent intruders choose to attack

RECENT EVENTS

<https://www.youtube.com/watch?v=sq8uJh1Bx&feature=youtu.be>

<http://cbs4indy.com/2015/03/17/indiana-hospitals-employees-robbed-at-gunpoint/>

https://enm.wikipedia.org/wiki/Cathage_nursing_home_shooting

<http://www.rjdailynews.com/news/crime/indianapolis/armed-robbery-not-guns-at-home-cops-say-1-16-15/>

- Shootings in healthcare settings are rare, but are on the rise
- Not pleasant to contemplate, but can occur in any type of facility, and should be included in risk management
- Armed intrusions are unpredictable and not fully preventable
- Having a sound emergency response plan can help save lives and minimize civil liability for "willful unpreparedness"

Recent Hospital Shootings

1. Feb 15, 2010 ... Man wounded in Scotland Memorial Hospital shooting
2. Mar 2, 2010 ... A Brookfield man being treated in the cardiac unit at Danbury Hospital allegedly pulled a handgun from his hospital gown and fired it
3. Mar 16, 2010 ... Duke University officials remained tight-lipped Monday about a fatal shooting outside Duke Hospital early Saturday morning that involved two ...
4. Mar 31, 2010 ... BOSTON -- No criminal charges will be filed against an off-duty special police officer who shot and killed a man during a knife attack
5. Apr 19, 2010 ... Police on Tuesday were investigating why a man opened fire outside a Knoxville hospital, killing a woman and himself
6. Jun 14, 2010 ... WICHITA — Wichita police took a 33-year-old woman into custody this morning as a suspect in the Sunday morning shooting death of a ...
7. Jul 9, 2010 ... A shooting at a Meridian hospital, allegedly by East Mississippi Correctional Facility inmate, William McVay
8. July 9, 2010 ... Murder-Suicide in Mayfield Heights Ohio hospital
9. Aug 16, 2010 ... A patient at a Las Vegas hospital was shot and killed by his wife, who then shot herself, police said.
10. Jan 4, 2011 ... University New Mexico Hospital
11. Feb 10, 2012 ... New Britain CT [1](#) [2](#) [3](#) [4](#)

TOP 3 POTENTIAL THREATS

- Narcotics Robbery
 - Fentanyl, Oxycontin, other opioids or controls
 - Routine deliveries/protocols will be noticed
 - Front desk – eyes on everyone walking in the door
- Murder:Suicide
 - spouse/parent - need to end the "suffering"
- Domestic Issues
 - Encourage staff to provide PFAs
 - Keep photos/vehicle description
 - Don't share schedules/give out staff info

THESE MAKE IT EASIER

- 24/7 visitation by law – unlocked front doors
- Rotating shifts of staff
- Sponsoring community events with open doors
- Lack of security – budgetary constraints
- Gun Free Zones – easy targets
- Trusting staff
- Work directly with unpredictable people who are under stress, influence of drugs or have a history of violence or psychotic diagnoses.

AND SO DO THESE

- Unrestricted movement of the public inside the facility
- Large number of visitors who are not familiar with emergency procedures and codes
- Long waits for service (ERs)

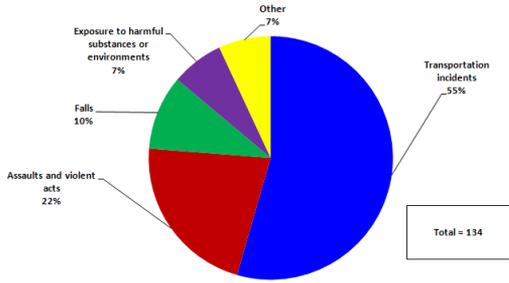
REALLY?

- When an intruder is determined to get into your building, then he will get in
- When an intruder comes into the building with a gun, then he is there to kill
- When the police have been notified, they will respond. Based on history, this is at least a 3-5 minute process.
 - For major cities, Nashville has the best response time at 9 minutes; Detroit has the worst at 30 minutes, at best.
- At what point are we to be convinced he's there to hurt us? When he starts shooting and killing? Too late. The moment a gunman is observed in the building, ALL Response measures must go into effect.

