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
• 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 EVENTS
https://www.youtube.com/watch?v=xaqNuJth18w&feature=youtu.be
http://cbs4indy.com/2015/03/17/nursing-home-employees-robbed-at-gunpoint/
https://en.m.wikipedia.org/wiki/Carthage_nursing_home_shooting
Recent Hospital Shootings

- Feb 15, 2010 — Man wounded in Scotland Memorial Hospital shooting
- 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.
- Mar 16, 2010 — Duke University officials remained tight-lipped Monday about a fatal shooting outside Duke Hospital early Saturday morning that involved two...
- Mar 3, 2010 — BOSTON — No criminal charges will be filed against an off-duty special police officer who drew and fired a gun during a shoot out.
- Apr 19, 2010 — Police on Tuesday were investigating why a man opened fire outside a Kansas City hospital, killing a woman and himself.
- Jun 14, 2010 — WICHITA — Wichita police took a 25-year-old woman into custody this morning as a suspect in the Sunday morning shooting death of a...
- Jul 9, 2010 — Murder-suicide in Mayfield Heights Ohio hospital
- Aug 16, 2010 — A patient at a Las Vegas hospital was shot and killed by his wife, who then shot herself, police said.
- Feb 10, 2012 — New Britain CT

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
VIOLENCE IN HEALTHCARE

Risk Assessment Cycle

- Identify assets/losses
- Conduct Risk Assessment
- Evaluate Existing Controls & list weaknesses
- Quantify Threats
- Fix Control Gaps
- Close unnecessary exits; increase security awareness & training; update technology

- Are they used correctly by staff?
- Proper education on controls
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
  (Fight) (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 at 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 changes 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 I 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
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
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

FLOOR PLAN
**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

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**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
- Domestics – 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

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