AND THEN THERE'S OSHA

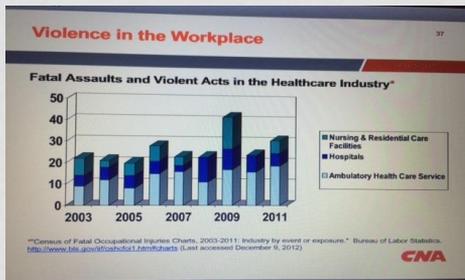
- Requires employers to provide a safe work environment for their employees
- Potential fines can be issued if there is no policy or procedures regarding shooter/adverse threats and if employees weren't educated about them

Chart 5. Percent distribution of fatal occupational injuries, by event or exposure, health care and social assistance, all ownerships, 2007



SOURCE: U.S. Bureau of Labor Statistics

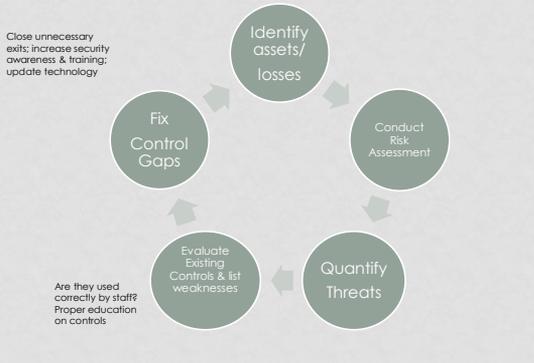
VIOLENCE IN HEALTHCARE



*"Causes of Fatal Occupational Injuries Charts, 2003-2011: Industry by event or exposure." Bureau of Labor Statistics. http://www.bls.gov/iif/oshwc/osh/occupational_injuries/ (Last accessed December 9, 2012)



Risk Assessment Cycle



VARIOUS RISKS:CONTROLS

• Risks:

- Abduction/Kidnapping
- Accidents
- Active Shooter
- Arson
- Assault
- Bomb Threat
- Burglary
- Chem/Bio Attack
- Violent intruder

• Controls:

- Access Control Systems
- Active Shooter policies/drills
- Alarm systems/codes
- Adequate perimeter lighting
- Barrier controls (fencing)
- Buffer/control zones
- Bullet proof glass
- Camera coverage
- Conflict resolution training
- Remote lock down mechanisms



HOT DOG MAN

Spends time arranging back pack; parks in employee lot



Casually walks to front entrance





HHS AREAS OF PREPAREDNESS
TO BE INCLUDED IN DISASTER PLANS OF
HEALTHCARE SETTINGS

- **PREVENTION** – action taken by facility to avoid, deter or stop an imminent threat or actual incident (Plans and Drills)
- **PROTECTION** – ongoing actions that protect patients, staff, visitors, networks or property from a threat or hazard, including terrorism and man-made or natural disasters (Physical Security)
- **MITIGATION** – reducing the likelihood that threats or hazards will happen; includes reducing the loss of life or property damage by lessening the impact of an event/emergency
- **RESPONSE** – stabilizing the emergency once it has happened and restoring a safe and secure environment; saving lives and preventing destruction of property
- **RECOVERY** – restoring a therapeutic environment as soon as possible after the event has occurred.

PREVENTION

- Keep controls in working order
- ensure entry doors are locked and REMAIN closed and locked; change codes on keypads access; unprogram terminated employee swipe cards
 - Does the PA system work properly? Are staff trained to use it?
 - Is there communication from all rooms/areas?
 - Is surveillance system working? Who's watching it?
 - Identify family disharmony – mitigate
 - Identify recent criminal trends in community
 - Train all staff on EAP – emergency action plan
 - Conduct routine drills
 - (Number windows and doors from outside)

EACH PERSON HAS A 3-FOLD RESPONSIBILITY

- 1 – learn signs of potentially volatile situation and ways to prevent an incident
- 2 – learn steps to increase survival of self and others in an active shooter situation
- 3 – be prepared to work with law enforcement during the process

THE EFFECTIVE PLAN

- Reporting the incident
- An evacuation policy and procedure
- Emergency escape procedures and route assignments
- Lockdown procedures for individual unit/offices
- A method for Integration with incident commander
- Information for local emergency response agencies

INSTINCTS

- Despite training, people will react and respond differently
- Some will leave, some will stay, some will be unable to leave
(Flight) (Fight) (Freeze)
 - Policies should not instruct people that they must stay, but should state that each person should use his/her own judgment based on the scenario
 - Denial will occur
 - They may freeze
 - The decision on what to do is based on the location of each person a the time an event begins.
 - The goal is to survive and to protect others – the choice is based on proximity to the shooter

RUN, HIDE, FIGHT VS. ALICE

- Programs very similar in philosophy
- Proactive, options-based program designed to increase survivability, not accountability
- Common sense isn't common knowledge
- Use of infrastructure, technology and human actions to increase chances of survival

ALICE

- Alert – Get the word out
 - Lockdown – Secure the area
 - Inform – Pay attention to updates
 - Counter – Make it difficult
 - Evacuate – Get out if you can
- Advise employees that during emergency situations they will have authority and autonomy to secure areas of the building for entry, and in some cases exit.

ALERT

- Pay attention – it's gunfire, not construction or a car backfiring, or balloons popping
- Page overhead IMMEDIATELY
 - Do not use a CODE! Everyone needs to know the situation NOW. "GUNMAN ON 3 NORTH!" "GUNMAN ON 3 NORTH"
 - Use plain English
 - Someone call 911
 - Send out emergency notifications if possible via texts, emails, etc.

LOCKDOWN

- Not your traditional "lockdown"
- Use only if evacuation cannot happen immediately - may happen later
- Create time and distance from shooter
- Barricade the door – use ropes, chains, cords, furniture, belts, zip ties – where are your go-buckets kept; did you put l hooks on the door frames
- Turn out the lights, keep quiet
- Avoid the fatal funnel, hide (won't shoot what he doesn't see)
- Tie off the fire doors separating units; block open elevators on other floors
- Plan the escape - break windows to escape
- Don't worry about getting fired or sued – this is survival

BELTS TO SECURE DOORS



- Watch Video

BARRICADING



GO BUCKET



SECURING A DOOR





INFORM

- Information is empowering
- Constant updates will be provided to the employees in as real-time format as possible
- Employees will have authority to adapt their response to the current information being received
- Page overhead movement on surveillance
- Tell intruder/shooter overhead "police are in the building, we see you in the hall..."
 - Confuse and frustrate the attacker to redirect
 - Interrupt the OODA loop (observation, orientation, decision, action)

COUNTER

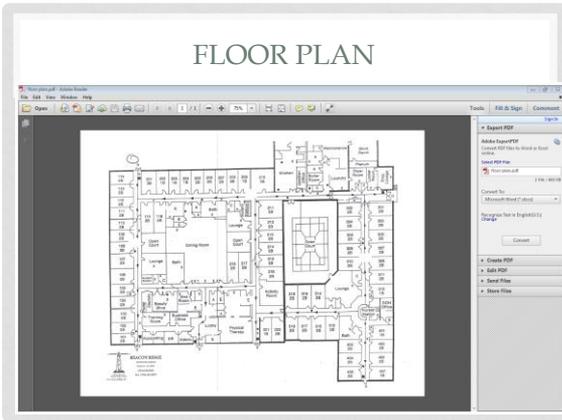
- DO SOMETHING!!! Anything is better than nothing
- Movement – don't be a static target
- Noise – create chaos – use wasp spray, fire extinguisher
- Throw objects at the head
- Hot coffee
- Hit with a chair
- Stab with a needle
- THEN RUN!!!!!!!

EVACUATE

- Remove as many targets as possible
- No one running away has ever been fatally wounded
- Run in a zig zag pattern
- Establish a Rally point

ALiCE is not linear – any piece can happen in any sequence

FLOOR PLAN



RUN, HIDE, FIGHT

- Recognize the sounds of danger, act and communicate the danger "Gun! Get out!"
 - Overhead page
 - Pull fire alarm??
- **RUN** – always the first choice, if it's safe to do
 - Leave all belongings
 - Visualize the route
 - Avoid elevators
 - Take others along, but don't stay if they won't go
 - Do not attempt to move wounded people
 - Call 911 when safely able to do so.

- **HIDE** – when evacuation isn't possible
 - lock and barricade doors with heavy furniture
 - turn out lights
 - silence cell phones
 - pull curtains, turn down blinds
 - remain silent until law enforcement gives all clear
- Don't restrict your options for movement
 - Be out of the view – he won't shoot (usually) what he can't see

- **FIGHT** – the LAST resort – steps to disrupt or incapacitate the shooter – serious physical aggression
 - Throw heavy objects
 - Spray with fire extinguisher
 - Disrupt the environment to allow possible escape
 - Improvise weapons

Confronting a shooter should NEVER be a requirement of anyone's job; each person will choose how he/she will respond when confronted.

WHEN LEO'S ARRIVE

- Hands up and visible – they don't know the good guys from the bad guy
- They won't stop to help until the threat is neutralized
- Follow their instructions
- Don't appear threatening

IMPLEMENTATION STRATEGIES

- Create awareness and get approval from the bosses
- Get training materials
- Communicate the plan – letters, orientation, training posters, external agencies
- Education and Training occurs
 - Drill and mock routinely to create muscle memory
 - NOT live drills
- Get feedback, adjust as needed, continuous improvement

5 P'S

- Proper Planning Prevents Poor Performance
- Drill just like fire drills
- Without all the bells and whistles
- Practice the shooter exercises with your staff
- Practice makes permanent
- Create muscle memory

BACK TO OUR TOP 3 THREATS

- Robbery – give them what they want
- Murder;Suicide – pay attention to care planning discussions; get intel from staff; mitigate through SS if possible; educate on palliative care vs. suffering
- Domestic – educate staff to inform management of PFAs by providing comfortable environment
 - Get intel from staff
 - Prepare LEOs with info
 - Hire security for the "red alert" times
